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Cork (City) .. Cork (County) ..	32	115	43	2	41·74	1·74
Chelsea	32	281	35	5 or 6	12·45	1·78
Cheshire	27	587	164	96	27·94	16·35
Devonshire	12	58	28	none	48·27	..
Durham	15	70	26	1	37·14	1·43
Denbigh	..	..	..	..	..	..
Edinburgh (Leith) ..	22	ab't 150	about 50	12	33·33	8·00
Gateshead	16	92	38	20	41·30	21·74
Gravesend	12	10	10	1	100·00	10·00
Greenock	..	..	..	..	..	..
Greenwich (including all Plumstead and Woolwich)	16	701	84	..	11·98	..
Hackney	21	206	28	13	13·59	6·31
Hanley	9	115	57	7	49·56	6·09
Hampstead	12	39	1	none	2·56	..
Huddersfield	16	18	1	none	5·55	..
Isle of Man	21	140	33	ab't 25	23·57	17·85
Kensington	8	140	25	20	17·85	14·28
Lambeth	20	252	29	28	11·51	11·11
Leeds	19	270	32	18	11·08	6·66
Lewisham	22	123	18	17	14·63	13·82
Leicestershire	..	..	..	..	..	..
Limehouse	20	169	15	5	9·23	3·08
Lincolnshire	32	1036	490	66	47·30	6·37
Liverpool	10	3[illegible]8	117	60	31·25	16·30
London (City)	..	..	..	..	...	..
Londonderry	26	158	43	5	27·21	3·16
Manchester	15	75	12	7	16·00	9·33
Monmouth	25	9	2	2	22·22	22·22
Montgomeryshire ..	12	17	6	none	35·30	..
Newcastle-on-Tyne ..	32	293	96	14	32·87	4·81
Newington (St. Marys)	22	..	..	..	..	..
Oxfordshire	24	27	14	none	50·00	..
Portsmouth	15	164	..	15	..	9·14
Reading	13	23	1	none	3·57	..
Rotherhithe	9	45	6	none	13·33	..
St. George's, Hanover Square					33·11	3·24
					13·86	4·04
					25·28	9·19
					42·86	..
					19·23	7·70
					37·[illegible]3	22·49
					33·33	..
					23·91	22·82
					28·12	17·97
					..	..
				..	47·30	..
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(*a*) W. L. Scott, *Journal Soc. Arts*, xxiii., 436.

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Original Communications.

THE NATURAL HISTORY OF PULMONARY CONSUMPTION.

By A. B. Shepherd, M.A., M.B., F.R.C.P.,
Physician to the Victoria Park Hospital for Diseases of the Chest; Assistant Physician to St. Mary's Hospital; &c.

LECTURE II.—(Concluded.)

I PASS on to that form of phthisis which consists essentially in an extra-alveolar growth—in the fibroid proliferation of the septa of the alveoli. The main symptoms during life are still the symptoms of Morton's definition; but it has a different history in different cases, and its *post mortem* appearances vary, as I believe, with its history. The results *post mortem* are not altogether the same. The alcoholic is not precisely similar to the syphilitic; and both differ largely from that form which, whether in the typefounder, the stoneworker, or the excessive smoker, may be included under the term "anthracosis." Perfectly true it is, though I must say not universally true, that in all these cases there is the opportunity for and the tendency to that one form of dissipation—spirit-drinking—which might bring them all under the one definition of Dr. Sutton's "fibroid phthisis." Even then they would be varieties of one genus, in which the alcoholic poison was modified in a most distinct manner.

I can add nothing, except in the way of illustration, to that "fibroid degeneration of the lungs" which Dr. Sutton has described in the forty-eighth volume of the *Medico-Chirurgical Transactions*. But to this fibroid phthisis belongs, I think, a form very closely resembling that described by him and others, due, as I believe, to syphilis. In common with my friend and former colleague, Dr. Bäumler, now Professor of Materia Medica at Freiburg-in-Breisgau, I had almost taken it for granted as a form already recognised clinically, though up till very lately I had no great reason to search out any authorities on the subject. The pathological change in this form is quite distinct from that—if I may use the term—accidental occurrence of syphilitic deposits in which the lung, in common with other organs, reveals the presence of gummata of varying size and shape and in different stages of development. Clinically these cases agree in the following points: absence of any hereditary history of consumption; distinct history of the syphilitic taint; cough, accompanied by very slight, if any, expectoration; dyspnœa more intense on exertion than the dyspnœa of ordinary phthisis, and more resembling that of emphysema and chronic bronchitis; great emaciation; marked clubbing of the nails; absence of diarrhœa, or any symptoms of intestinal ulceration; absence, too, of any signs of granular kidney. Add to all this that the patients were of well-made bodily structure, and had had good health for some time after the invasion and ordinary results of the syphilitic poison. By those who had not got beyond the idea that "phthisis pulmonaris" is always "tubercular," the decision, as I have had occasion to observe, was easy, though the physical signs were sometimes troublesome and contradictory. There was absence of dulness where dulness, theoretically, ought to have been; sometimes excessive resonance. There was no great alteration of the voice-sounds; there might be creaking at times here and there; there were no *râles* or crepitation (*a*); or in a more marked manner there were signs of induration at the apices, with those of emphysema and bronchitis. And, *post mortem*, the only lung-change found was what is represented in this drawing, which I lay, Sir, before you: the lung almost everywhere indurated; slight dilatation of the bronchi, but not so marked as in the cases of fibroid disease described by Dr. Sutton; almost total disappearance of the alveoli from the fibroid proliferation of their septa; small bladders here and there of emphysema starting up among the hard gristly tissue, and accounting for the signs furnished by percussion and auscultation; small grape-like masses of chalky consistence, the remains of former vesicular pneumonias—or, more correctly, lobular bronchopneumonias—which have long ceased to influence, if they ever influence, the alveolar and bronchial walls; and, as in that case before you, the fresh pneumonia which, depriving the patient of his only

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(*a*) Sutton, *loc cit.*, p. 30.

breathing surface, gave the last stroke to an organ already hindered in its function. In the best marked form, as in the very case a drawing of which I have placed in your hands, there is nothing like the miliary tubercle, or the grey granulation, or even the yellow infiltration of authors, except it be represented by those obsolescent remnants of former local inflammation: only this fibroid change, which to some writers of to-day represents—and the words lack the true scientific severity—"phthisis with its age forgotten." (*a*)

I would have it distinctly understood that these cases of what I consider to be fibroid syphilitic phthisis are not to be confounded with the common type of phthisis, present by no means unfrequently in persons affected with syphilis, any more than they are to be placed in the same category with such cases as Dr. Wilks has described in the ninth volume of the *Transactions of the Pathological Society* (p. 55), in which fibroid isolated nodules occur. Lancereaux gives a list of various authors who have written on phthisis in combination with syphilis, and proceeds to speak of the form to which I am now referring as interstitial pneumonia. (*b*) He quotes a case reported by Vidal, in which a fibroid change had taken place in the lower lobes; and gives another observed by himself, in which the upper lobe of the left lung showed a radiating cicatrix; the lung tissue fibrous, with numerous yellow points; the bronchi for the most part dilated or contracted, terminating in ampullary *culs-de-sac*. Dittrich, in the *Praeger Vierteljahrschrift* (1850, vol. ii., p. 42), writing on syphilitic affections of the liver, recognises the results of a "syphilitic pneumonia," with the same fibroid production, in a woman aged 27. Dr. Moxon, in the *Guy's Hospital Reports* for 1867, gives, in a "Contribution to the History of Visceral Syphilis," several cases in which this change occurred, *i.e.*, thickening of the fibrous septa of the alveoli. In another paper, published in the Pathological Society's *Transactions* (vol. xxii., p. 40), he records a case which, at any rate so far as the relation of the *post mortem* appearances of the lung go, may be taken almost word for word to apply to that from which the lung drawn here was removed, and to two other cases the records of which, through the death of my friend and colleague Mr. Gascoyen, have been somewhere for the present mislaid. The history of the case I bring before the College is, indeed, only an illustration of the clinical signs I have already drawn. The first symptom was, some few years back, an hæmoptysis. The *post mortem* appearances—to be brief—were those of intense fibroid change, as pictured in that drawing, and visible under the microscope, with numerous bladders of emphysema. Dr. Moxon himself (*c*) notes that the larger bronchial tubes in his last case were unnaturally contracted; and, though I do not wish to push my own observation beyond the fact, so far as I have been able to see at present, the dilatation of the tubes in "fibroid phthisis," or in anthracosis, is not reached in this form, microscopical preparations of which, together with a portion of the lung from which the sections were taken, are exhibited on the table. Dr. Moxon in his earlier paper had answered in the affirmative the question, "Is there a syphilitic form of phthisis different from tubercular phthisis?" (p. 372) but in his last contribution he gives a distinct denial to the proposition I am attempting to support. Dr. Sturges, in his book on the *Natural History and Relations of Pneumonia*, only lately published, gives a case (p. 185) which he considers to be "an instance of fibroid lung, probably the result of syphilis," occuring in a gentleman a little past fifty, easy when at rest, but breathless on slight exertion. "The patient" (I quote Dr. Sturges's words) "was of healthy family, of active business habits, with no tubercular or phthisical history: but some years before he had contracted syphilis. His first notice of illness consisted in an attack of hæmoptysis; and from that time he had complained, and complained only, of impaired breathing power." A woodcut of the appearances found in a case of the same kind, communicated to the author by my friend and colleague Dr. Cheadle, I place, Sir, in your hands, in spite of some misgiving that my former teacher, one of the Censors of the College, may accuse me, in using it as an illustration, of having proved more than I really wish to do. Thanks to the same colleague, I saw only yesterday a man forty-three years old, aged before his time, who bears the marks of a syphilis at least, he says, twenty years ago, whose health has been, so far as he allows it, good up to the commencement of the present winter. For eleven months after contracting the disease he was in the Birmingham Hospital. It is scarcely to be wondered at that he presented no so-called secondary symptoms. Now, he has laryngeal cough and stridor; absolute dulness, without moist sounds, at his right apex: a case at present to be watched (*a*)

Lancereaux had spoken of the few facts on which his notice of this supposed syphilitic lung-change was based. That remark still holds good; for, in the very valuable paper on Syphilis by Professor Bäumler in Ziemssen's *Cyclopædia*, the only cases he quotes—and I can well answes for his industry—are those of Vidal, Dittrich, and Moxon. A doubtful case of the same kind was published by Cornil in the *Gazette Médicale* for 1873 (p. 185); and though, perhaps, it is hardly possible to claim Bayle's twenty-third case as belonging to this class—a case of "tubercular phthisis complicated with melanosis" in a man aged 62, who "had often contracted the venereal disease" (*b*) it is far less possible to pass over Morton's chapter (lib. ii., vii.), "De Phthisie à Lue Venereâ orta." His observation of its clinical symptoms was made with his usual keeness; "Semper enim (quantum ego observavi) est genii Asthmatici, Phlegmate viscoso, et dyspnœâ magis, quàm urgenti tussi stipari solita." (*c*)

With reference to that third form of fibroid change which, called roughly by the Germans "Staubinhalationskrankheit," includes under one name a pathological result due to the inhaling of fine particles of coal, iron, stone grit, tobacco, or cotton, we in London have, perhaps, but small experience. But since Wepfer, (*d*) over a hundred and fifty years ago, noticed its occurrence among millstone-workers at Waldshut on the Rhine, and tried to see for himself its pathological changes, and tried in vain—"quia hactenus nullo cadavere potiri potui, quamvis id precibus et pretio tentarem" (*e*)—experience as to this alteration is becoming large. Without referring further at this moment to a paper written by Dr. Peacock, who begins by quoting Wepfer, in the twenty-fifth volume (p. 214, &c.) of the *Medico-Chirugical Review* for 1860, the literature on this subject, especially of late years in one periodical, the *Deutsches Archiv fur Klin. Med.*, has been multiplied exceedingly. Zenker, Seltmann, and give Riege full bibliographical references in addition to their own experience. I have to thank my colleague Dr. Andrew for allowing me to lay before the College one of the most marked examples of this affection which it has been my fortune to see. The patient was a French millstone-maker, aged 45, who had worked at his trade since his apprenticeship. He had had a winter cough for many years; had never suffered from syphilis; "had an attack of congestion of the lungs five years ago;" had worked hard, and had undergone great domestic trauble. And yet with the lung pictured in this drawing—and, with the exception of cavities and dilated tubes, the whole of both lungs was in that condition—he managed to live till he was killed by a pericarditis. The note made by Dr. Bristowe in reference to one of Dr. Peacock's cases (*f*) has its exact repetition in this

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(*a*) *Path. Soc. Trans.*, vol. xxiv., p. 313.

(*b*) *Traité Historique et Pratique de la Syphilis*, 2nd ed., Paris, 1874, p. 3[illegible]9.

(c) *Path. Soc. Trans.*, *loc. cit.*

(*a*) Since this was written, he has been admitted into St. Mary's Hospital.

(*b*) *Barrow's trans.*, p. 249.

(*c*) *Op. cit.*, p. 281.

(*d*) *Observationes Medico-practicæ, etc.*, Schafhusii, 1727.

(*e*) *Op. cit.*, Obs. cix., Catarrhi frequentes, p. 444.

(*f*) *Loc. cit.*, p. 222.

patient's lung. "The diseased portions of lung were much indurated, having generally an opaque whitish hue, but being thickly studded with black pigment. Under the microscope, little or no trace of original lung-structure was visible; but the diseased masses appear to be made up of dense closely arranged fibroid tissue, studded here and there with numerous irregular groups of black pigment." The lung itself, and microscopical sections of it, are here on the table for the examination of those gentlemen who wish to see them when the lecture is over.

Physiological experience points in these cases even more markedly than in other types of phthisis to the part the lymphatics seem to play. I have no need to refer to the calculations, whether as to chemical constitution or to weight, of the foreign particles found in the lung-tissue of these cases. That they do occur in the lung-tissue is a settled fact. By what way they reach it may be still an open question. Knauff, (*a*) writin gin 1867, had sketched to his own satisfaction the following process. In the case of the inhalation of particles of carbon, he held that, while in healthy persons these particles led only to their own expulsion from irritation of the bronchial mucous membrane, in persons continually subjected to their presence, they caused, by repeated and increased catarrh, extensive destruction of the ciliated epithelium, and, by accumulation, further necrotic processes, till a way was opened into the lymphatic vessels. Sikorsky, in 1870, (*b*) showed from his experiments that carmine-particles, injected under the form of carminated ammonia into the lungs of cats and dogs, penetrated between the epithelial cells of the bronchial mucous membrane into the lymphatic system of the bronchi. The further explanation of these facts is furnished by Dr. Klein, (*c*) who has demonstrated the presence of certain interepithelial connective-tissue cells, to which he gives the name pseudostomatous tissue. These occupy a system of spaces which, in the normal state, do not form open communications between the surface and the lymph-canal system, but in certain circumstances, under which they are distended, may be converted into free passages between the two. The same interepithelial cells are found in the interalveolar septa, and may aid absorption from the alveoli themselves. These cells occur in the positions indicated in these diagrams.

It is this form of phthisis—the third of my temporary division—which has been, as we are reminded, "unfortunately called fibroid, in which death often occurred through the indirect result of tubercles that had terminated their career;" (*d*) it is this form which has carried the upholders of a specific tubercle into theories of the most startling kind, till it almost seems as if, in their allegiance to a Circe of their own creating,

"*τοὺς αὐτὴ κάτεθελξεν ἐπεὶ κατὰ φαρμακ' ἔδωκεν.*"—*Odys.*, x. 213.

And yet, in obedience to them, we are to believe that histological growth, or, if you will, pathological hyperplasia from already existing tissue, is not the simple thing it seems to some of us to be; but, against our own eyesight and our common sense, are to accept without questioning this *sacramentum* of "Tubercle." We might as well, it seems to me, on the same grounds give the same name to interstitial keratitis, or to the hyperplasia of irritated cartilage. Virchow, writing on tumours, (*e*) had laid down a rule which, in the case of this fibroid phthisis, it would be well to follow: "Investigations ought not to be conducted with a view to determine whether they have a physiological" (he might have said here a pathological) "type, or whether they have a specific stamp impressed upon them; our final answer depends upon the question whether they rise at a spot to which they belong. "And the change arises in fibroid phthisis at a spot to which it does belong, and as is clearly due to the local irritation as is the cell-growth in irritated cartilage and cornea. Here once more the words of Addison apply: "I fail to discover what I had always been taught to consider as essentially tubercle: a distinct, separate, or rather separable body of a particular colour and consistence, embedded in, and, although adhering to, supplanting a portion of the ordinary tissue of the lung. On the contrary......there is not one of the varied morbid conditions coming under the denomination of tubercle which has not appeared to me to result from changes in or on the natural tissues, rather than from any separate and well-defined deposit displacing these tissues. These morbid changes have appeared to me to be perfectly identical with those of inflammation." (*a*) And Sir—to close with those words which the consulting physicians of two hundred years ago used to append to the written statement of their opinion—"*Ita censeo.*" (*b*)

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ON THE ETIOLOGY AND TREATMENT OF SCROFULOUS OPHTHALMIA. (*c*)

By H. CRIPPS LAWRENCE, L.R.C.P. Lond., &c.

SCROFULOUS ophthalmia is a common, frequently a complex and chronic disorder.

So long as a disease continues frequent, undoubtedly greater opportunities arise to study it, but in order to this time, as well as opportunity, is necessary. It is in respect to both of these requirements that general practitioners experience a double disadvantage; in earlier life time is too abundant, for the cases are not forthcoming; and as facilities for frequent observation arise, then are general practitioners unable to devote the time they wish, and which is necessary adequately to study the cases. Again, when a disorder comes under notice which is frequent, complex and chronic, it cheats us by its very subtlety, for the mind is apt, in practice, to regard the frequency and chronicity as being almost unremediable factors, while the energy of treatment becomes concentrated on combating the complications. Yet, perchance, the chapter in disease which deals with the method of diminishing its frequency and chronicity is even of greater value than that which treats of the complications.

Scrofulous ophthalmia is a disease respecting which, as regards its nature and treatment, most members of the profession hold fixed and definite opinions; yet, how numerous and various are these!

In this communication I omit a consideration of the diagnosis, complications, and prognosis of scrofulous ophthalmia, but purpose confining my remarks to the etiology or causation and to the treatment of the affection.

Referring to the nomenclature of diseases issued by the Royal College of Physicians, it is remarkable that scrofulous ophthalmia is classed among the diseases of the conjunctiva, and as a general affection of the eye, but no mention of it occurs in reference to diseases of the cornea.

Throughout professional literature on the subject a wide variation is to be found respecting the nomenclature of the disease, whether we instance the employment of the general term scrofulous ophthalmia, or that of "strumous ophthalmia," employed by Sir Thomas Watson, or "phlyctenular" ophthalmia with Mackenzie. Some authors regard these terms as synonymous; others give to each a distinctive and differential value.

Then, when the actual seat of the affection is considered, some authorities regard the conjunctiva as the *locus morbi*; some the cornea; others, both. Some the conjunctiva as primarily and the cornea as secondarily affected; some the cornea as the primary seat of affection with a secondary conjunctival congestion; others maintain that the cornea

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(*a*) Das Pigment der Respirations-organe, *Virch. Arch.*, vol. xxxiv., p. 442.
(*b*) *Centralbl. für die Med. Wiss.*, 1870, No. 52; and cf. Slavansky, *Virch. Arch.*, vol. xlviii, p. 326.
(*c*) *Op. cit.*, vol. ii., p. 27, &c.
(*d*) *Path. Soc.*, vol. xxiv, p. 309.
(*e*) *Cell-Path.*, p. 487.

(*a*) *Guy's Hospital Reports*, ser. ii., vol. i,. p. 3383.
(*b*) Wepfer, *Op. cit.*, p. 348; "*Ita censet Raoult.* Lutetiæ Parisiorum, die 4. Septembris, 1678."
(*c*) Read before the Harveian Society April 6th, 1376.

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is the seat of disease, as Dixon, who considers the term "scrofulous ophthalmia" inappropriate, the disease being regarded by him as a scrofulous keratitis, and not an ophthalmia at all.

Such a variety of opinion is little calculated to advance a knowledge of the disease, nor does it tend to promote rational treatment.

In the following remarks will be comprised (a) a brief review of the chief symptoms (local) of scrofulous ophthalmia as recorded by standard authorities on the subject; (b) a consideration of certain physiological data in connection therewith. (c) A reference to the treatment of the affection.

(a) Sir Thomas Watson refers to strumous ophthalmia as a disease belonging to the conjunctiva, affecting scrofulous or strumous children who have been weaned. In enumerating the symptoms of the disorder, he mentions first, slight redness; secondly, great intolerance of light; thirdly, the formation of little prominences or pustules on the surface of the conjunctiva. He then qualifies this description by stating that the redness is partial, sometimes confined to the palpebral conjunctiva. Then he refers to bundles of vessels running from the angle of the eye towards the cornea, and where they stop, small elevations of the membrance occur, called pustules; the line of junction between the sclerotic and cornea being the most frequent site for the formation of these pustules. Photophobia is regarded as a very prominent symptom, sometimes the only manifest one. In Mr. Dixon's article on "Scrofulous or Strumous Ophthalmia," in Holmes' System of Surgery (1st ed. vol. ii. p. 694) the author commences by stating: "If by 'ophthalmia' we are to understand an inflammatory affection of the *conjunctiva*, the disease I am about to speak of ought not to be termed ophthalmia at all. It is essentially a corneal disease, the conjunctiva being only secondarily affected." He then proceeds to note that the phenomena usually attributed to scrofulous ophthalmia may occur in patients who are not scrofulous, or who exhibit "no visible glandular disease." Referring to the local affection, the author describes it as consisting of either a small whitish elevation (the phlyctenula of Mackenzie) or an ulcer. In either case a long plexus of vessels runs from the corneal margin to the morbid spot. No sequence of symptoms is mentioned, no special location assigned for the phlyctenulæ. Mention is made of the increased flow of tears without increased secretion of mucus from the conjunctiva. After noticing that the photophobia is out of all proportion to the extent of the corneal disease, with regard to pain, Mr. Dixon adds: "In some extreme cases the surgeon is surprised to find merely a small whitish elevation (phlyctenula) or an ulcer the size of a pin's head with the characteristic streak of vessels reaching to it from the edge of an almost clear cornea."

The chapter in Mackenzie's work on "Diseases of the Eye" which he devotes to phlyctenular ophthalmia is headed with several synonyms, among which occurs conjunctivitis phlyctenulosa, but there is none indicative of corneal disease. Mackenzie regards the affection as an eruptive disease affecting the conjunctiva, not as a mucous membrane, but as a continuation of the skin over the eye. Among the symptoms he mentions these in the following sequence: 1. Redness of the conjunctiva, at first slight, and confined to the inside of the lids, sometimes a few scattered vessels course through the conjunctiva towards the cornea, at other times no enlarged vessels are visible, and photophobia is the chief symptom, or fasciculi of vessels converge towards the cornea from either angle of the eye, the redness increasing with the disease and the sclerotic may appear injected; 2. Pain, photophobia, and blepharospasm are referred to.

When we come to the comprehensive and literary description of scrofulous ophthalmia by the late Sir William Lawrence, we find him first pointing out certain characteristics of the scrofulous constitution, dividing scrofulous patients virtually into two classes, viz., the "torpid" and "erethitic," and then he proceeds to note the exciting causes of scrofula, mentioning especially cold with moisture; also insufficient or unwholesome food, and to the latter he attached great importance. Cold and inanition serve to explain why infants at the breast are protected by warmth and suitable nourishment from exhibiting the pernicious ophthalmia, to an outbreak of which they are so prone and susceptible from the time of being weaned until the period of puberty. Sir William Lawrence defines the disease as "an external inflammation of the eye, originally seated in the conjunctiva, often affecting the sclerotic coat and cornea, seldom going deeper, but occasionally extending even to the iris." The symptoms are described in following sequence: 1. Redness of the conjunctiva, partial, slight, and chiefly affecting the palpebral conjunctiva; 2. Fasciculi of vessels run towards the cornea on the surface of the conjunctiva, stopping at the margin of the cornea or extending over its margin; where these fasciculi terminate the phlyctenulæ occur; 3. Blepharospasm, photophobia, and epiphora follow; 4. Constipation and disordered digestion are, especially noted; 5. Morning exacerbations and nocturnal remissions in the course of the disease; 6. The erratic nature of scrofulous ophthalmia is noticed—how it goes and returns rapidly, affects one eye, then the opposite, and alternates with other manifestations of scrofula in the nose and ear.

The late Professor Miller, of Edinburgh, regarded strumous, scrofulous, or phlyctenular ophthalmia as being essentially a disease of the cornea, of which the conjunctival congestion is only symptomatic, occurring in strumous children. The following sequence of symptoms is noted: 1. Photophobia quite out of proportion to any obvious cause; 2. Enlarged vessels collected into fasciculi, stretching from the corneal margin to the phlyctenulæ, or to terminate in an ulcer; 3. Morning exacerbations with nocturnal remissions. The leash of vessels is considered the characteristic sign of the disease. Mackenzie devotes distinct chapters in his work to scrofulous sclerotitis and scrofulous corneitis and iritis respectively, but the symptoms of these he differentiates manifestly from those of phlyctenular conjunctivitis or scrofulous ophthalmia.

Mr. Soelberg Wells describes the symptoms of scrofulous ophthalmia thus:—1. Heat and itching in the eyelids, with a watery and irritable condition of the eye; 2. Photophobia, lachrymation, pain in and around the eye (ciliary neuralgia), the latter being less intense when the phlyctenulæ are confined to the ocular conjunctiva, increasing when the cornea becomes invaded; 3. Conjunctival and subconjunctival injection varying with the amount of the disease. When the injection is partial and confined to a part of the ocular conjunctiva, a fan-like bundle of vessels is noticed extending from the retro-tarsal margin towards the edge of the cornea, the base towards the palpebræ, the apex at the cornea. At the apex of the triangle of vessels one or more herpetic vesicles or pustules appear, semi-transparent or yellowish-white, often occurring symmetrically at the outer side of each eye. These phlyctenulæ soon shed the epithelium covering them, leaving an ulcer which gradually absorbs, or increases in size and depth, when the contents become yellow and opaque. The epithelium may be reformed, and the contents undergo absorption. When the phlyctenulæ appear the irritation lessens, especially when the epithelium is shed and the contents escape. Increase in the number of the phlyctenulæ augments the symptoms. The most frequent site of these phlyctenulæ is at the edge of the cornea, but they often occur simultaneously on the conjunctiva and cornea. Beyond this the pustules may increase in size and depth, the inflammation affecting the subconjunctival tissue causing an episcleritis, and even reaching the superficial layers of the sclerotic.

The above narration at some length of the recorded observations of the authors quoted is an important preliminary, for it is somewhat difficult to realise but for the distinctness of the titles of their papers on the subject, that each writer is describing one and the same disease. The differences of description assume greater importance from the fact that the subsequent treatment recommended varies with each authority. The outcome of this varied teaching may be thus briefly compared:—An inflammation may attack the eyes of scrofulous children from the time of weaning until puberty. According to some authorities the conjunctiva is chiefly implicated, while others maintain the cornea to be the seat of disease. Now one of three positions may be accepted—1. Each class of authorities may observe correctly, and describe under one name two essentially distinct diseases; or, 2. One authority may be correct and the other incorrect in observation; or, 3. One may be correct or incorrect in the description or interpretation of observed facts.

Four of the six authors quoted evidently regard the disease as conjunctival, and two as essentially corneal in nature; and it is remarkable that the four who hold the former opinion all note an injection of the palpebral conjunctiva as an initial symptom; the two others omitting a notice of it. Again, these latter authors omit any notice of a scrofulous conjunctivitis in their works, while both Mackenzie and Mr. Soelberg Wells, who hold the conjunctival view, each devote a chapter to the consideration of phlyctenular corneitis or keratitis scrofulosa. Moreover, the symptoms they associate with scrofulous corneitis, while differing manifestly from the terms in which they themselves depict the features of phlyctenular ophthalmia, do closely resemble the descriptions of phlyctenular ophthalmia given by Mr. Dixon and Professor Miller, who both regard it as a corneal disease. None note whether the palpebral congestion attacks both upper and lower lids, or one before the other.

Photophobia is universally referred to, but the position it holds among the symptoms in point of sequence varies. The fasciculi of vessels are described by those who hold the conjunctival nature of scrofulous ophthalmia as passing towards the phlyctenula, in a direction from the retro-tarsal margin towards the cornea, while the others describe the vessels as running from the margin of the cornea to the phylctenulæ. As regards the phylctenulæ themselves, none mention whether they precede or succeed the appearance of the fasciculus of vessels, nor indeed when the spasm of the orbicularis occurs in point of sequence. Surely the sequence of the symptoms is an important point towards determining the etiology of the disease, and also in reference to the subsequent *rationale* in treatment.

(b) It will be impossible to do more now than glance at a few of the physiological features connected with the symptoms presented in cases of scrofulous ophthalmia.

In reference to photophobia, it is still open to discussion whether the retina be implicated or not; whether there be a hyperæsthesia of the retina *ab initio*, or whether the sensitiveness of the optic nerve be secondarily exalted by irritation of the terminal branches of the corneal nerves, which Klein has traced to the cells of the corneal epithelium, and almost to the surface of it.

Then, again, surely the sequence of photophobia, blepharospasm, and epiphora is important to determine; whether or no, in cases where little or no congestion is present, we are to look for an explanation to the distribution of the lachrymal branch of the ophthalmic division of the fifth nerve, remembering that this lachrymal branch, after passing through the lachrymal canal, goes to supply the conjunctiva, the orbicularis oculi and skin of the upper eyelid. Mackenzie adduced this nerve distribution as an explanation of those cases "where perhaps scarcely an enlarged vessel and as yet no phlyctenulæ have made their appearance."

Dr. Handfield Jones has published some remarks on a case of scrofulous ophthalmia in the *British Medical Journal* of May, 1871, in which he inclines to a view of a nervous hyperæsthesia of the retina, as a state of excitement without power, which may serve to explain the photophobia. This view was entertained by Mirault (*Archives Générales de Médecine*, tome xx. p. 477), who in 1829 regarded the photophobia in scrofulous ophthalmia as being due to an irritable condition of the retina inducing a reflex action of the orbicularis oculi.

Photophobia, epiphora, and blepharospasm ensue if a portion of dust settle on the upper eyelid, for the sensitive fifth pair is thereby excited, whence a reflex action of the portio dura or muscular nerve is induced. The phlyctenulæ may, as irritants, act perhaps in a like manner?

The sequential appearance of the phlyctenulæ appears also likely to prove an important point, and whether they be corneal or conjunctival as to site. Mr. T. Holmes, after describing the nature of the phlyctenulæ, ascribes more pain to the corneal than to the conjunctival ones, in that, they being situated beneath the epithelium, thus, even during their formation, probably press upon, or irritate the sensory nerve filaments of the cornea, which become exposed if the phlyctenulæ ulcerate. The photophobia under these circumstances he attributes to these filaments responding to the stimulus of light by common sensation, or else, because they convey irritation to the ciliary region and cause the reflex movements produced by light, as contraction of the pupil, to be acutely painful.

Passing on to the fasciculi of vessels leading to the phlyctenulæ, the direction of these may perhaps indicate a pathological condition varying with their direction.

The appearance of the leash of vessels also, in point of sequence, is important in relation to the formation of the phlyctenulæ. The development of the herpetic vessels or ulcers is noticed by Mr. Henry Power in a paper on strumous ophthalmia in the *Practitioner* for October, 1872. Therein he quotes the researches of Iwanoff to the effect that the first stage consists in a minute collection of nuclei or nucleate cells, between the epithelium and the anterior layer of the cornea. These appear to be a proliferation of the corpuscles of the sheath of the nerves, or at least to travel along the nerves between the sheath of Schwann and the nerve substance, and thus form a pale vesicular like swelling!

Do these phlyctenulæ result from some morbid process in the sheath of the nerves, and precede the formation of the plexus of vessels of the conjunctiva? In this case the "conjunctiva is to the cornea," as Benjamin Travers has shown, "what the periosteum is to the bone; it nourishes the superficial lamellæ." Or, on the other hand, do the fasciculi of vessels ever precede the formation of the phlyctenulæ? and if so, with what intent?

The questions of constipation and disordered digestion have a reflex value, as excitants, if not to the development, assuredly to the aggravation of scrofulous ophthalmia. All authors insist largely upon the necessity of not overlooking this factor in the chain of symptoms. To these Sir William Lawrence attached great importance, as explaining the photophobia. The author of the article on "Scrofulous Ophthalmia" in Copland's Dictionary of Practical Medicine attributes the photophobia "rather to the state of the organic nervous system." On reference to the distribution of the branches passing from the superior cervical ganglion of the sympathetic two branches may be traced, of importance in relation to this; one will be found distributed to the ganglion of the root of the pneumogastric nerve; the second to the ganglion of the trunk of the pneumogastric.

Metastasis is an important feature in scrofulous ophthalmia. The ganglion of Ribes located on the anterior communicating artery is said to connect the sympathetic nerves of the right and left sides. Again, prolongations of the sympathetic nerve upon the internal carotid artery form plexuses upon the cerebral artertes to the pia mater of the brain; also, upon the ophthalmic arteries, pass to the orbit; a minute plexus even accompanies the arteria centralis retinæ within the eyeball.

Enough has been said to indicate how important are the associations of the sympathetic nerve supply, and the following researches which touch upon the question of trophic nerves appear to me of intrinsic value and interest in relation to scrofulous ophthalmia.

Dr. Rutherford first demonstrated the action of vaso-inhibitory nerves in parts the seat of active nutritive change. The stomach becomes congested during digestion. Division of the vagi at this time causes blanching of the gastric mucous membrane, owing to the influences which pass through the vagi to keep its vessels dilated being cut off. In an article on the effects of trophic nerves on inflammation, in the *British Medical Journal* for May 20th, 1871, this is mentioned, and a *résumé* of the subject given, to which I am indebted for the following information :—

Majendie and Longet proved by experiment that division of the fifth nerve within the skull led to destructive inflammation of the eye and its appendages on the side of section. This result Snellen and Bütner attributed to loss of sensibility in the eye, which could not protect itself against external irritants ; but Samuel, whose researches in relation to trophic nerves have been so extensive, controverted this explanation by an appeal to facial paralysis failing to produce like results. Meissner and Schiff demonstrated that the "nature of the lesion of the fifth nerve determines the amount of injury observed in the eyeball." Division of the outer fibres leads to insensibility, while if only the inner fibres be divided sensibility remains, but destructive inflammation ensues. Upon such evidence a trophic nerve supply for the eyeball is assumed. The nature and mode of action of these trophic nerves is a moot point. Some authorities attribute the above results arising from division of the fifth nerve to vaso-motor disturbance caused by paralysis of branches of the sympathetic which run in the trunk. This is probably true, for division of the fifth nerve posterior to the Gasserian ganglion is less fatal to the eye than section anterior to the ganglion where the sympathetic joins the nerve. Others maintain the presence of purely trophic nerves, distinct from the vaso-motor nerves, but whether, if they exist, they act independently of the latter, is unknown.

The more recent experiments of Dr. Sinitzen, of Moscow, have an especial interest in reference to scrofulous ophthalmia in its relationship with the sympathetic system (*Centralblatt für die Medicinischen Wissenschaften*, No. 11, March, 18, 1871). Evulsion of the superior cervical ganglion of the sympathetic in rabbits rendered the corresponding eye more capable of resisting external irritation, and even completely antagonised the effects of division of the fifth nerve. Dr. Sinitzen extirpated one superior cervical ganglion and then introduced into the corneæ of both eyes at corresponding points glass threads, of the same size, and at the same depth. In the eye of the sound side resulted conjunctivitis, pannus, purulent infiltration of the cornea, and further destructive changes, while the eye on the side operated on exhibited little or no alteration. Again, evulsion of the superior cervical ganglion immediately before or after the operation of division of the fifth nerve within the skull prevented inflammatory results. Moreover, destructive results having commenced after such division, provided the cornea was not opaque, they were arrested entirely, and complete reparation ensued. Upon evulsion of the superior cervical ganglion, when complete reparation was impossible, evulsion of the superior cervical ganglion caused improvement or arrest of destructive inflammation, though no precautions were taken or necessary against external irritants. Dr. Sinitzen attributes these remarkable results to the increased vascularity and temperature of the eye induced by the aforesaid evulsion. He found that irritation of the depressor nerve by causing dilatation of the vessels rendered both eyes equally resistant against inflammation from irritating substances. On the other hand, ligature of the carotid rendered evulsion of the superior cervical ganglion impotent to check the effects of division of the fifth nerve.

Trophic nerves for the eyeball are forcibly suggested by such experiments. The writer of the article which refers to Dr. Sinitzen's researches then adds, that possibly the trunk of the fifth nerve contains afferent fibres ; not sensory, by which the tissues excite an inhibitory action on the vaso-motor centres, and thus produce dilatation of their vessels, and thereby regulate their own vascularity and nutrition.

The recorded observations of standard authors on scrofulous ophthalmia, already quoted by me, manifestly vary : the symptoms present no line of sequence ; and it could be easily shown as an addendum, that the modes of treatment recommended also differ.

Clinical Records.

PRESENTATION OF HAND WITH VERTEX ; DELIVERY BY TRACTION ; POST-PARTUM HÆMORRHAGE ; RECOVERY.

Under the care of R. Hanslip Sers, M.R.C.S.

On June 9th I was unexpectedly summoned by a village midwife to a case of tedious labour. Upon arrival, I found the patient, Mrs. R., a labourer's wife, restless, feeble, and crying out repeatedly with short and unavailing pains. On examination, she was found to be advanced in the second stage of labour, the os fully dilated, the membranes ruptured, the head and the right hand protruding. The position of the head was otherwise normal, only it did not properly fill the hollow of the sacrum ; it was also exceedingly compressible. Mrs. R. had been attended by me previously during premature births, and twelve weeks ago she slipped downstairs, which led to an illness threatening abortion. Finding the soft parts quite dilatable, I easily passed the left hand into the vagina, and by means of the fingers around the neck of the fœtus—at the same time with the free hand pressing firmly upon the abdomen—exerted gentle traction during the pains. In a few minutes she was delivered of a living, though not full-timed, daughter—being her first born alive. In the course of ten minutes the placenta came away naturally. This was followed by immediate and alarming hæmorrhage ; blood poured out in a continuous stream ; the patient instantly tossed about and became delirious. Without delay I passed my hand and forearm into the vagina and uterus, grasped a handful of clots, and with the other hand exerted a counter pressure on the abdominal surface. The arrest of the flooding was instantaneous. After three or four minutes, the uterus contracted firmly, and then I withdrew my hand, and was glad to find no return of the hæmorrhage. I then applied a heavy book covered with a napkin and surrounded with a firm bandage. The child died within twenty-four hours, but the mother recovered without a single bad symptom.

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Literature.

THE MEDICAL HISTORY OF OUR WEST AFRICAN CAMPAIGNS. (a)

It is most fitting that the record of what has been called a doctors' war should be written by one of that medical staff who contributed so essentially to the success of our arms in Ashantee, and Dr. Gore has done good service by placing his clear and unpretending narrative before the public. We can all remember what terrible anticipations of disaster were current at the outset of the campaign of 1873-4, and Dr. Gore's description of the climate of Western Africa shows how deadly it really is to all unacclimatised persons. A very heavy rainfall save for three months in the year, hot dry air by day, succeeded by cold damp winds by night, and an excessively enervating condition of atmosphere at all times, naturally predispose to disease, and under these conditions we can scarcely be surprised that earlier military operations were attended with a serious amount of sickness.

The history of the first detachment of marines sent to the Gold Coast during the rainy season of 1873 was remarkably significant, for out of 110 officers and men, 12 had actually died, and 77 became inefficient within the short space of 58 days. Such being the case, when it was proposed to undertake military operations on a considerable scale, Mr. Cardwell naturally felt some reluctance in employing a European force, and Sir Garnet Wolseley then took upon himself the heavy responsibility of guaranteeing that the troops should not remain in the country for a longer period than two months. "Provided every recognised sanitary precautions were taken," this far-seeing officer believed that English troops might be employed without extraordinary risk; and it is now matter of history that his little army completed their successful work and returned to England in March, having been on the Gold Coast for exactly five days less than the appointed time. Careful study of the medical arrangements shows how well grounded was Sir Garnet's faith in those to whom their superintendence was entrusted, and on no former campaign in which the British army has taken part were difficult sanitary problems more completely solved than by Sir A. Home, Dr. Mackinnon, his successor in office, and by Dr. Gore, to whom this part of professional duty was officially given. The very graphic description supplied by our author of the shocking condition of Cape Coast Castle, with "its beach one vast cesspit," and foul smells and filth and putrefaction tainting the air at every turn, shows us what difficulties were necessarily encountered and eventually surmounted by the judicious application of sound scientific principles. The fact was fully recognised that by good food, warm clothing, and the avoidance of undue fatigue, much disease might be obviated, and we would draw special attention to the detailed sanitary memorandum issued by Dr. Gore for the guidance of the General Commanding, and which is a model of terse and clear statement of important practical details. Minute directions are given for disembarkation, precautions *en route*, and under the head of diet the very proper rule is enforced that every man on first rising in the morning should take four grains of quinine, followed in fifteen minutes by a biscuit and a strong cup of cocoa; and careful instructions are given for the preparation of hot meals at all the principal halting stations. One of the chief novelties of this campaign was the establishment on a very complete scale of hospital ships, the *Victor Emanuel* being fitted up in the most perfect manner for the reception of 140 invalids, and "so excellent were the sanitary arrangements," reports Dr. Gore, "that every patient who was in a condition to improve at all, showed signs of improvement before he had been twenty-four hours on board." The *Simoon*, stationed at St. Vincent, acted as a receiving ship for surplus sick, who were drafted by other steamers from thence to the Cape, and Brazilian packets, which conveyed them to England, thus forming an unbroken communication between the African bush and the hospitals of Haslar and Netley. On the very interesting subjects of dress, food, and stimulants, Dr. Gore expatiates at considerable length, and we presume that the necessity of expanding his book up to certain limits has induced him to introduce a good deal of elementary physiological padding, which might well have been spared. What we desire is the *special* observation of so experienced a medical officer as the author; but in spite of his somewhat diffused style, from each of his chapters we have been able to extract some useful hints and practical suggestions. The great importance of a light kit is emphatically stated; the use of belts, collars, and all such encumbrances of civilisation is shown to be impracticable in Western Africa, and some very sensible remarks on diet can hardly fail to be instructive to all. The great value of soup, and the restorative properties of Liebig's extract are fully shown, and good cooking is proved to be a *sine quâ non* under a tropical sun, where the appetite tends to flag, and where tinned provisions must be largely consumed. In his remarks on alcohol, Dr. Gore follows the lead of the lamented Professor Parkes, and shows the undoubted value of a spirit ration at the close of a long march, to relieve depression and fatigue, alleviate malaise, improve the appetite, and encourage sleep. Although during active exertion experience showed that alcohol was neither required nor well borne given at bed time, or with the evening's meal, its beneficial influences were proved beyond all possibility of dispute.

(a) "The Medical History of our West African Campaigns." By Surgeon-Major Albert A. Gore, M.D., Sanitary Officer on the Staff of the Quarter-Master General's Department during the Ashanti War. London : Bailliere, Tindall, and Cox. 1876. Royal 8vo. Pp. 220.

The special medical lessons to be drawn from the campaign inculcate nothing particularly new, for it was previously known that all Europeans on first landing must almost of necessity pass through an attack of acclimatising fever. This seems in its mildest form to have assumed the character of an intermittent, "where more aggravated, an irregular intermittent, and in its greatest severity a quasi-continued fever, assuming not infrequently many of the characteristics of yellow fever, and the symptoms were frequently severe, with violent head complications, irritability of the stomach, and various internal congestions. It thus happened that the amount of sickness was large, whilst the mortality was insignificent, and several of the more severe cases of illness under treatment either arose from dysentery in an aggravated form, from hepatic abscess, or from inflammation of the lungs. With respect to treatment, Dr. Gore confirms the views currently held as to the most scientific method of holding in check these tropical affections, and devotes several pages to a very scientific consideration of the action and uses of quinine in ague. There does not appear to have been a very fertile field presented during this campaign for the exercise of surgical skill, the bad powder used by the enemy imparting little penetrating power to the slugs employed as projectiles, and the great interest and value to the historian of this the last of our "little wars," is in the perfection with which all sanitary arrangements were made and carried out by an efficient medical staff. Comparing the results of this forethought and business capacity with the confusion which nearly destroyed our army in the Crimea little more than twenty years ago, shows the great progress made by science in these later days, and the improved modes of organisation which are now at our command.

Dr. Gore has given us a most interesting record of a series of stirring events in which he took an active part, and of eleborate precautions for the maintenance of health, which prove how special were his qualifications for the post of sanitary officer, and whatever the ultimate result of this war may be, we are fully justified in asserting that the way in which it was carried out reflected much credit on the responsible authorities both at home and abroad. In conclusion, we must express our admiration of the way the publisher's work has been performed; nothing could be better than the turn-out of Dr. Gore's work.

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THE most recent returns from foreign cities show the following rate of mortality: Calcutta 28, Bombay 30, Madras 34; Paris 24; Brussels 26; Amsterdam 24, Rotterdam 21, The Hague 20; Copenhagen 28; Stockholm 29, Christiana 21; Berlin 27, Hamburgh 23, Breslau 43, Munich 36; Vienna 25, Buda-Peth 47; Rome 31, Turin 22; Alexandria 40; Brooklyn 18, Philadelphia 19, and Boston 19.

Vital Statistics.—From the Registrar-General's return we learn that during last week 5,565 births and 3,228 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 21 deaths annually in every 1000 persons living. The annual death-rate was 20 per 1000 in Edinburgh, 22 in London, 22 in Glasgow, and 22 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 18, Hull 23, Leicester 21, Portsmouth 28, Newcastle-upon-Tyne 21, Birmingham 18, Brighton 20, Leeds 26, Wolverhampton 19, Bradford 20, Sheffield 24, Plymouth 14, Bristol 22, Oldham 28, Manchester 26, Salford 28, Nottingham 20, Sunderland 16, and Liverpool 42. The annual death-rate from the seven principal zymotic diseases averaged 2·9 per 1000 in these towns, and ranged from 0·6 and 1·1 in Norwich and Newcastle-upon-Tyne, to 5·0 and 6·8 in Manchester and Salford. The fatality of scarlet fever showed a decline in Portsmouth, but had increased in Sheffield. In Manchester and Salford 21 more fatal cases of small-pox were registered.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 5, 1876.

THE PHYSICAL PSYCHOLOGY OF CRIMINALS.

IN the last part of *The Journal of Psychological Medicine and Mental Pathology*, Dr. Semple has contributed a translation of an address, which Professor Moriz Benedikt recently delivered under the above title in the Vienna Section of the Medical Association in Lower Austria. The subject is certainly one of much importance, especially at a time when so much attention is being devoted to criminal legislation; while the arguments and speculations of the learned Professor are well calculated to awaken curiosity, and to warrant further investigations, however much they may be open to adverse criticism.

Dr. Benedikt opens his address by confessing that his efforts to establish, on the ground of modern evidence, a natural system of morals, have led him to limit the domain of responsibility in comparably more than is the case in positive legislation, and to regard the impulse of criminal natures in the light of natural laws. The object of his paper is to justify his conviction that "an anthropological change," or, in other words, a deficient organisation of the brain lies at the foundation of the criminal propensity of brigands, habitual thieves, relapsing forgers, and other criminals—that the changes in the brains are, in such cases, of a very gross and palpable nature, so as to admit of easy demonstrations in the *post-mortem* room—and, what is more remarkable, that these peculiarities of cerebral organisation may be recognised during life by a careful examination of the criminal's head.

With respect to the cerebral conformation of criminals, Dr. Benedikt bases his observations on the examination of four brains in which various anomalies of form, size, and position were found to exist; the more important of those arising from the fact that the cerebellum was not covered by the occipital lobes, that there were *plis de passage* in several parts of the brain, and that while some parts were more developed, others were less developed than natural. And he thinks that these four examinations establish the probablity that at least in a large proportion of murderers, the brain is in a low grade of development. In fact, he goes so far as to say that they "must suffice to make judges and ministers of justice, as well as legislators, hesitate in coming to a decision; and if sentences of death are necessary, they should be justified on other grounds." The great question, however, was whether this low grade or perversion of cerebral development, admitting it to exist, could be recognised in the skull of the living criminal, as then we should be able to announce during life the probable existence of cerebral abnormities, and of criminal proclivities. With the view of answering this question Dr. Benedikt, in conjunction with his former pupil, Dr. Badik, physician to the Illawa prison, hastened to examine the heads of 365 murderers in that establishment. The result was that both these physicians were struck with the peculiar cranial conformation of a large number of the criminals, especially with the want of prominence of the external occipital protuberance, with the flatness of the occiput, the marked shortening of the occipital part of the sagittal diameter of the skull, and a want of symmetry in the two halves of the skull which far exceeded that which is usually observed. If, in the normal skull, in a straight line from before backwards, the distance is measured from the fossa behind the auditory foramem to the most posterior eminence of the occiput, it will be found to amount to ⅖ and more of the straight line drawn from before backwards, in the middle line between the forehead and the summit of the occiput (the sagittal diameter). Now in the skulls of some criminals examined, this is not the case, inasmuch as the first line reaches ⅓ or ¼ or less of the second. This deviation Dr. Benedikt calls "Brachycephalia occipitalis."

Another "very characteristic" form of the skull, noticed in 56 per cent. of the habitual thieves in Leopoldstadt, is a condition which the author of the paper calls vertex-steepness (Scheitelsteilheit) or rising up from before backwards." While, for example, the highest point of the crown generally stands a little higher (1½ centimetres) than the boundary line between the part of the forehead covered with hair; that which is uncovered and this proportion is altered in habitual thieves, and there are differences amounting to seven centimetres. But not only have the above abnormities been observed in criminals generally, but they are spoken of as varying in character and in frequency according to the class of criminals in which they were noticed. Thus the vertex-steepness just described is said to be peculiar to habitual thieves. The occipital deviations appeared in the highest degree chiefly in robber-murderers, next in murderers from premeditation, and lastly in habitual thieves, whilst in normal persons the highest degree is very rarely found. On the other hand, the lateral symmetry mentioned above existed in a high degree in 37 per cent. of habitual thieves, but in only 26 per cent. of common murderers.

As if to anticipate and to meet the objections which his critics may probably raise against his views, Dr. Benedikt admits the apparent relationship between them and the doctrine of Gall. But he makes the following distinctions: "The fundamental idea of Gall that the psychical functions are localised in the brain is in a certain degree undoubtedly correct, but the chief defect in Gall's theory is that the latter imagined complicated psychical processes to take place in a definite part of the brain. Murder, thieving, forgegy, &c., are complicated psychical functions. There is not only often a defect of intellect which is unable to foresee the consequences of the deed to be perpetrated, but the factors of such acts are composed of motor and sensory impulses also. It is therefore erroneous to assume for murder, for instance, a definite topographical change in the brain, since that crime is the product of different qualitative and quantitative factors. Another fundamental idea of Gall is that the skull is a model of the brain, and although it has been objected that there are in the skull many accidental prominences which have no counterparts in the brain, his fundamental idea is not shaken, inasmuch as "no scientific man may, even if he does not altogether agree with Gall, dispute the doctrine that the construction of the skull is remarkably proportionate to the whole anthropological organisation in brutes and in man." Therefore, the most that the present state of science warrants us in saying is that the anterior part of the brain is the seat of the life of ideas (*Vorstellungsleben*,) the middle part the seat of psychical action in a motor sense, and the most posterior part the seat of sensations and feelings; and that any marked deviations in the general conformation of those parts may be attended by a corresponding amount of deviation in the confirmation of the skull. In conclusion, Dr. Benedekt justly observes that, even if the view taken by him is correct, it does not follow that punishment must be abolished. The true basis of legislation is not the doctrine of responsibility, but the "protection of the existence of normal persons against the ethically degenerate, and the necessary degree of this protection is an essential measure for the severity of the punishment." But it is admitted that the abolition of the punishment of death would necessarily result from the adoption of the doctrine we have been reviewing. "In some of the worst cases," observes the Professor, "future justice will punish more severely by rightly appreciating the views he has advanced. The modern doctrine of judicial punishment is in a false condition, because it constantly sets free criminals whose relapse is certain, allows them to commit fresh crimes, and then, for the first time, deprives them of the liberty to do mischief." Of what importance, then, must it be if the anthropological study of the brain, the skull and the head offers as the prospect of determining, at least in a portion of the cases, with scientific clearness when a relapse is to be expected. Criminal psychology must supply the factors of which, in each special case, or group of cases, crime is composed, and must determine whether imprisonment and education have eradicated, or can eradicate a part of the factors and the predisposing impulses."

Such is a brief summary of the chief facts and observations contained in this suggestive address, and however much opinion may differ as to its merits, we shall all agree in thanking Dr. Semple for bringing it to the notice of English psychologists. The subject is certainly a curious and an interesting one, and we propose to give it consideration in future articles.

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Notes on Current Topics.

The Virulent Outbreak of Cholera at Golwood, in India.

It may be that many of our readers pass the articles we are now publishing on some "Recent Cholera Reports," not deeming the subject one of much interest at a time when we are neither threatened with an invasion of this country by cholera, nor are hearing that any remarkable outbreak of the disease has occurred abroad. But scarcely has the last of these articles appeared in our columns, before we have to notice one of the most virulent outbreaks of Asiatic cholera which have ever been recorded. The facts and observations to be found in the reports above mentioned with respect to the transmissibility and prevention of the disease are, we hope, of themselves sufficiently interesting and instructive to attract attention; but if anything was wanting to invest the subject with additional importance, and to impress upon our sanitary authorities the truth of those hygienic principles and laws to which we have recently drawn attention, it was the intelligence of an epidemic which is not only awful in respect of the extraordinary fatality of the disease, but is even at this remote distance calculated to create no little alarm, inasmuch as it is to be feared that the pestilence will not be confined to the village in which it originally broke out.

We have to await the arrival of the Indian mail before we know the particulars of this sad occurrence, but, according to telegraphic information received by the *Times*, the scene of the outbreak was at Golwood, a village situated on the Bombay and Baroda Railway, and containing about 200 inhabitants. The disease seems to be of a most virulent nature. Within twenty-four hours of its first appearance, fifty-seven cases proved fatal. In three days half the inhabitants had perished, while the survivors, panic-stricken, fled to the neighbouring villages. So rapidly fatal were many of the cases, that the ordinary symptoms of cholera were absent, and the patients were almost instantaneously stricken down by the violence of the poison. Another fact mentioned is that the present cause of the epidemic was the inconceivable state of filth in which the people of the village were living. This was very likely the case, and no doubt when we know further particulars of the epidemic, we shall find that this will prove to be a sad but practical illustration of the powerful influence of one of those conditions on which we have elsewhere shown the transmissibility of cholera to depend.

Nor are we surprised to hear that the panic-stricken inhabitants of Golwood fled to the neighbouring villages "only to be refused admission," for however much the contageousness of cholera may be questioned by Pettenkoffer, and other equally eminent authorities, the natives of India have long entertained a contrary belief; and it is by no means an unusual thing for the inhabitants of a district to barricade themselves against an attack of the disease.

Compulsory Superannuation by Process of Law.

The Omagh Board of Guardians have been defeated in a legal process instituted by Dr. A. H. Robinson, lately their medical officer, to compel them to pay his superannuation. It appeared that Dr. Robinson having retired from office, the guardians, after the usual five weeks' notice of motion, voted him a superannuation of £66 a year, but on the same day, a five weeks' notice of motion to rescind the resolution was given by one of a hostile minority. In due course the grant of superannuation was sent up to the L.G.B. for approval, who sent down their sealed order in confirmation of it on the day on which the rescinding motion was to have been made. Nevertheless the guardians reversed their former decision and rescinded the grant. Dr. Robinson waited until the first fall was due, and then sued the guardians. The Chairman of Quarter Sessions decided that the issue of the sealed order completed the transaction, and that any subsequent recision was futile, and gave Dr. Robinson a decree with full costs against the guardians. The case is especially interesting, because it was one of the instances in which a grant of superannuation was resisted because the medical officer happened to be in independent circumstances, although admittedly he was entitled to it on the ground of long service. The fact that the grant was approved by the L.G.B., while a contrary resolution was on the books, may be presumed to indicate their opinion that superannuation ought not to be refused on such grounds.

Conjoint Scheme for Ireland.

We understand that the Board of Trinity College have renewed their action in furtherance of a conjoint scheme of examination for Ireland, having appointed Dr. Apjohn, the Reverend Dr. Haughton, Dr. Stokes, and the Reverend Dr. Carson as a committee to confer with similar committees of the Colleges of Surgeons and Physicians. The Apothecaries Company has not been included in the invitation to co-operate, and as the place of that institution has been taken by the Irish Phamaceutical Society, its place in the scheme which operated against unanimity in the former deliberations will not need to be discussed. The English conjoint scheme has been again revised, and will be at once submitted to discussion, and progresses, we may hope, towards final settlement.

The University of Durham.

We hear that at a meeting of the authorities of the University of Durham, holden last week, it was resolved to admit qualified practitioners to examination for the M.D. degree, as at St. Andrew's University, without residence. Durham has hitherto done so little in the way of medical education, and those who went up for the M.D. were so few, that at last year's meeting of the General Medical Council more than one member expressed the view that it had but little *raison d'être*. We trust this action of the authorities will produce satisfactory results; there are many in the profession quite capable of passing a university examination, but whose time is too valuable to go into residence for four years.

Chisel or Saw for Osteotomy.

It has been suggested that in subcutaneous osteotomy, the chisel will splinter the bone and lead to necrosis, and that the saw makes *dust* which is a possible source of suppuration. In the London Hospital, a case presented itself at which it was necessary to remove the upper end of the femur, and Mr. Maunder took the opportunity of demonstrating the precise effect of his chisel on the living bone. The instrument cut the bone without splintering it.

New Preparations.—Preparations of Terebene.

The active disinfecting and deodorous properties of terebene have been utilised by Messrs. F. C. Cleaver and Sons, Perfumers, and Fancy Soap Manufacturers, in a variety of useful and elegant preparations for the toilet, such as terebene soap, tooth powder, shaving cream, jelly for chapped hands, &c., &c.

Terebene is an oleo-resin which, when exposed to the air, emits an odour of a flagrant and agreeable character resembling the scent of a pine wood. It is both antiseptic and deodorant, and if a gentle heat be applied to a vessel containing the liquid, an agreeable and healthful fragrance may be diffused through a sick room. The preparations referred to all contain a large percentage of terebene, and are therefore a very great improvement in a scientific and sanitary point of view over the ordinary scented soaps and toilet preparations now so largely in use among the ladies of all nations.

Syrupus Cinchonæ Alcoholicus.

The alcoholic syrup of bark is an elegant preparation introduced by Messrs. Schacht and Towerzey. One drachm of the syrup is calculated to contain the medicinal properties of twenty grains of the finest Peruvian bark, an alcoholic extract being made, and then combined in the form of a syrup.

Half a teaspoonful of the syrup mixed with two tablespoonfuls of water produces a translucent mucilaginous and pleasantly bitter stomachic draught.

The London University and Vivisection.

At the meeting of the Senate of the London University last week, Sir William Gull moved: "That the Senate do memorialise the Government on the Bill now before Parliament, entitled 'An Act to prevent Cruel Experiments on Animals,' and do pray that the provisions of the Bill be so modified as to meet the objections stated in the Memorial of the Medical Council adopted June 1st, 1876." This was carried by fourteen of the most intelligent members of the Senate against four dissentients. Sir William Gull has since addressed a letter to a morning contemporary, in which he says:—

"Considering the constitution of the Medical Council, composed as it is of representatives of the medical profession from the three divisions of the kingdom, and considering the constitution of the Senate on the above occasion, it is hardly too much to say that no stronger force of enlightened opinion could have been brought against the objectionable clauses in Lord Carnarvon's Bill. Some of the objections have been removed in the Committee of the Lords, but not all. There still remains one of the most important.

"The Memorial of the Medical Council urges upon the attention of Parliament, and the Senate of the University of London by their vote repeat, that the limitation of all experiments to registered places would tend seriously to obstruct genuine scientific inquiry. Private researches which in competent hands might prove of the highest value to mankind, would, by the system of personal licence and certificate, be restricted to individuals of assured character and attainments, and ought to satisfy all the requirements of the case. But as the clause now stands, no one, however high his attainments, or however assured his character, could perform any scientific experiment on an animal, whether under chloroform or not, except in a registered place. Neither could he perform it, as the Bill now stands, without subjecting himself to 'the demands of the Secretary of State to supply him with the result of any such experiment or experiments, in such form and with such details as the Secretary of State may require.'

"Now, when we consider the difficulties of scientific pursuits in general, and of biological science specially, it will be obvious to anyone who has any knowledge of the subject that, as stated in the Memorial, these impediments will obstruct, if not altogether impede, genuine scientific inquiry. When the matter was under discussion in the Medical Council, Professor Lister gave an example how such a measure would operate. Thus it occurred on an occasion to Professor Lister during his autumn holiday to try the effect of a particular form of ligature on an artery. To obtain the ligature for trial was easy, and to purchase a calf for the operation was easy, and to watch the effect while on his holiday was easy and practicable, and it was done with valuable results to surgery. But, as Professor Lister remarked, if it had been necessary (as it will be legally necessary if Lord Carnarvon's Bill passes) to obtain a special certificate for such an experiment, and, further, to obtain a specially registered place in which it must be performed, is it likely that the experiment would have been performed at all? Certainly not. The opponents of science would probably exclaim, 'So much the better.' But are they aware how much they are hindering that knowledge which would serve some wretched sufferer from accident or disease? Illustrations of this kind could be multiplied without limit; at least, the limit is only that drawn by our ignorance and unreadiness to learn.

"When we realise how rare and fleeting are the finer suggestions of the intellect, and how apt to pass by without bearing fruit, unless favoured by opportunity, we may well view with anxiety the prohibitions, which our Legislature are occupied in framing, to the pursuit of science.

"It is to be hoped that the united remonstrances of the General Medical Council and of the Senate of the University of London may still have some force in the House of Commons to set free the hands of the pioneers of knowledge.

"Every member of Parliament has been supplied with a copy of the Memorial of the General Medical Council, now endorsed by the Senate of the University of London; and, whatever may be the final issue of legislation on the matter, whether to pass a 'penal enactment,' to use the words of Lord Carnarvon,—as if the pursuit of biological science was nefarious,—or whether an enlightened and generous sentiment shall meet the objections which are set forth in the Memorial, the medical profession may feel assured that coming time will justify its exertions in the cause of truth."

Now that the Senate of the London University has joined in the protest against this most obnoxious Bill, we look to Mr. Lowe, Sir John Lubbock, and other Members who really understand the importance of the question, to exert themselves with the House to obtain further amendments, or by the machinery which Irish Members seem to know how to employ, to put an end to this monument of weakness and folly on the part of a Government who, it was believed, entertained a higher appreciation of scientific labour than their predecessors in office. Indeed, in a correspondence which has lately taken place with the Royal Society on the endowment of research, it is broadly asserted that, being "fully aware of the great difficulties which surround the question of the direct encouragement of research, and of the labour and responsibility that must necessarily be entailed on those who undertake to organise experiments in this country, they gladly knd they may reckon on the cordial co-operation of the Royal Society, to whom they naturally first appealed to aid them in this matter." Can this be intended, or do they mean to throw dust in the eyes of those whom they are about to brand as "ticket-of-leave men," and place at the mercy of the common informer? The interests of our profession more than ever demand an increase of political influence.

Medical Microscopical Society's Conversazione.

THE President and Committee of the Medical Microscopical Society had a very successful gathering of members and their friends on Friday evening last. The display of specimens was of a varied and instructive character. The centre table was devoted to a tolerably complete set of specimens illustrative of Green's Pathological and Morbid Anatomy. A few living specimens were exhibited, as the mange-parasite, removed a few hours before the meeting from a dog. This, in spite of the heat of the room, remained in a very active state a greater part of the evening. In instruments, Mr. Giles's apparatus for micro-photography occupied a conspicuous place: a portable and compact student's microscope, after Hartnack's model, by Pillischer, demands commendation; also a portable instrument by Browning. The body of this microscope, by a novel arrangement, turns upon a joint and packs up parallel with the length of its stand. It possesses other advantages which we may briefly mention. The instrument is perfectly balanced in any position, the weight being so evenly disposed over the axis that it does not require any clamping arrangement.

The instrument is well adapted for use as an aquarium microscope for viewing objects in tanks, flowers, seeds, or minerals. This is effected by the aid of a special adapter with a second focussing adjustment, which is supplied for the purpose. The great length of the rack motion enables the instrument to be used with a 4-inch objective. A fine adjustment is in a convenient position on one side of the instrument, for use with the right hand of the observer. It works without lateral motion or perceptible loss of time. There are compensating adjustments for wear to all the superficial motions. When in use it is as steady as a stand of the ordinary kind.

Leaders in Medicine and Surgery.

THOSE of our readers who attended the recent brilliant *conversazione* of the Obstetrical Society of London, held at the Royal College of Physicians, will remember anxious throngs around a large carbon photograph picking out and criticising the faces of friends and prominent members of the profession in the group of 183 which Messrs. Barraud and Jerrard had reproduced in the picture-before them. That plate, measuring about 30 inches by 20, is now published by the artists at their studio, and is a fair representation of "The Leaders in Medicine and Surgery" at the present time.

We, however, fail to understand why Mr. Stone, the Bedell at the College of Surgeons, is introduced as one of the "leaders in medicine and surgery," inasmuch as he is not a member of the profession, and the background of the picture represents the interior of St. Bartholomew's Hospital, not the College of Surgeons. Of the remaining 182 figures all are medical men, and some very striking likenesses meet one at first sight. The three in the foreground are Sir James Paget, Sir Thomas Watson, and Dr. Risdon Bennett, President of the College of Physicians. Her Majesty's Government will perhaps graciously complete the trio by making the latter a baronet beside his illustrious *confrères*. Immediately behind are Sir Wm. Jenner, Sir James Alderson, Mr. S. Lane, &c. The face of the oldest "leader in medicine," Dr. Billing, is seen prominently on the right smiling encouragingly on his juniors with that benignity and good humour which eighty-five summers have not effaced. By his side is an excellent portrait of Sir Wm. Gull, full of that characteristic determination with which a casual student of physiognomy would not fail to be impressed. In front of him Dr. A. Swaine Taylor is seen in the striking position of "attention," best understood in military circles. A little behind is Sir Wm. Fergusson, apparently striving to look over the head of Sir Hy. Thompson, of which fact Mr. Christopher Heath, on the other side, is unconscious. Of the other representatives the best portraits are Drs. Arthur and F. J. Farre, Drs. Acland, Pollock, Pitman, Cholmeley, Habershon, Druitt, Graily Hewitt, Stokes, Priestley, Beale, Pavy, Quain, Sharpey, Rolleston, Parkes, Paget (Cambridge), Wilks, Handfield Jones, Bowman, Dobell, Sturges, Bastian, Clark, &c., Sir George Burrows, Sir J. Fayrer; Messrs. Callender, Barwell, Jabez Hogg, Ernest Hart, Spencer Wells, Gant, Barnard Holt, Erasmus Wilson, Quain, Hulke, John Wood, Hawkins, Haynes Walton, Critchett, Carter, &c. Of course the great majority are London men; Scotland is not represented at all; Ireland only by two, Sir D. Corrigan and Dr. Stokes; and the provinces by about a dozen: the difficulty of getting others engaged in large practice from all parts of the United Kingdom will readily explain this apparent deficiency, for which the artists are in no way responsible. From an artistic point of view the picture is excellent, and excepting perhaps Sir William Fergusson and Dr. Taylor, there is an absence of that stiffness which usually characterises large groups of figures. We can readily believe that many will be glad to possess themselves of a copy of "The Leaders in Medicine and Surgery" as represented in the picture before us.

Conversazione at the Royal College of Surgeons, England.

THE *conversazione* at the College of Surgeons on Tuesday last, given by Sir James and Lady Paget, was in every way a most brilliant and successful affair. The President and Lady Paget remained for three hours at their post receiving their guests. The Hall was most attractively decorated with choice shrubs and flowers, and a crowd of ladies, presenting an unusually gay appearance. The library and ante-rooms were rendered attractive by the exhibition of works of art; and at the top of the principal staircase an excellent band of music was stationed, which relieved the buzz and stir of the scene below. In short, nothing was wanting to make the occasion one that will long dwell in the memories of the fifteen hundred who had the honour of an invitation.

The University of Dublin.

THE authorities of the University of Dublin have done themselves no less honour than they have conferred on Dr. Emerson Reynolds, their Professor of Chemistry, and Mr. Howard Grubb, of optical celebrity, in granting to the former their M.D., and to the latter their Mastership in Engineering, *honoris causa*. The proclivities of University Boards are naturally expected to be strongly in favour of men who have won their laurels by life-long labour, crowned in their old age by distinction in their own speciality, and they cannot be supposed to have much respect for youthful aspirants, no matter how distinguished. The University of Dublin has shown that it can recognise scientific attainments and pre-eminent talent without any regard to the age of him who possesses these qualifications, and the high character of Dr. Reynolds and Mr. Grubb fully justifies the unusual distinction which has been given to them.

Dr. Reynolds has been a physician and surgeon since 1865. He entered the profession with all credit to himself, but with exceptionally few advantages or chances of advancement. He is the author of the following works:—"Lectures on Experimental Chemistry," "Mineralogical Tables—a compendium of Chemical Mineralogy," "Chemical Tables for Junior Students," and of the chapters on Sanitary Chemistry in the "Manual of Public Health for Ireland." He has contributed more than fifty papers to the various scientific societies and journals, and has discovered some sixteen new chemical substances. One of these discoveries was that of the sulphur analogue of ordinary urea—the sulphur urea—a body which had long been sought for in vain by chemists. This discovery was fruitful in results, as Dr. Reynolds' investigation was at once accepted, and made the foundation for some thirty-five researches by Continental chemists, in the course of which a number of new bodies have been obtained.

Dr. Reynolds has also worked much at "Spectrum Analysis," and has described a number of new spectra He has very recently succeeded in making a determination of the hitherto unknown specific heat, and atomic weight of the rare element glucinum, and at the same time has devised a method for the direct determination of the atomic heats of the metallic elements. Before the appointment of Dr. Reynolds to the senior, and now the most valuable chair of chemistry in Ireland, that in the University of Dublin, he held the Professorship of Chemistry in the Royal College of Surgeons, the Professorship of Analytical Chemistry and Keepership of the Minerals in the Royal Dublin Society, and the Examinership in Medical Jurisprudence in the Queen's University. He also acted as scientific referee to the Government in medico-legal cases occurring in Ireland.

but has given up the practice, owing to the interference of Assize work with College duties. When we say that he is a worthy, and, for his years, not less distinguished occupant of the chair held by Apjohn, we need hardly add that we approve the selection made by the Board.

Mr. Grubb may be said to have made a character for Ireland as a seat of the manufacture of the highest class of optical instruments. To photographers the "Grubb Aplanatic" lens is a household word, and the high capability of the firm to which Mr. Grubb belongs has been noted by Continental and colonial astronomers, who have entrusted to him the manufacture of the largest sized equatorials and other instruments which only the very highest class of workmen can undertake.

Inoculability of Typhoid or Enteric Fever.

A QUESTION of some moment with regard to the disease which has been designated "typhoid" in pigs, has been settled in so far as enteric fever in man is concerned, so that the time has arrived for us to allude to the subject. Without discussing at this moment whether the pig really suffers from enteric fever, it is certain that this animal is liable to a disease which, with reference to the intestinal lesions only, bears a very superficial resemblance to that malady. But so far as our researches extend, this affection is *not* inoculable, nor has it been transmitted as yet by cohabitation; though another disorder of pigs, accompanied by a cutaneous eruption, is transmissible both by inoculation and cohabitation. We may have reason hereafter to modify these opinions, through further researches; at present we believe them to be correct.

The Veterinary Journal for July gives it as an established fact that human enteric fever cannot be transmitted to man nor to animals by inoculation, nor yet by ingestion (in animals) of typhoid alvine *dejecta*. With regard to the latter, we find from the Reports of the Medical Officer of the Privy Council, published last year, that Dr. Klein has administered them to monkeys, dogs, cats, guinea-pigs, rabbits, and white mice, under the most favourable circumstances, but without producing the slightest result.

For three years, says a recent number of the *Centralblatt*, Dr. Motschutkoffsky, Director of the Odessa City Hospital, has been experimenting with reference to the inoculability of typhus fever; being prompted thereto by the fact that enteric typhus and relapsing fevers rapidly become at times severe epidemics. He was further instigated to this research by the success of Dr. Münch, who succeeded in developing in himself relapsing fever by auto-inoculation with the blood of a patient suffering from that disease. The experiments were made upon men (volunteers), and such animals as monkeys, rabbits, dogs, and cats. The result of his attempt established the fact that inoculation of man or beast always failed to produce typhus and enteric fever; while relapsing fever could be readily induced by inoculation in man, though absolutely impossible in animals. In this disease, in which we have the peculiar filamentous bodies termed *spirilla*, the inoculable matter was the blood, and this appears only to be potent at the onset of the fever or during relapse; if obtained during the period of apyrexia it gave negative results.

The Army Medical Department.

THE *Army and Navy Gazette* states that among the medical appointments which now require to be filled in consequence of the changes effected by the recent Royal Warrant, are the charge of the Sanitary Branch in Whitehall Yard, vacated by Surgeon-General Rutherford, M.D., C.B.; and the charges at Portsmouth, vacated by Surgeon-General Mouat, V.C., C.B.; at Gibraltar, vacated by Surgeon-General Balfour, M.D.; at Netley, vacated by Surgeon-General Prendergast; at Bombay, vacated by Surgeon-General Inglis, M.D., C.B.; at the Cape of Good Hope, vacated by Deputy Surgeon-General Heffer-man, M.B.; and at Manchester, vacated by Deputy Surgeon-General Ewing. In addition to these, the retirement of Surgeons-General M'Illree and Currie, and the death of Deputy Surgeon-General Lloyd (who by-the-bye, was on the point of being relieved) have left Dublin, Aldershot, and Halifax, N.S., vacant. As to future arrangements, all is uncertainty.

Visit of the British Association to Glasgow.

THE arrangements are being actively carried out for the accommodation of the Association in Glasgow, where it will meet in the first week in September. The total sum subscribed to the guarantee fund is now £7,000. The Museum Committee consists of the three divisions—geology, botany, and archæology. The exhibitions will be large and complete, and arrangements have been made for keeping them open, if desired, for some time after the meeting of the Association. The Local Industries Committee has three sub-committees on machinery, chemicals, and textile fabrics, and the materials for a highly-instructive exhibition are being collected.

A number of distinguished visitors have been invited to the meetings, and have accepted the invitations. Amongst others there are the President designate, Professor Andrews (of Belfast), who is to be the guest of Sir William Thomson; the present president, Sir John Hawkshaw, who, with Lieutenant Cameron, the African explorer, will be the guests of the Lord Provost; the Duke of Argyll, one of the vice-presidents (who is to be accompanied by the Duchess of Argyll), will be the guest of Professor Blackburn. Other distinguished visitors have been invited by their friends to Glasgow.

It has been further arranged by the committee that excursions will take place on Saturday, the 9th, and Thursday, the 14th of September, to Arran, Lochlomond, Lochfyne, Holy Loch, Coatbridge, and Paisley, and other excursions are about to be arranged. Mr. Stewart has placed his yacht at the disposal of the Association for a dredging expedition, and Mr. Duncan, of Benmore, has done the same with his yacht, which is specially fitted for dredging purposes. Arrangements have been made with all the leading railway companies in England and Scotland to offer facilities to strangers in coming to Glasgow, as also in any tours they may make before leaving the city. A guide and handbook is being prepared. The meetings begin on the 6th of September.

Medical Bequests.

MADAME HAGEL, of Bordeaux, has bequeathed the sum of 400,000*l*. for the purpose of erecting, near Paris, an hospital for infirm and incurable persons. Such bequests are rare in France, where the expense of erecting and supporting hospitals falls almost exclusively on the State.

Attempted Suicide by Chloral.

Last week a patient was admitted to Steevens' Hospital in a state of coma, produced by a dose of 120 grains of chloral hydrate, which he had swallowed an hour before admission. His mind had for some time previously been bordering on insanity, induced by drunken habits. Shampooing, electricity, and the other usual stimuli aroused the patient at the end of five hours, and he made a good recovery.

Conversazione at the Royal College of Physicians, London.

On Wednesday evening last the President and Fellows gave their annual *conversazione* at the College, the supply of scientific and other objects of interest being quite up to the standard of former years. The Bastic Glass, in various shapes and patterns, and Helmholtz's apparatus for illustrating the transmission of sound were amongst the new things which attracted most attention. The attendance was not quite up to the last year or two, which is probably attributable to the fact that the College of Surgeons gave a similar entertainment on the previous evening. Few, however, of scientific celebrity were absent, and Dr. Risdon Bennett, the recently elected President, may be congratulated upon the success of his first official reception.

Up to the time of going to press, £25,000 had been received at the Mansion House towards the Metropolitan Hospital Sunday Fund.

Dr. Brown-Sequard will deliver (by permission) three lectures on Paralysis as an Effect of Brain Disease, on July 17, 19, and 21, at the Royal College of Physicians, London.

We are gratified to learn before going to press that the marked improvement in Sir William Fergusson's condition continues, and it is hoped that he will be able to go to Scotland for change of air before long.

At the United Hospital Sports in London on Saturday last, five of the events were won by St. George's Hospital students, three by Guy's, and one each by the St. Mary's and University College representatives. Sir William Gull, Bart., presided, Lady Gull presenting the prizes at the conclusion of the competition.

By a curious coincidence the death-rate last week in the three principal cities of the United Kingdom, exclusive of London, was exactly the same—Dublin 22 per 1,000, Edinburgh 22, and Glasgow 22. The rate was unusually low, London, as usual, being lower still, viz., 20 per 1,000.

Since the beginning of the year 361 deaths from small-pox have occurred in Manchester and Salford, including the cases in the Monsall Hospital outside the city. This mortality is probably greater than that of the rest of the kingdom for the same disease.

For some years past St. Bartholomew has been the only hospital in London at which no introductory lecture was delivered at the opening of the winter session. This year, at least, one other—Guy's—will follow the same practice and dispense with the introductory, and it is not improbable that others of the London and Dublin Schools will join in the movement.

Vivisection, like vaccination, does not find quite a unanimous vote from the profession, as was shown in the House of Lords on Friday last, when Lord Cottesloe presented a petition from physicians, surgeons, clergy, and others in favour of a law to put down *entirely* the practice of vivisection. The number of physicians and surgeons who signed the petition was not stated, so that we are unable to guage the extent of opposition in our ranks.

In the Dublin Rolls Court last week there was before his Honour the will of the late William Hogan, of Great Britain Street, who died in February, 1874, possessed of real and personal property to a considerable amount. The suit was instituted by the executors to administer the trusts of the will. The testator, after bequeathing various legacies, directed his executors to distribute the residue of his property after realisation "to such charitable institutions or hospitals" as they might think most deserving of assistance. The residue was over £10,000, but several claims having been made against the estate, the executors, though believing some of them to be groundless, arranged for the present to retain £4,000 stock to meet claims should they be enforced, and agreed on the distribution of £6,300. Amongst other bequests were the following: St. Michael's Hospital, Kingstown, £500; Rotundo Lying-in Hospital, £300; Children's Infirmary, Buckingham-street, £300; Jervis Street Hospital, £300; Simpson's Hospital, £100; Cork Street Fever Hospital, £100; Male Misericordiæ Hospital, £200; Hospital for Incurables, £100; Meath Hospital, £100; St. Vincent's Hospital, Stephen's Green, £100; Mercer's Hospital, £100.

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HARVEIAN ORATION.

The late Dr. Parkes was appointed to deliver the Harveian Oration before the College of Physicians. Among his papers was found, after his death, the manuscript of his oration, unfinished, but sufficiently advanced for delivery, and it was read to the College on 26th June by Sir William Jenner at the request of the late President of the College. The following is an abstract of the oration :—

"On the statue of William Harvey, which was erected by his contemporaries of the College of Physicians, and which was burnt in the great Fire of London, was an inscription—'*viro monumentis suis immortali.*' In these days when discovery succeeds discovery so fast that it taxes the memory to remember the discoveries—much more the names of the discoverers—it may be asked, 'Can we call any memory or any works immortal?' Some few names in literature, some few in philosophy, and some among those who have founded or destroyed empires, have echoed down the stream of time for a thousand, or it may be two or three thousand, years, and have thus secured what we call immortality. But will William Harvey be admitted into this scanty band? The answer, I believe, must be that the explanation of the actions of the heart and of the circulation of the blood is not only one of those cardinal discoveries which lie at the very foundation of physiology and medicine, but is from its very nature one of those great landmarks which must remain in the sight of all. When any one examines into this discovery of Harvey's, and gradually recognises its extraordinary importance (for the full sense of what it is grows upon him as he studies it), he cannot but be seized with an urgent wish to know how the mind which solved so great a problem was constituted; how it worked, and how it reached, not merely the probability, but the certainty of a grand natural law. The proof of the circulation of the blood was a discovery in the truest sense of the word—there was no accident about it; no help from what we call chance. It was worked out and thought out point after point until all was clear as sunshine in midsummer. He appears to me to have had in a marked degree what is sometimes called the scientific mind. Harvey was one of those men who are urged on to submit everything to experiment and observation. Some minds possess this power and intenseness of observation in quite an extraordinary degree, so that it really does separate them from other men. A parallel case may be found in music. Men possessed of this power seem to be unable to avoid exercising it. They must observe, must try experiments, must, to use Bacon's phrase, be always asking questions of Nature. In the Middle Ages to put a man to the question was to torture him into an avowal of the truth, and in this sense Harvey may literally be said to have tortured Nature. He was a thorough vivisectionist, and animals of all kinds ministered to his insatiable curiosity. He owns to having used a 'variety of animals,' whose living breasts and pericardia he opened, and if he had lived in these days he would perhaps have met with scant mercy from a Royal Commisson of Anti-Vivisectionists. And yet without that would the circulation of the blood have been discovered? A usual peculiarity of this class of mind is the great ingenuity and imagination men show in arranging their experiments and devising new ones. Every one must have admired the ingenious mechanism by which physical hypotheses are tested and proved. There is not much trace of this in Harvey's works, for the subjects, perhaps, hardly admitted it. There are some parts in his writings which prove he could have shown ingenuity had it been wanted. Yet, on the whole, I should say he was not an imaginative man. He bent his mind on the thing before him. He possessed, however, in a very marked extent one character of the class of minds to which he belonged. He had faith in facts. Now this may seem a common matter, but it is not altogether so. Many observers have a great distrust of the facts they have themselves discovered. They are biased by previous theories; they do not see how their new facts fit in; they think there is some mistake, or they do not really fully see what they have seen. At any rate, they explain away what seems to them strange and unlikely, and really modify or alter what they have found. They are, in fact, honestly untruthful. Harvey was quite otherwise; when he had seen and touched, so to speak, a fact, and knew it was so, he accepted it, no matter how it struck no previous knowledge. To this clear truthfulness he owed his great discovery. In consequence of this faith in facts he overlooks none—he passes by none. Now a common error is to think some facts more important than others; but all are important, and if one is left out a whole heap may fall asunder. Now Harvey omits nothing; he commences with the most obvious and proceeds step by step, nothing is blurred, nothing is left ill defined. His work was composed before the "Novum Organum' was published, but it has been well said by Willis that it might have been planned on the model of that system. The marvellous clearness of Harvey's treatise on the action of the heart and circulation is quite unsurpassed. It is said that not one of his hearers at this College ever doubted his doctrine; and we can well imagine this, when we see the way in which the facts are laid in order—first, this, then that, then a third, and so the mind is led from step to step until the whole is seen clear as daylight. And now, I think, if my conception of the mind is a true one, we can see clearly how the discovery was made. He desired, to use his own words, 'to contemplate the motion of the heart and arteries, not only in man, but in all animals that have hearts, and further by frequent appeals to vivisection and constant ocular inspection to investigate and endeavour to find out the truth.' At first he tells us that all was obscure, and he found the task was so difficult that he was tempted to think with Fracasto 'that the motion of the heart was only to be comprehended by God.' At length all was clear about the heart, and he had, in addition, carefully determined the total quantity of blood in the body of animals. He had also found out the action of the cardiac valves, and was acquainted with the valves in the veins. He seems to have kept the whole facts before him, just as Newton tells us he did with his great discoveries, until light began to dawn. But there were, perhaps, two causes which held him back. We must remember that there were no microscopes to demonstrate the channel of communication between arteries and veins, and, of course, he had no true conception of the immense capillary system. Then, even with a mind of such a class, it is impossible to put aside the influence of previous teaching. The power of the general opinion must impress every man and lead him to see difficulties which are perhaps unreal. At last his great discovery was made. To most of us, I think, if the movement of the blood in a circle from arteries to veins had occurred, the conclusion would at once be that it so completely accorded with all the facts that it must be so. We should be tempted to call out 'Eureka,' like the sage of old. But Harvey's first thought was simply how completely to test and thoroughly prove this idea. In fact, he put his own hypothesis into the assay, and proved its truth so clearly, and by such able arguments, that even at the present day any one wanting to prove the circulation of the blood (microscopic observations and fine injections not being used) must adopt Harvey's method. In fine, he brought his doctrine to demonstration, and proved it once for all; and throughout everything was done by observation and induction. There is no theorising, no useless attempts at explanation, no employment of imagination, no guesses at truth—all, in fact, arranged in order and leading slowly, but certainly, up to certain truth. Then the title of his work was complete, 'De Motu Cordis et Sanguinis,' and it was published in 1828, though since 1816 he had yearly demonstrated its truth before this College. The other work of Harvey's which in part remains to us is the 'Treatise on Generation.' Harvey was evidently early led, probably by the teaching of Aristotle and then by Fabricius, to watch the development of the embryo in the fowl's egg. He had completed a work on the generation of insects, the loss of which during the Civil Wars caused him great regret; and this and his remarks on the interest Charles I. took in his researches on the generation of deer show he must have been busy with the subject. It appears, indeed, to have had for him the same fascination it has had for all physiologists who have attempted this difficult problem. Harvey was less successful with it than he had been with the circulation of the blood. He brought to bear on it the same patient observation and unwearied industry, the same keen insight and unrivalled power, but he was in face of an inscrutable mystery. I will only remark that Harvey seems to me to have clearly caught sight of the mystery of generation, which we, with all or better powers of inquiry, are just as much unable to solve. All atttempts to explain this are mere concealments and subtleties of language. He had no microscope to carry him farther, as it has done us, though the only effect has been to throw the inscrutable a little back."

Sir William Jenner concluded with a sketch of the character and works of Dr. Parkes himself.

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Correspondence.

VIVISECTION NON-MEDICAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Allow me through your columns to call attention to the wholesale vivisection carried on in this, and I suppose other countries, by unauthorised persons, viz., cutting, or castration of male animals, and the cutting, or performance of ovariotomy on female pigs. I once witnessed a sow-cutter operating, and I must say that the operation, though skilfully performed, was attended with a very great amount of suffering to the unfortunate animals. Had these operations been performed for the good of humanity, what an outcry would be raised. I suppose the fact they are followed by an increase in money value of the mutilated animals does away with the inhumanity of the proceeding. I do not in the least wish to defend vivisection, as *unduly performed*, as in *some* medical schools, where lazy professors allow students to play pranks on dogs with phosphorus, but I think those good ladies and gentlemen who have raised this cry should just turn their humane eyes to what may and probably is carried on for the benefit of their own pockets.

Yours, faithfully,

ANTI-HUMBUG.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

DR. BROWN-SEQUARD, of New York, will deliver three lectures "On Paralysis as an Effect of Brain Disease" at the Royal College of Physicians, London, on July 17, 19, and 21, at 5 o'clock each day. Members of the Profession admitted on presentation of card.

SENSIBLE HOGS.—In the coffee-plantations of Ceylon it has been customary to use the refuse left after the expression of cocoa-nut oil, as a fertiliser. Cocoa-nut cake is a *bonbon* to the palate of the wild hog, and consequently the coffee-planter used frequently to find his fields rooted up and destroyed, to the great detriment of his profits and of his morality. Recently, says the *Veterinary Journal*, the refuse of the castor-oil manufacturer has been substituted, with great relief. Its fertilising effect is very great, and the wild hog cares too much for his palate and intestinal tract to disturb the nauseous and poisonous compost.

Mr. B. J. will find the subject noticed in another column.

A COUNTRY PRACTITIONER.—We consider you have just grounds for action for breach of contract; it is, however, for you seriously to consider whether the individual concerned is worth "powder and shot."

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COMMUNICATIONS, Enclosures, &c., have been received from Mr. Critchett, London. Dr. Clinton Wagner, New York. Dr. Hudson, Bootle, Cumberland. Dr. Williams, Croydon. Mr. R. Hauslip Sers, Epperstone, Notts. Dr. Macrae, Westbourne Park. Mr. J. Wilkins, Wadebridge, Cornwall. Dr. Kennedy, Dublin. Dr. Crichton Browne, Dumfries. Mr. D. Biddle, Kingston-on-Thames. Dr. McCormac, Belfast. Mr. McCormac, London. Dr. Ogilvie Will, Aberdeen. Dr. Handsel Griffiths, Dublin. Mr. Hyslop, Church Stretton. Mr. Sewill, London. Mr. Tomes, London. Mr. Meadows, Hastings. Rev. A. Hatchard, St. Leonard's-on-Sea. Dr. Mapother, Dublin. Mr. Hopkins, Pontypridd. Mr. Adams, London. Mr. Marriott, Meteorological Society. Dr. Pullin, Sidmouth. Dr. Ruddock, Reading. Mr. Browne, Liverpool. Mr. Joy, Northwold, Norfolk. Mr. Burgess, Liverpool. Dr. Stuart, Kirkcaldy. The Registrar General. Mr. Whatford, Brighton. Mr. Alfred Haviland, Northampton. Mr. J. C. Procter, Lydd, Kent. Dr. Gordon, India. Dr. Massey, Tobercurry. Dr. O'Farrell, Dublin. Dr. Rowan, Castlewellan. Dr. Hegarty, Ballinspittle. Dr. Walsh, Clogheen. Dr. Clugston, Ballyclare. Dr. Smartt, Ballymahon. Dr. McDermott, Belgariff. Dr. O'Kelly, Ballyragget. Dr. Elliott, Waterford. Dr. Currin, Naas. Dr. Caldwell, Virginia. Dr. Fisher, the Mediterranean Squadron. Dr. Wise, Norwood, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Report of the Metropolitan Board of Works for 1875.

Manual of Operative Surgery on the Dead Body. By T. Smith, F.R.C.S., and W. J. Walsham, F.R.C.S. London: Longmans, Green, and Co.

First Annual Report of the Committee for Clapton and Darenth Asylums.

Surgical Emergencies. Second Edition. By W. P. Swain, F.R.C.S. London: J. and A. Churchill.

Handbook of Rural Sanitary Science. By Lory Marsh, M.D. London: Smith, Elder, and Co.

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APPOINTMENTS.

BRUMMITT, R., M.R.C.S.E., L.S.A.L., House-Surgeon to the Brighton and Hove Lying-in Institution.

CHESMAN, E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Llanbister District of the Knighton Union, Radnorshire.

CONNER, W., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for the Dunsford and Tedburn St. Mary Districts of the St. Thomas Union, Exeter, and for the Cheriton Bishop District of the Crediton Union.

ELLIS, J. W., M.R.C.S.E., House-Surgeon to the Huntingdon County Hospital.

HANDS, A., L.R.C.P.L., M.R.C.S.E., Medical Officer for the newly-formed Wednesfield District of the Wolverhampton Union.

HARPER, G. S., L.R.C.P.L., M.R.C.S.E., House-Surgeon to the Belgrave Hospital for Children, Cumberland Street, Eccleston Square.

HAVILAND, A., M.R.C.S.E., reappointed Medical Officer of Health for the Brackley, Daventry, Hardingstone, Market Harborough, Newport-Pagnel, Northampton, Oundle, Pottersbury, Thrapston, Uppingham, and Wellingborough Rural, and Daventry, Hardingstone, and Oundle Urban Sanitary Districts.

HUGHES, H., M.R.C.S.E., reappointed Medical Officer of Health for the Bethesda Urban Sanitary District.

KEATS, W., L.K.Q.C.P.I. & L.M., Medical Officer, &c., for the Louisburgh Dispensary District of the Westport Union, co. Mayo.

KELLY, D. J., L.R.C.P.Ed. & L.M., L.R.C.S.I., Medical Officer, &c., for the Mullingar Dispensary District of the Mullingar Union, co. Westmeath.

MACCALL, W. N., M.D., Honorary Surgeon to the Clinical Hospital and Dispensary for Children, Manchester.

MARTIN, J., L.R.C.P.Ed., Medical Officer for the Alcester District and the Workhouse of the Alcester Union, Warwickshire.

POYNDER, G. F., M.R.C.S., House-Surgeon to Westminister Hospital.

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Marriages.

O'KEEFFE—MAUNSELL.—June 22, by special license, at Deerpark, co. Clare, Charles O'Keeffe, M.D., eldest son of the late M. O'Keeffe, J.P., Mount Keeffe, Newmarket, co. Cork, to Wilhemina Frances, daughter of Edward Maunsell, Esq., Deerpark.

RICE—NOLAN.—June 2, at Baltinglass, Wicklow, Dominick T. Rice, M.D., eldest son of John Rice, J.P., Ballyloughran House, co. Kerry, to Mary Jane, eldest daughter of Joseph Nolan, Esq., Carrigeen House, co. Kildare.

SISK—BURKE.—June 27, at Cahir, co. Tipperary, John Sisk, M.D., Fermoy, co. Cork, to Mary, eldest daughter of S. Burke, Esq., Cahir.

STONE—FRENCH.—On the 2[illegible]th ult., at Appledore Church, Kent, Valentine Stone, F.R.C.S., and J.P. of Laurencekirk, Kincardineshire, N.B., to Ellen Maria, eldest surviving daughter of the Rev. M. D. French, vicar of Appledore.

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Deaths.

FLEMING.—On the 25th of June, at Brighton, J. W. Fleming, F.R.C.S.E. Surgeon-Major, Army, half-pay.

NEWMAN.—On the 24th of June, at Craig Ailey, Cove, Dumbartonshire, Edward Newman, M.D., Fleet Surgeon, R.N.

SCOTT.—On the 19th of June, at Bengal, Robert John Scott, M.B., Staff-Surgeon, Army.

THOMSON.—On the 27th of June, at 14, Finch Road, Douglas, Isle of Man, Thos. Richard Heywood Thomson, M.D., R.N., aged 62.

DRUITT.—On April 13th, at Honda, U.S., Colombia, of dysentery, Cuthbert Druitt, R.N., third son of Dr. Robert Druitt, of London.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 12, 1876.

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THE NATURAL HISTORY OF PULMONARY CONSUMPTION.

By A. B. SHEPHERD, M.A., M.B., F.R.C.P.,
Physician to the Victoria Park Hospital for Diseases of the Chest; Assistant Physician to St. Mary's Hospital; &c.

LECTURE III.

MR. PRESIDENT, FELLOWS, AND GENTLEMEN,—Of the three forms of pulmonary consumption to which in my last lecture I drew your attention, the first is without doubt the most common; the second mainly at the other end of life, compared with the first, succeeds it in frequency; the last is so sufficiently represented that, even omitting the distinction I have attempted to make between the syphilitic type and the other two subdivisions, it has *long* ceased to be a mere pathological curiosity, and claims for itself a separate clinical position.

Differing widely in their first—if I may use the word—histological origin, continuing to hold throughout their course a pathological distinction, here and there, perhaps, delicately shaded off to one type or another, the pre-eminently cheesy form is never without some fibroid induration; the bronchitic and the fibroid, perhaps, never without catarrhal products; but their result being, in the end, the same destruction of breathing surface, their clinical symptoms are almost necessarily consistent, and repeat the same portraiture of a disease which is mainly one of innutrition and increasingly imperfect assimilation. And through the web of this disease runs no longer, for us at least, the one thread of a "tubercular" product—the first generalisation of imperfect knowledge and observation. Even those who most wish to keep up its specific character are driven to allow its unspecific form, and to plead that, like products of a higher type, its appearance varies with its age; or even still, as in seeking the philosopher's stone, to search for some particular cell-form which is to be the characteristic of "tubercle." But, however alike in their general symptoms and in the mode in which they lead to death, the three forms differ, not so much, perhaps, in their greater or less liability to catarrhal influence and catarrhal products, as in the qualities of hereditariness or acquirement. The common judgment, not only of scientific men, has long accepted the law of hereditary predisposition to the first form of phthisis; and the hereditary character remains the same, whether it be a tendency to repeated catarrh and its results in the bronchi and alveoli, or to a supposed growth of some low destruceive form called "tubercle." The *dispositio catarrhalis* of Morton (*op. cit.*, p. 77) was no empty name; the tendency even to catch cold, without any necessary phthisical process, is a matter of every-day occurrence. That very *dispositio catarrhalis* may be the only link between the two cases I quoted in my last lecture of a father dying probably of a slow bronchitic and emphysematous change in his lungs; the son, almost forty years younger, going in all likelihood more quickly to the grave with the cheesy degeneration of intra-alveolar and intrabronchial products, just as his grandfather before him had apparently gone. But, in the matter of hereditariness, the third form—that of fibroid change—can scarcely be said to agree with these two. Whatever be the poison, whether the more subtile one of alcohol or syphilis, or the rougher irritation of coal and grit, there is no evidence as yet to show that the tendency to fibroid change is one of hereditary character, although in some instances that character may be imitated by energies due to similarity of position or occupation. With the fibroid alteration found in the bodies of children affected with congenital syphilis, I have nothing to do here.

On the other hand, it is not sufficient to acknowledge the mere truth, in the ordinary form of phthisis, of a simple hereditary tendency. Not only are the writings of Sir Henry Holland, of Mr. Sedgwick and Mr. Darwin, but the every-day experience of life also, full of facts to prove that, as Mr. Sedgwick says (a) "in a very large number of cases of hereditary disease, evidence is to be found of some uniformly acting and controlling influence, which is strikingly manifested in the cases......where disease has been shown to have both its appointed sex and its appointed period to occur. So completely, indeed, has this latter fact forced itself upon the attention of the public, that we constantly find precautious being taken to guard individuals of a family prone to hereditary disease, such more particularly as phthisis, against what common observation has proved to be the dangerous period of their lives; for the friends in such cases hope that if this period can be got over safely, the danger may be less." The aid to prognosis which may be gained from the family history may be largely increased by the knowledge of something beyond the mere existence of a certain tendency: by a knowledge of the age at which, as well as of the sex in which, this tendency had revealed itself in the ancestor.

(a) *Med. Chir. Rev.*, July 1861, p. 213.

But this very knowledge is difficult to obtain. Very often the first sign which has drawn a patient's attention to his chest has been a spitting of blood; though very often, I am compelled to admit, the hæmoptysis is absent, and the cough and dyspnœa and loss of weight have awakened him to a sense of impending mischief. My notes go to show that, in cases under the age of thirty—I had almost said twenty-five—the prognosis is better where the hæmoptysis occurs than in those in which it is absent; and the reason of this might be found in the statement of a fact (*a*) by my former teacher, the late Dr. Barlow, as to the almost constant occurrence of bronchitis immediately before or contemporaneously with the commencement of phthisis; "that, whether the bronchitis be the cause of the phthisis, or the phthisis of the bronchitis the fact still remains the same, that there almost always exists a considerable hyperæmia of the bronchial mucous membrane at the commencement of phthisis"; and, to carry his assertion one step further, in some cases a considerable hyperæmia of the alveolar capillaries. And it is in these cases, very similar to, if not identical with, those classed by writers of different ages under "phthis ab hæmoptoe" that, the course of the disease is most favourable. It appears almost to stop short at the production, followed by resolution, of a local pneumonia, in which the escape of blood had something of a nature of a relief to over-distended blood-vessels; though of this local bleeding, in its further results, it would be, perhaps, too much to say simply with Cullen. (*b*) "It is, indeed, easy to conceive that a rupture of the vessels of the lungs, like that of the vessels of the nose, may be often healed, as the surgeons speak, by the first intention." It is somewhat astonishing at first sight, that the occurrence of hæmoptysis, supposed by the public to be very common at the commencement of true phthisis, is really not so. In most cases, the mischief has advanced some way before the bleeding, due probably to some degenerated blood-vessel, shows itself. And when we consider what really takes place in the catarrhal form of phthisis—that proliferation and caseation cause, or at any rate seem to cause, as the microscope shows us in such specimens as that diagram represents, impermeability and disappearance of the capillary vessels—the absence of any large amount of blood-spitting, I do not say throughout, but through a long portion of the phthisical process, is not to be wondered at. Of the copious hæmorrhages which take rise from a small aneurism in the wall of a cavity, or through the continuous oozing into the latter of blood from a degenerated vessel, I do not speak now. These are obviously of a dangerous character; but of the kind I have described I do not take so positively unfavourable a view. I may err in judging only from out-patient experience, from which I find that in cases coming to me for the first time there is a history of spitting of blood in only about half.

And this leads me to speak of the analysis I have made of my notes of 849 cases of phthisis among out-patients at the Victoria Park Hospital, not only as to its occurrence at various ages, but also as to sex, and to the seat, so far as shown, on their presenting themselves, by the physical signs.

The table of ages before you only illustrates once more the doctrine laid down by the Father of Medicine, "Φθίσις γίνεται μάλιστα ἡλικίῃσι τῇσιν ἀπὸ ὀκτωκαίδεκα ἐτέων μέχρι πέντε καὶ τριήκοντα ἐτέων," (*a*) and exactly reproduced by Sydenham, (*b*) "Phthisis autem invadit ab ætatis anno decimo octavo ad trigesimum quintum." I have omitted altogether those cases which, presenting only dyspeptic symptoms, had no signs of mischief in the lungs. The large majority of cases, as you may see, were between the ages of fifteen and forty.

There is one other fact illustrated by this table which has some bearing on a rule laid down by some insurance-officers as to the possibility of phthisis of the hereditary type being extinct after the age of forty-five. In this table, there are fifty-six males and twenty-nine females, making a total of eighty-six persons, or 61 per cent., attacked with a pulmonary disease, whether it be the ordinary cheesy form first revealing itself at this later age, or that form of chronic bronchitis which, leaving its own type of winter-cough, has taken on the form of a continuously emaciating phthisis.

As to the seat of change in these patients, the result of analysis does not differ very much from those obtained by, at any rate, later writers on the subject. Laennec believed that the right lung was more frequently affected than the left; while Louis found the disease confined in five instances to the left lung, and in two only to the right; and, as he observed the advance of the disease from above downwards especially marked in twenty-eight cases on the left side, and in ten only on the right, he concluded that the left lung was by preference the seat of change. Dr. Hughes, in a paper in the *Guy's Hospital Reports* for 1842, is probably very near the truth when in giving his own results of 116 cases on the left side, against 89 cases on the right, he declares his conviction (p. 249) that this difference is so trifling as to be altogether unworthy of notice in reference to diagnosis; and I think he might have gone further, and added "prognosis." Dr. Cotton (*c*) finding the same preference of the left over the right lung, comes to the same conclusion in almost the same words: the difference "is so small as to render it a subject of curiosity only, and not of the slightest value either in the diagnosis or treatment of consumption." My own numbers give the following results. Of 424 cases, the affection was present in both in 151 cases, 77 males and 74 females, confined to the right lung in 120, and to the left in 153. The difference in numbers between left and right was more marked in men than in women: in 104 cases in which both lungs were affected, the right was most so in 48, the left in 55. As to sex, the larger number of men affected, as compared with women, points probably to the change of temperature and weather, and to some extent to other risks of occupation, to which men are more exposed. At the same time, there is a larger fatality from the disease among men whose work compels day-long confinement indoors. In a table published among others relating mainly to conclusions drawn up for an insurance-office by Mr. Alfred Smee, jun., there is one which shows the influence of occupation in the cases of 291 men who died in the Victoria Park Hospital of pulmonary disease. The occupation was in 150 cases indoor, in 41 mixed, and in 100 outdoor.

I had drawn up, sir, a large number of tables based on the records of cases enumerated in that one list, not only with respect to age, sex, and occupation, and the so-called different stages of the disease, on which last I am disposed to lay no great stress, but also in reference to the supposed influence of various concomitant affections, and the influ-

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(*a*) *Guy's Hospital Reports*, ser. i., vol. vi., p. 210.

(*b*) *First Lines in the Practice of Physic.* Edinburgh, 1789, vol. ii., p. 372.

(*a*) *Aph.*, v. 9.

(*b*) *Proc. Integ.*, cap. lviii.

(*c*) *On Consumption, &c.*, 1858, . 1

ences of temperature and weather; but, in going over them for the last time before I brought them here, I found them of such unchanging dulness, that I decided, with your permission, and with a view to relieve the tedium which those who do me the honour to listen to me cannot but feel, that it would be better to embody such results as I could offer in the general matter of this lecture, and omit the statistics on which they were founded, even though such a course of proceeding would necessarily cause a shortening of the time prescribed for me.

But to my mind the majority of these statistical tables are merely curiosities. They have no bearing in the case of some individual patient who comes to us for advice; they might not have on him the same evil effect, perhaps, which the result of calculations as to the mean duration of phthisis by different observers might have. In giving a list of averages of duration, in which the shortest time, according to Louis and Bayle, is twenty-three, and the longest, according to Dr. Williams, (a) forty-eight months, Dr. Pollock (b) is much more hopeful in the statement that Portal considered phthisis might last "from eleven days to forty years, and he is certainly nearer the mark than any other authority." On this point, Morton himself observes: "Hinc fit, quod phthisis vulgo tam male audiat, ac si esset morbus naturâ suâ prorsus incurabilis, quum (quantum ego longâ experimentiâ edoctus scio) æquè certam curationem, atque alii morbi. admittat, modo debitâ methodo, satis tempestivè tractetur." (*Op. cit.*, p. 171.) It is an odd thing that one (c) of the upholders of the inflammatory origin of phthisis should have held also the possibility of its cure—that is to say, that it was not absolutely hopeless; just as Niemeyer, writing in these later times, and holding the same theory, has as strongly asserted; while the champion of the "tubercular" theory held and hold with Laennec that "the tubercular affection is, like cancerous affections, absolutely incurable" (*op. cit.*, vol. i., p. 581); or in the stronger language of the next paragraph, "that the observations of Bayle and myself show that the idea of the possibility of curing phthisis is an illusion." I dare not yet speak of my own experience. I do but see from time to time cases of the chronic form of cheesy phthisis, holding on the almost even tenor of their way, with but little, if indeed any, change in physical signs; and in these cases I cannot but suppose that, as in other chronic forms of disease, the body or the constitution—call it as you will—becomes as it were habituated to the changed circumstances of life, which make up for it, as a living whole, its normal standard.

Holding, therefore, almost the contradictory of Cullen (*op. cit.*, p. 100), that "phthisis in consequence of pneumonic inflammation is that which occurs most rarely in this climate," I am able, with Morton and Broussais and Niemeyer, to have a larger hope; and though, with Cullen (*op. cit.*, p. 381), I am ready to say that "nothing should allow us to neglect any appearance of catarrh, as is too frequently done, for it may be the beginning of a phthisis, which is mistaken for a genuine catarrh, or that even as a catarrh continuing long, it may produce a phthisis"; and though with Hippocrates (*d*) "τὸ φθινόπωρον τοῖσι φθίνουσι κακόν," I am compelled to say, from my experience at Victoria Park Hospital, that while in the warmth and even heat of summer, all my bronchitic patients are better, those who are suffering from phthisis are very much worse, partly because the heat calls for more work from the injured respiratory organ; partly because, as even in the healthiest of us, it throws the power of assimilation, and therefore of nutrition, somewhat into abeyance. The advice recorded in Wepfer's observations (*op. cit.*, p. 435), though difficult to follow, because its conditions are difficult to obtain, is probably true in regard to the temperature best suited for phthisical patients: "Ægro nobilissimo aë convenit temperatissimus id est, nec calidior, nec frigidior, nec siccior, nec humidior ideo et æstum solis nimium et aerem vespertinum et pluvium vitet." (*a*)

To be continued.

(a) This average has been more recently (Williams, *Pulmonary Consumption*, 1871, p. 306) raised to, roughly, eight years.

(b) *Elements of Prognosis in Consumption*, 1865, p. 56.

(c) Broussais.

(d) Aph., iii., 10.

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ON THE ETIOLOGY AND TREATMENT OF SCROFULOUS OPHTHALMIA. (*b*)

By H. Cripps Lawrence, L.R.C.P. Lond., &c.

At present the scrofulous diathesis is the polar star which sanctions, almost of necessity, but one line of treatment, quinine, iron, cod-liver oil and various counter-irritation. The clinical results thereof are by no means uniformly satisfactory. The assumption, for it can be called at present but little more, that the scrofulous cachexy is virtually the *fons et origo mali*, is no doubt true; and it would be presumptuous to question even this uncertainty unless prepared to offer something definite in its place. I do however venture to believe with the evidence we have from anatomical and physiological researches, of an intimate connection between the sympathetic nervous system and the various factors of the complex phenomena associated with scrofulous ophthalmia, that a series of carefully conducted observations upon the following points will yield something definite respecting the etiology and hence touching the treatment of the affection:—

1. The sequential order and value of the various symptoms of scrofulous ophthalmia.
2. The ophthalmoscopic appearances of the retina during life.
3. The sphygmographic evidence of the state of the general circulation.
4. The post-mortem condition of the superior cervical ganglion of the sympathetic, especially as examined microscopically.
5. The results of galvanisation of the superior cervical ganglion of the sympathetic.

The line of thought which evidently led Dr. Althaus to doubt the varying statements and views in relation to scrivener's palsy, appears to me worthy of note in relation to any investigations respecting phlyctenular ophthalmia.

The thought may be erroneous, but one feels justified in suggesting that possibly some special imperfect nutrition, probably, but not of necessity, of a scrofulous nature, involves the superior cervical ganglion of the sympathetic, and may hereafter serve to explain the locus and proximate causation of those phenomena we now term scrofulous ophthalmia. In other words, a search for a nerve location of the disease is desirable. That scrivener's palsy does more or less directly trace its origin from some morbid condition of the superior cervical ganglion is presumably true, judging from the effects of the continuous galvanic current. Dr. Althaus employs galvanisation on the principle of "the disease being in the upper part of the spinal axis"...coupled with a "knowledge that the cervical sympathetic nerve has a powerful influence upon the nutrition of the whole nervous system."

The manifold relationships of the superior cervical ganglion of the sympathetic, serve to explain numerous associations with other nerve centres; among these are nerves especially concerned in the etiology of scrofulous ophthalmia.

(*a*) This opinion of the consultant, amusing and full of common sense throughout, concludes with words equally difficult, but equally true for the consumptive patient to take to heart, were it only possible: "Vitet mœrorem atque quemvis alium animi affectum gravem."

(*b*) Read before the Harveian Society April 6th, 1876.

(c) With regard to treatment, let me briefly narrate my own limited experience.

The marked digestive derangement has benefited from a mercurial purge, followed by a course of non-mercurial aperients until the evacuations become normal. Next a plain nourishing and unstimulating diet, to which milk contributes largely, is beneficial. Meat should not be given too freely. Most of the patients are ill-nourished when scrofulous ophthalmia manifests itself; partly from poverty, partly from digestive imperfections: to feed these too generously virtually promotes starvation, the fuel becomes excessive for the combustion power of the invalid.

Cod-liver oil requires regulation in use. Instead of regarding it as a specific, my own experience has led me to consider it hurtful in some cases; the cases for its use and non-use may be differentiated thus, as Sir William Lawrence and Niemeyer have noted. First the "torpid" constitutions, who are clumsy and thick-set in build, and exhibit a tumid upper-lip and enlarged nose, and have abundance of adipose tissue; by these cod-oil is not required, and it may prove injurious to them; while secondly, the "erethitic," with slender frame, lack of fat, and accelerated pulse and over-active nervous system, largely benefit from the use of cod-liver oil. These cases have procured for it the name of an anti-scrofulous remedy (Niemeyer).

The photophobia has been relieved at first by the use of bromide of potassium, and the relief maintained by the administration of quinine. Quinine employed after potassium bromide has appeared more efficacious than when used alone. Relapses of intolerance of light have yielded to similar treatment.

Fresh air, and plenty of it, is imperative. Cold shower-baths in summer, sponging with tepid sea-salt water in winter, have proved valuable auxiliaries.

For local treatment a green shade, made like the peak of a rifle cap, is preferable to one fitting close to the eyes—the latter being injurious. Padding of the eye with cotton wool to prevent friction of the lids appears to me neither necessary nor advantageous, equally good if not better results having followed frequent poppy fomentation instead, allowing free exposure to air, with shade from light.

When the acute symptoms have subsided the utmost possible benefit has ensued upon the use of poppy fomentation used as a douche to the eye, at first warm, then tepid, ultimately cold. The spasm of the orbicularis oculi seems to be much lessened thereby.

Counter-irritation in the form of linimentum iodi painted behind the ear is preferable to blistering. Scrofulous constitutions resent blisters, secondary cutaneous eruptions and swelling of the neighbouring glands being apt to follow. Frequency of counter-irritation however, short of producing breach of skin and glandular enlargement, seems not only indicated, but is found practically to be very useful.

Nitrate of silver has proved itself injurious when applied to the conjunctiva in scrofulous ophthalmia, and solution of atropine less useful in allaying irritation temporarily than frequent anodyne fomentation. Atropine should be reserved to ensure dilatation of the pupil when necessary.

Iron is preferable to quinine in marked anæmia, but I have not sufficient evidence to prove its greater efficacy over quinine in promoting repair and nutrition in ulceration of the cornea, as some authors assert, while quinine exerts a marked effect in lessening the photophobia scrofulosa.

In conditions of extreme blepharospasm, photophobia, and epiphora, the eyes should be examined under chloroform and belladonna given as Mr. Power has suggested, "as a stimulant upon the sympathetic system of nerves, and through this upon the smaller vessels."

A case of extreme blepharospasm under my care seemed likely to require division of the orbicularis at the external canthus, but escaped this procedure owing to the marked benefit received from douching with cold poppy, fomentation, and shower-baths, the face being held upwards to receive the full force of the shower.

If the superior cervical ganglion of the sympathetic be hereafter proved to hold a position of primary importance in the etiology of scrofulous or phlyctenular ophthalmia, I need hardly add that I shall look to the continuous galvanic current to supply a potent therapeutic agent. Galvanisation is likely to prove of value not only as an auxiliary to other remedies, but it bids fair itself to expedite repair through its action on the cervical sympathetic, by promoting nutrition in structures very prone to chronic degeneration. Nay, more, by cutting through the chain of morbid phenomena which produce the condition named "chronic inflammation," galvanisation may even serve to prevent its occurrence.

A brief record of the two following cases have an interest in reference to the etiology and treatment of scrofulous ophthalmia :—

Case I.—E., æt. 10, came under my care at the London Diocesan Deaconess' Institution, owing to the kindness of Dr. J. W. Langmore. Upon admission there was marked commencing ulceration of both corneæ, some conjunctival congestion especially marked on the lower lids, scattered vesicles on the palpebral and ocular conjunctiva, a phlyctenula close to the inner margin of the right cornea, with a fasciculus of vessels running from the inner angle of the eye towards the cornea; photophobia and slight blepharospasm; the treatment was by good plain food and plenty of fresh air. No internal remedies; but locally the following means were used:—A drop of a solution of perchloride of mercury (gr. ss. ad ℥i.) was dropped into each eye night and morning. The effect of this was to increase the conjunctival congestion and photophobia, and to induce ciliary neuralgia. After two or three days poppy fomentation was employed warm, and the linimentum iodi was painted behind the ears every other night. At the end of a week a marked improvement followed. I was much tempted to treat the case with iron and cod-liver oil, for the patient was both erethitic and anæmic. In one month the eyes were practically well, and the girl had become for her sleek and rosy.

Whilst preparing this paper I was unable to obtain a case upon which to try the effect of galvanisation of the superior cervical ganglion of the sympathetic, but in April last Dr. Dawson Nesbitt kindly placed a patient under my care for treatment by galvanisation.

Case II.—J. N., æt. 9 years. No history of phthisis or scrofula in the family. Father's family rheumatic. One brother and two sisters are living. Three brothers died in infancy—one at birth, of hydrocephalus, necessitating craniotomy.

J. N. was breast-fed for three months. Primary dentition was normal. She had rheumatic fever when seven years old, but no other illness till the recent outbreak of scrofulous ophthalmia, which commenced early in March, 1876. No advice was sought until April, 1876, when the condition was as follows :—

Presents strumous aspect, photophobia slight, but light does not cause pain, blepharospasm and slight epiphora. A well-marked phlyctenula is to be seen at the lower and outer margin of the right cornea, with a fasciculus of vessels running toward the phlyctenula. Vesicles are apparent in the furrow between the lower lid and ocular conjunctiva, and on the margin of the lower lid. Galvanisation was applied by means of Weiss's continuous battery, employing a current of eighteen cells, the positive pole being placed over the transverse process of the seventh cervical vertebra, and the negative pole applied to the stylo-mastoid fossa for five minutes. After this the negative pole was applied with forty or fifty interruptions around the right orbicularis oculi. The visible immediate effect of this was to cause a marked contraction of the conjunctival vessels, and the blepharospasm was lessened. A green shade was ordered, and the eyes only to be bathed with tepid milk and water. No internal medicine.

April 3rd.—Photophobia had increased, but the blepharospasm and epiphora were less. The conjunctivitis was increased, and a slight haze fringed the lower margin of the cornea, at and adjacent to the site of the phlyctenula.

On April 4th, much the same condition, but the phlyctenula was less marked, as also the vessels leading up to it; the conjunctival vessels congested, and right pupil rather contracted.

On April 6th, less, but still marked conjunctival congestion, photophobia less, but circumorbital pain complained of; no blepharospasm; the fasciculus of vessels going to the phlyctenula replacd by a reticulated network of conjunctival vessels; the phlyctenula is decidedly smaller; a faint sclerotic zone surrounds the cornea.

On April 7th, a little vinum ipecacuanhæ was ordered for a cough.

On April 10th, all symptoms improved, and the patient able to open the eye well.

April 12th, three vessels run up to the site of the phlyctenula, which latter has almost disappeared, leaving a slight haze of the cornea. No pain, blepharospasm, or epiphora; slight photophobia.

On April 17th, convalescent.

The left eye was unaffected.

The galvanisation was repeated daily, excepting Sundays, for the first week, then every other day the following week, in the manner described above.

Although the case is single, it seems to bear out the line of thought expressed in the paper, that galvanisation of the superior cervical ganglion of the sympathetic may yield useful results in the treatment of scrofulous ophthalmia. The temporary increase of conjunctivitis which ensued upon the earlier applications of the current is interesting when compared with the results obtained by Dr. Sinitzen from evulsion of the superior cervical ganglion.

In reference to the etiology as well as the treatment of scrofulous ophthalmia, there is still much need to discriminate between the essential and the accidental—much opportunity for investigation and experimental research how far constitutional and local treatment are respectively necessary; still much required to decide whether the *post hoc* or the *propter hoc* avails in treatment.

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UNUSUAL SEQUELS OF SCARLET FEVER.

By M. J. Malone, M.D.,
Fellow and Examiner, Royal College of Surgeons in Ireland;
Physician to Limerick Lying-in Hospital, &c.

The following account of some of the more uncommon sequels of scarlatina may, I trust, be found interesting to the readers of the Medical Press.

In October, 1875, a lady called on me accompanied by her son, a boy about nine years old, who complained of a soreness in the throat. On examination the tonsils were found to be somewhat swollen, and the surrounding mucous membrane inflamed. The pulse was but little increased in frequency, and the skin felt so cool that I did not think it necessary to take his temperature with a thermometer. There were several cases of tonsillitis in Limerick at the time (indeed I had but just returned from seeing one), but there had not been a single case of scarlatina for a considerable period, so far as I then knew, or could subsequently ascertain. In view of these facts I told the mother that I considered the case one of simple quinsy, and prescribed a chlorate of potass mixture and saline aperient. I said the boy should be kept in doors, and that if any efflorescence appeared I should be informed at once. In two days the mother called to say that a slight rash had come out on the chest, but that the boy was not otherwise worse. I happened at the time to be just leaving home for Dublin, so could only give general instructions, and refer her to a professional friend who would see my patients in my absence. On my return, after a few days, I visited the boy, and found he had gone on so satisfactorily that the doctor had not been sent for. The rash had disappeared, his urine was depositing a considerable quantity of lithates, but contained no albumen, and he was nearly quite well. I was not sure whether this case was one of scarlatina, or of roseola coincident with tonsillitis. The mildness of the attack, and the total absence of scarlatina from the locality inclined me, on the whole, to the latter opinion; and I had not seen the rash.

After two or three days, however, I was asked to visit the boy's sister, aged ten years, whose stomach had sickened at school. I found her in bed, feverish, and complaining of headache. She did not suffer from the throat, but the pharynx seemed conjested on inspection. These symptoms were, of course, very suspicious of scarlatina, but not positively pathognomonic. A diaphoretic was ordered, and on the following day any doubt was removed by the appearance of the typical efflorescence. This patient had a mild attack of the disease, but the convalescence was protracted. There was a trace of albumen present in the urine for a considerable time, but its density was normal, and there was no œdema. Pruritus was complained of, and was relieved by the inunction of bacon fat. A slight, puffy swelling appeared in the left side of neck, near the angle of the lower jaw. There was great local tenderness, but not much appearance of inflammation, and the head was drawn down a little, and turned to that side. The mother thought this might have arisen from the child's head having rested on the pillow inclined laterally; but that was not probable. It seemed to me to be an example of the peculiar form of torticollis first described by the late Mr. O'Ferrall in his letter to Dr. Graves on the subject of scarlatina; but there had been none of the "marked and prolonged difficulty of deglutition, as a symptom of the disease," which was present in the cases he describes. I believed the affection to be due to a circumscribed inflammation of the sterno-mastoid muscle, but local abstraction of blood did not seem necessary, and I should'nt think of giving mercury, as was done in the cases referred to. The only treatment I adopted was the application of a little of the iodide of cadmium ointment; and though the condition remained for several days, and the part was so tender that examination was made with difficulty, a complete recovery ensued.

In the meantime a third child, three years old, got an attack. He proved so impatient of the least interference that it was impossible to do more than nurse him in his cot. He made a good recovery. From the commencement I had all the children kept from school, but it was not convenient to the parents to send any of them from home. No prophylactic treatment was adopted, and yet three out of six children escaped infection. Had I used belladonna the result would have seemed a satisfactory example of the preventive power of that drug.

While I was treating the girl the boy got what at first appeared to be a relapse. He felt ill, his temperature went up, and he had to keep the bed. A characteristic, inflammatory swelling of his knees, ankles, and wrists, successively, very soon revealed the nature of this new ailment, an attack of acute articular rheumatism. There had been premonitory pains in the joints for some few days previous. Alkalies with diuretics were administered, and the affected parts painted with tincture of aconite, and then covered with wadding. He was much relieved by this treatment. The inflammation, as usual, changed rapidly from joint to joint, and in about a week the patient was able to walk about. His sister and he were then ordered tonic medecines, and as they were fairly convalescent I discontinued attendance, requesting that any symptoms of dropsy might be at once reported.

The little patients got on very well, and after a suitable interval were able to return to school. Towards the end of February, nineteen weeks after the inception of the scarlatina, the mother called on me to say that she feared the boy was suffering from symptoms of paralysis. He dragged his right leg after him in walking, and used his right hand in a very awkward manner. He had driven with her to my house, and as he entered my study he certainly looked like one suffering from hemiplegia. An examination, however, showed that there was no paralysis, but marked loss of directive power over the muscles. The hand, too, moved spasmodically, and he could not control its motion. When asked to put out his tongue he jerked it out, and as rapidly withdrew it. It was evident that he was affected with hemi-chorea of the right side, and I was happy to be able to assure his mother that there was no danger of paralysis, properly so called. As he looked anæmic I examined his heart, and was not surprised to find a loud systolic bellows murmur over the aortic valves. There was also a venous hum in the neck, but not so well marked as that frequently found in chlorotic females. I prescribed iron and valerian, with occassional purgatives, a cold bath each morning, followed by friction of the skin; and as much directed exercise as possible of the affected limbs, as at tops and ball playing. I continued to see the patient from time to time, and was gratified to notice a perceptible, though gradual, improvement in the symptoms.

Early in March my attention was asked to the girl. She had been quite well and going to school daily, when she was noticed to suffer a rather sudden impairment of vision. She had been well able to read very small print heretofore, but now, when I showed the title-page of the "Medical Directory," it was only the largest letters that she could recognise. She threw back her head, and held the book at such a constant distance that I at once formed the opinion that she suffered from loss of accommodation—paralysis of the ciliary muscles. One of the parents had acquired a weakness of vision at about the same age, which proved to be permanent, and consequently much anxiety was felt about the child's state. To outward view the eyes looked quite healthy. I examined the interiors with the opthalmoscope, as well as I could without dilating the pupils, as I would not use atropine in view of the diagnosis, since it would certainly intensify the symptoms. The humous appeared quite transparent, and I could detect no sign of disease. I explained to the parents that it was the focussing arrangement of the eye that the child had lost control over, from delicacy of constitution; and expressed a confident hope that perfect rest of the organs, with a little strengthening medicine, and general hygienic adjuvants, would bring her round soon again. My instructions were faithfully carried out, and I am happy to say with perfect success. In four or five weeks the eyes had acquired their normal power; and both this patient and her brother are now quite well. She can easily read the smallest print, and I detect no trace of valvular or venous murmurs in him.

Acute rheumatism is a recognised though not common sequel of scarlet fever, especially of mild cases. The impairment of the functions of the skin during the period of desquamation is probably a considerable element in its causation when it does occur. The pathological relations of rheumatism and chorea have been also long observed. The occurrence of the latter, especially in a boy, after an attack of rheumatic fever, would seem to be something more than a *post hoc* coincidence. Yet the anæmia produced by the two preceding illnesses had, no doubt, much to do in its appearance. There were no worms in the alimentary canal, nor was the chorea preceded by any marked mental impression. When this disease is confined to one side the left appears to be that more commonly engaged, but in this case it was the right side exclusively that was affected. After an interval of three and a-half months there now remains only a slight awkwardness in using the right hand which is gradually disappearing.

The paralysis of the ciliary muscles, in the girl, was perhaps the most curious and unusual of these sequels. I do not remember having read of its occurrance after scarlatina. I believe it is most frequently observed during convalescence from diphtheria, which might be expected from the frequency of different forms of paralysis after that disease. This was the first case of the affection I had seen, but its diagnosis could offer little difficulty on careful examination. The transparency of the eye and sensibility of retina were evidently unimpaired, but the near point of vision was removed from the inability of the lens to focus divergent rays. The head was consequently thrown back when the patient tried to read a book held in the hands. A suitably convex lens would, do doubt, remedy the defect, but rest of the eyes is an essential point in the treatment. The mobility of the iris was not sensibly diminished.

Another point of interest in these cases is the apparent spontaneity of the disease in carefully-tended children residing in a healthful suburb of the city. It did not spread. Several weeks subsequently a case occurred in the dispensary practice of my friend, Dr. Carey, in a locality at least a mile distant from the residence of my patients. Still later on I saw some bad cases in a crowded and fetid lane. One, at least, proved fatal; but the parents unfortunately too often resist any attempt to have the children sent to the well-ventilated wards of our union hospital. Scarlatina, unlike typhus, will, however spread in spite of ventilation. Indeed, anything that may convey an epithelial scale may also convey the contagia. Milk, articles of clothing sent long distances, and even newspapers transmitted by post, have been known to act as vehicles of the infections; and this, of course, renders prophylaxis a matter of extreme difficulty. Personal disinfection of the patient, especially during the desquamative stage, would seem to be the most rational means of accomplishing this end.

I have ventured to offer the foregoing paper for publication, as I think it is not often so many curious sequels of scarlet fever come under the observation of the physician in so limited a number of cases.

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OBSERVATIONS ON BOX (BUXUS SEMPERVIRENS); WITH SPECIAL REFERENCE TO THE TRUE NATURE OF TETANUS. (a)

By Sydney Ringer, M.D.,
Professor of Therapeutics at University College; and
William Murrell, L.R.C.P.,
Demonstrator of Anatomy at University College.

The authors were induced to undertake an investigation of the physiological action of box from the frequency with which it has been recommended in the treatment of hydrophobia. The views expressed as to the nature of box are founded partly on experiments made on frogs under buxus, and partly on the results of an investigation of the properties of gelseminum.

The paper is divided into three parts. I. Introductory: the history of box, especially with reference to its use by the older writers on medicine in the treatment of hydrophobia. 2. Experimental: the action of box on the nervous system of frogs. 3. A consideration of the true nature of tetanus, illustrated by experiments on reflex action.

The first part, being purely introductory and historical, requires no detailed notice. In the second part details are given of experiments performed on frogs before or after the injection of box. It is shown that that drug causes paralysis and then tetanus. The conclusions resulting from these observations are—(1) that the initial paralysis is cerebral in its origin; (2) that the drug also produces paralysis and tetanus by its action on the spinal cord; (3) that the sensory and motor nerves and the muscles are unaffected. In the third portion of the paper the authors discuss the nature of tetanus. They were led by their experiments to the conclusion that the theory of tetanus being due to an excited condition of the cord is erroneous and misleading. They, on the contrary, regard tetanus as an expression of depression or paralysis of the cord; they show that if the symptoms induced by the injection of strychnine were due to mere stimulation of the cord normal reflex action would be not only retained, but would be more vigorously performed. Such, however, is not the case; for in frogs poisoned by this drug irritation of the posterior extremities induces, not a co-ordinated movement resulting in the withdrawal of the leg, but a general contraction of the muscles of the body, causing powerful extension of the limbs. This is regarded as evidence that the impression, instead of being limited in its action to that portion of the cord on which it impinges, is widely diffused throughout its motor tract, the increased diffusibility being caused by diminished resistance; in other words, by depression or paralysis. It has been stated that box causes, first paralysis of the limbs and then tetanus. Such a condition, according to existing theories, must be due to a very singular combination of circumstances—viz., depression of the reflex function of the cord, followed by stimulation; the stimulation continuing simultaneously with a rapid impairment of normal reflex action. It would, the authors consider, be more rational to conclude that the drug first depresses the cord so as to diminish reflex action, and then causes tetanus by paralysing its resistive force. In health, when an afferent stimulus is conducted along a nerve, its effects are limited; but tetanising agents, by weakening or destroying the resistive power of the cord, facilitate the diffusion of the impulse, and favour the excessive generation of nervous force. It is obvious that, as box weakens reflex action before producing tetanus, a larger dose is required to lessen the resistance of the cord than to diminish the reflex function, and the absorption of a larger quantity of the drug is necessary for the production of tetanus. In the case of frogs poisoned by box, even when the tetanus is very powerful, the paroxysms after a time grow weaker and weaker, till finally they fade away in a mere quiver of the muscles. If tetanus were due to excitement or stimulation of the cord, it is obvious that, as this condition subsides, the tetanic movements should gradually decline, and at last subside, with the restoration of normal reflex action. But, as a matter of fact, this order is never observed, for the tetanic movements continue to grow weaker and weaker, till at last all movement ceases and general paralysis ensues. In those cases in which, during the tetanic paroxysm, the muscular contraction is not greater, or is even less, than an ordinary reflex act, it must perforce be admitted that the tetanus is not dependent on an excited condition of the cord, but solely on its lessened resistance enabling an impression to diffuse itself through the greater part or the whole of the motor tract. It was found that in box-poisoning a strong irritation often excited tetanus, whilst a feeble stimulus produced only a weakened reflex action. It is contended that the explanation of this is that in these cases the resistive power of the cord is but slightly diminished, so that a strong impulse can diffuse itself whilst a weaker is confined to that part of the cord naturally associated with the stimulated nerve. Moreover, soon after the injection the tetanus is limited to the irritated limb, because, the resistive power being but slightly weakened, the diffusion of the impression through the cord is correspondingly limited; but as absorption continues the resistive power grows weaker and weaker, and the impressions diffuse themselves more readily and widely, until at last the whole or a greater part of the body becomes tetanised. In the course of some observations made with the view of determining the duration of reflex action in frogs after division of the medulla, the authors obtained some curious and unexpected results, which strikingly confirm their theory of tetanus. They found in unpoisoned frogs, whose brains had been destroyed by pithing, that soon after the commencing decline of reflex action a condition of tetanus was observable. The tetanic symptoms were readily produced by gently lifting the animal and allowing it to fall on its back, or by striking it with the forceps on the cervical region. The tetanus varies considerably in its intensity in different cases. Sometimes the legs, though strongly shot out, were again quickly withdrawn; but in several instances the paroxysms, when at their height, lasted from a quarter of a minute to a minute, the limbs being so rigidly extended that the animal could be taken up by its hind legs and held out horizontally. In each of these paroxysms there was a far greater discharge of nervous force than occurs in a normal vigorous reflex act, and therefore, according to current views, the cord would be said to be excited. That this explanation is inadmissible is shown by the fact that tetanus is at its height at a time when the normal reflex action is much impaired and immediately before its total abolition. The duration of tetanus varies, being dependent on the persistence of normal reflex action. The details are given of experiments which show that this tetanus is purely spinal in its origin, and an explanation is offered of the mode of production of the phenomena. Soon after systemic death the cord becomes depressed, and, consequently, reflex action is weakened; but with depression of reflex action there is diminution of the resistive power of the cord, whereby impressions ceased to be restricted to that portion of the cord on which they impinge, and, spreading widely, cause tetanic movements instead of a normal reflex act. At first, before there is much weakening of the resistance of the cord, a slight stimulation induces a natural reflex action, but as depression of the cord progresses, and the resistive power grows weaker, the tetanic movements become more powerful and are more readily induced. Moreover, it was found in these frogs, at a time when strong irritation was required to excite even slight tetanus, that a very powerful stimulation, such as a succession of blows on the back, would induce tetanus, a condition which was immediately followed by diminished intensity of the ordinary reflex phenomena. The correct interpretation of these facts is that the blows depress or break down the resistive power of the cord so as to weaken normal reflex action, and, by allowing the irritation to diffuse itself more widely, to cause increased tetanus. This view is confirmed by the fact that on striking vigorously and repeatedly a living and perfectly normal frog between the shoulders there is excited at first a simple reflex act, but subsequently the posterior limbs after each blow are shot out in a manner which is distinctly tetanic, although the movements are far less energetic than when these phenomena are observed in pithed frogs on the decline of reflex action. This tetaniform condition occurs only when the shock of the blows has so depressed the cord that all voluntary and reflex action is for the time abolished. The authors, whilst regarding tetanus in all forms simply as an indication of a diminution in the resistive power of the cord, point out that some tetanising agents, such as strychnia, leave the reflex action unimpaired, whilst others depress both the resistive and the reflex power. Some agents—for example, gelseminum—depress the reflex function more than the resistive power, causing considerable paralysis but slight tetanus. Others—such as box—depress the resistive power early and markedly, and subsequently and in a minor degree the reflex function, the result being strong tetanus with slight paralysis. These views on tetanus throw light on the effects of slight chemical modifications of a drug on its physiological action. It is obvious that nerves in their constitution must differ from one another and from the brain and spinal cord, since a given poison may effect one part only, leaving the others *in statu quo*. Strychnia excites powerful tetanus and in large doses depresses simultaneously the motor nerves, but if converted into an ethyl compound it no longer tetanises, but powerfully paralyses the ends of the motor nerves. By this change in its composition its physiological action is not reversed, for as strychnia it paralyses the constraining or resistive power of the cord, whilst as ethyl-strychnia it paralysis the motor nerves. It is not converted from a stimulant into a depressant, but with the change in its chemical affinities its sphere of action is shifted and it paralyses the motor nerves instead of the resistive power of the cord.

(a) Abstract of a paper read before Med. Chi. Soc[illegible].

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INAUGURAL MEDICAL ADDRESS ON THE OPENING OF ST. MICHAEL'S HOSPITAL, KINGSTOWN.

By M. A. Boyd, F.R.C.S.I.,
Surgeon to the Hospital.

This hospital is intended for the reception of every species of disease, surgical and medical, and at all hours will be open for the reception of accidents, which will be attended promptly by a house surgeon or resident, whose duty will be to remain constantly on the premises.

The wards for the reception of patients are four in number, two large and two medium size; the former are 56 feet in length, 24 feet in breadth, and 16 feet high, and will contain 14 beds each, and allow about 1,600 cubic feet of air to each patient. The two smaller wards are each 35 feet long, 23 feet wide, and 12 feet high, and will contain 6 beds each, with the same number of cubic feet of air to each bed. At the rear of each ward runs a corridor, well ventilated and lighted, and communicating with the wards by ventilators on the most improved principle of hospital construction. In fact, the hospital is perfect in every detail, and nothing is left wanting to make it a clinical institution of the first-class, into whose wards there will be free admission for patients of every creed and students of every school to study the science of clinical medicine and surgery in all its details, and no stone will be left unturned on the part of its staff to impart to them all the necessary instruction required to make them diligent students, accurate in acquiring a knowledge of disease in its various aspects, and to lay before them the many appliances, surgical and medical, which science is every day calling to its aid in the investigation of disease, for strange as it may appear to many who are unacquainted with its workings, the science of medicine is still only in its infancy, notwithstanding the hundreds of years during which medicine has been cultivated, notwithstanding the numerous sciences which constitute what we call the science of medicine, the term science is scarcely applicable to that department of it which relates to the treatment of disease by means of remedies. We have in the recorded experience of past and present generations an immense accumulation of material, valuable and the reverse, relating to the influence of drugs on the progress of disease, but we are sadly in want of accurate generalisation and the establishment of definite and precise laws as to their efficiency and employment.

"To those who are acquainted with the successive stages through which Medicine has passed, and who know the modes of thought and the methods of investigation which are followed by her most active promoters, it will not appear that we are indulging in vain hopes or idle speculations when we assert that the time is not far distant when she may legitimately rank as a science. Many indeed will believe that we are doing her scant justice in questioning her claims to such a place. It will however only be when general laws connecting disease with health, and establishing a perfectly rational system of therapeutics that shall be applicable to the whole body of medical facts, that the term science will be legitimately applicable to medicine, experimental pathology, studying the synthesis of disease, and experimental pharmacology, localising the action of drugs on the tissues and organs of the body, are fast following in the steps of the rapidly advancing science of physiology, of which they are but departments, and young though they are, are furnishing the materials for a real science of medicine."

In recent years, by the application of instruments of precision and exact methods, our knowledge of the circulation, respiration, nervous system, and the conditions of life in general, has reached a state of development which renders the physiology of past ages scarcely worthy of the name. The microscope has not been in our possession as an instrument of practical utility for fifty years, yet it has given us, it may almost be said, a new sense, and I will not merely say has extended pathology into new regions, but has made pathology a new science; functional or unsubstantial diseases are flitting before the microscope like ghosts at sunrise; nervous diseases, the most evasive, are becoming tangible; insanity is no longer a disease of the mind, but of the brain.

Yet still we cannot affirm that diseases require no further elucidation, or suppose that every remedy has been discovered, or that we even know the real use and properties of many we already possess. There are many opprobria of medicine which must be cleared away before we can indulge in self-satisfaction at our skill. Witness those scourges of humanity, cholera, hydrophobia, zymotic diseases, &c., before which we are still utterly powerless: are we indulging in vain hopes if we look forward with confidence to the day when the discovery of specific remedies will have deprived these scourges of their terrible sting and baneful power? It is at least worthy of our most strenuous efforts to labour for the realisation of such noble aspirations. When we look at the valuable therapeutic agents which have been introduced into medicine as the result of theoretical considerations deduced from physiological experimentation on the lower animals within the last few years, as compared with the results of thousands of years of mere empiricism, we have every reason to feel satisfied with the progress that has been made. The great group of the anæsthetics, one of the greatest boons to suffering humanity, and the conditions of their safe administration owe their chief origin to physiological experimentation on the lower animals; the hydrate of chloral, one of our most valuable and much-used remedies, owes its introduction entirely to this method; the nitrate of amyl, almost a specific for one of the most intense forms of suffering to which man is liable, was deduced from theoretical considerations and physiological experiment; and besides these new additions to our resources, the knowledge we have acquired from physiological experiment regarding the exact action of many drugs already in our possession has enabled us to extend their use, calculate with exactitude their effects, and prescribe them rationally; while the great facts of physiological antagonism have enabled us to counteract with the most effectual success many of what in former times were universally fatal poisons. Triumphs such as these may well encourage us to proceed; they not only justify, but if we have the best interests of humanity at heart, render imperative continued research of the same kind in the future. Yet, as if medical men were the most inhumane class living, there has been an outcry against them by a certain class of people, mostly women, of the class which furnishes the most advanced champions of women's rights, against what they are pleased to term the inhumanity and cruelty of physiological experimentation on the lower animals. It is not my intention standing here to make any apology for vivisection, or to reply to the numerous attacks recently made on its advocates and prosecutors. We may rest content with the approval of those who are capable of appreciating its real bearings, and the magnitude of the interests it involves. Judging from the style of objections advanced against it in the public press and elsewhere, I should despair of convincing its opponents by any arguments I might advance of its morality and necessity when practised with skill and without any unnecessary curiosity. "But on the other hand, we who are regarded as offenders have strong reason to feel aggrieved at the practice of those who, professing to have such delicate sensibilities, gratify their prurient propensities by prying into what was never intended for their eyes or ears, and which they have shown themselves incapable of understanding, though eminently capable of misrepresenting those who may be actuated by as high principles of humanity as they who would constitute themselves its guardians." It has been asserted by some as a reason for opposing physiological research that vivisection has never resulted in any practical good, or been of the slightest service in advancing the interests of medical science. Those who make such assertions proclaim aloud to the world the most valid reasons for paying no further attention to any opinions they may think fit to express on the subject, and in opposing this line of research ought in consistency to refuse to accept the advantages of the enlightened medical practice which can be proved to be the direct result of that which they so much condemn. It is well for themselves that they are compelled to participate in benefits which in justice they are not entitled to.

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Clinical Records.

CASES IN PRACTICE.

Reported by John W. Martin, M.D.,
Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw, &c.

Case XVII.—*Dulness over both Lungs, especially over the* *lateral and posterior surface of left—Tubular Respiration—Bronchophony—Pungent Heat of Skin—Area of Heart-dulness enlarged—First Sound weakened—Friction Murmur — Frémissement — Tenderness over the Region of the Heart—Dyspnœa—Attack commenced with Rigors, Headache, Nausea, Vomiting, and general febrile disturbance—Treatment—Recovery.*

THE following notes were taken Sunday, May 15th, 1875, when I was asked to visit H. K., æt. 50, wife of a factory operative. The history of her case is as follows :—

On Monday, May 10, whilst engaged in washing, and exposed to variations of temperature caused by her standing over the steam from the washing-tub and then going down to the river-side to draw water, she was attacked with rigors, headache, nausea, vomiting, and severe pain in the back and down the legs. Skin hot and dry, followed by fits of profuse perspiration ; dyspnœa ; short hard cough, unattended by expectoration ; general malaise. She went to bed, but neglected seeking advice or further treatment. Next day, Tuesday, the acute symptoms had passed off, the cough, dyspnœa, and pain in the back alone remaining. Applied a poor man's plaster to her back herself, and paid no further attention to the attack until 9 p.m., May 16th, when I was first asked to visit her. About 5 p.m., whilst sitting at her open door, she was again attacked with very severe rigors, vertigo, nausea, vomiting, headache, and violent pain in the region of the heart. At the time of my seeing her I found her in bed, decubitus dorsal, countenance anxious and drawn-looking ; nostrils widely distended and playing freely. Respirations 50 per minute, very shallow, and performed entirely by the voluntary muscles. Skin dry, hot, and *very pungent* to the touch. Much troubled with a short, hard, racking cough, attended with a little white mucous expectoration, untinged with blood. Tongue was clean ; bowels regular ; she passed large quantities of clear healthy-looking urine, free from deposit. For a long time previous to present illness she had been subject to frequent attacks of vertigo, dyspnœa, and palpitation. She had also been subject to repeated attacks of slight colds. Never had rheumatic fever that she can remember ; was not anæmic. Dulness generally diffused over the whole surface of the chest, but especially over the lateral and posterior surfaces of the left lung, and most marked at the inferior angle of the scapula at that side. There was no difference in the volume of either side as compared with the opposite. No flattening or bulging of the intercostal spaces, and but little difference in the extent of the respiratory movements ; the right moving with slightly greater freedom than the left. The extent and distribution of dulness was not altered by change of position on the part of the patient. Everywhere respiration very harsh and tubular, and accompanied by dry sibilant râles ; respiratory murmur scarcely to be detected, in the seat of most marked dulness. Voice sounds increased in distinctness, bronchophonous in the right and anterior portions of left lung, pectoriloquous in the axillary and scapular regions of the latter. The area of heart dulness greatly enlarged, its diameter measuring five inches in the vertical direction from the lower border of the third rib, and four and a-half inches in the horizontal, from the right margin of the sternum, at the articulation of the fifth rib, over under the left breast. Heart's impulse of fair strength, apex beat seen in the usual position, its impact accompanied by strong *frémissement*. First sound very indistinct, muffled, and distant ; the second fairly marked ; but both sounds much masked by a loud to-and-fro friction murmur, heard over the whole area of the heart's surface. This murmur was most marked towards the base, at a level corresponding with the third intercostal spaces ; it extended upwards as far as the second intercostal space, but was not propagated along the arch of the aorta into the carotids. It was heard very loud and distinct on placing the stethoscope over the region between the spine and internal border of scapula, on a level with the third and fourth dorsal vertebræ. I injected half a grain of morphia in solution, hypodermically, into the left arm. Applied a blister four by four over the heart, and ordered—

℞ Aquæ acetat. amm., ℥i.
Vin. ipecach., ʒij.
Tr. aconiti., ʒi.
Syrupi, ℥i.
Aquæ ad ℥viij. M.

Two tablespoonsful to be taken every fourth hour.

May 17th.—Skin cool and moist ; free from pain in the region of the heart ; got relief about an hour after the morphia injection, application of the blister, and the taking of the first dose of the medicine the preceding evening. She slept well during the night, perspiring profusely. Pulse, 84 ; respiration, 28, fuller and less laboured than before ; temperature, 98·4°, normal. Felt no pain in the head, nausea, or inclination to vomit. Heart's action not so strong ; impulse weakened ; first sound increased in distinctness ; area of dulness unaltered ; friction murmur softer, but otherwise unchanged. Treatment continued.

May 18th.—Improved. Dulness diminished over the anterior surface of the chest. Vertical measurement of heart-dulness decreased by one inch. Friction murmur very soft, and of a light brushing to-and-fro character. First sound weaker, and more indistinct than on the preceding day. Second sound strongly accentuated. Both sounds heard best over the base of the heart. Dulness very strongly marked over the dorsal surface of the chest over both lungs, especially at their bases, the left more decidedly so than the right. Loud sibilant râles were heard throughout the affected portions of lung. A few pleuritic friction sounds were heard here and there over the dorsal surface of the chest. Both râles and friction sounds were loudest and most abundant at the base of each lung. All over the dorsal surface of the chest the voice sounds had greatly increased in distinctness of enunciation. Altered the treatment to—

℞ Pot. iodidi, ℈ij.
Vin. ipecach., ʒij.
Tr. aconiti, ʒi.
Potass. bicarb., ʒij.
Liq. amm. acetatis, ℥i.
Syrupi, ℥ss.
Aquæ ad ℥viij. M.

Two tablespoonsful to be taken three times a day.

Directed portions of the chest to be well rubbed with an ointment containing croton oil and tartar emetic, until the characteristic crop of pustules

May 19th.—Suffered a relapse, with a return of all the severe symptoms connected with the heart and lungs. Felt a very violent pain in the region of the former, and a dull heavy oppressive one in the latter, especially in the scapular regions. She took a very large dose of her medicine, more than double the usual quantity, at the onset of these symptoms, in the hope of gaining relief. Soon afterwards she experienced a great tendency to syncope, and sufferrd much from the sense of nausea and desire to vomit ; these symptoms, together with dryness of the fauces and violent thirst, I believe to have been due in the greater part to the aconite and ipecacuanha contained in the mixture, but not altogether so.

Respirations 60, short, and very shallow. Pulse 96, weak and compressible. Temperature 98°, the observation being most carefully made. The low pulse and temperature were, I think, undoubtedly due to the depressant action of the aconite. Heart-dulness much increased in area, measuring five by six inches from the upper border of the third rib on the left side and from the right margin of the sternum over towards the left breast. First sound of the heart very faint and indistinct at the apex ; both sounds heard at the base. The friction murmur already described was much increased in intensity. The dulness in the chest, the tubular respiration, and the increased distinctness in the enunciation of the voice sounds, were all more pronounced. Loud sibilant râles were audible everywhere over the dorsal regions of the chest. The sputa were still slight, white, and frothy.

The face was very much flushed, she suffered from severe pain in the head, the bowels were confined for several days, and her tongue was coated with fur.

I applied a blister five by five over the heart, and ordered—

℞ Pulv. jalapæ co., gr. iv.;
Pulv. scammonii, gr. iv.;
Calomelanos, gr. ij. M.

Powder to be taken at night.

May 20th.—Blister was left on for eight hours, and rose well, discharging on being let a very large quantity of serum. Her bowels were well moved. Felt herself much improved. The pain about the heart and in the chest almost gone. Tongue clean and moist. Heart sounds improved; murmur much diminished in intensity. Respiration 20. Pulse 95. Temperature 97°. Directed her mixture to be continued, and continued the use of the counter-irritant ointment to the dorsal surface of the chest.

May 23rd.—Greatly improved. Pain gone from region of the heart; dulness diminished by one-half; murmur soft, but still very decided; impulse of the heart improved in strength; chest symptoms improved; the dulness, however, tubular respiration, and distinct voice sounds remaining. Pulse, temperature, and respiration normal. Tongue clean, appetite good, bowels regular. Skin cool and healthy.

Changed her medicine.

℞ Potass. iodidi, ʒi.;
Tr. aconiti, ʒi.;
Tr. cinchonæ, ℥iss.;
Sp. chloroformi } āā ʒij.;
Sp. amm. aromat. }
Infusi cinchonæ ad ℥viij. ℳ.

Two tablespoonsful to be taken three times a day.

May 28th.—Continued improvement, in the sense of general good health, and a return of her strength. No minute examination of the chest made. Quite able to resume her household duties. Medicine repeated and directed her attendance to be continued at dispensary.

I have no further notes of this case, as the patient never presented herself at dispensary as directed. I have seen her frequently passing in the street; she always replies to my inquiries by stating that she feels quite strong and well, and in the enjoyment of good health. She has certainly improved wonderfully in outward appearance. I suggest for consideration in connection with the foregoing case the following points:—

1st. Was not the the attack one of an acute character supervening upon pre-existing chronic affection of the heart and lungs?

2nd. To what was the increased area of heart dulness due.

(a) Pericarditis with effusion?

(b) Obstruction to the blood current in the consolidated lungs, and consequent distension of the right chamber of the heart, in a possibly weak, dilatable state of that organ?

(c) A combination of both effusion and congestion?

3rd. Was the fall in temperature that took place upon the 17th of May due to the action of the mixture prescribed, or was it a natural subsidence?

4th. What was the value of the accentuation of the second sound of the heart as a symptom?

The favourable result of treatment makes the case one of some interest, and therefore worthy of record.

Mr. Cowper-Temple's Bill for removing the disabilities of women to practise came on for the second reading in the House of Commons last week. After considerable discussion the Government gave assurances that at the earliest opportunity they intended carrying into effect the opinions of the General Medical Council on the subject, and the mover on this understanding withdrew his Bill.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 12, 1876.

THE CONJOINT SCHEME FOR IRELAND.

The reiterated recommendation from the General Medical Council in favour of the establishment of a Conjoint Examination for Ireland, and the prospect of a final settlement of the arrangements for a co-operation between the licensing bodies in England have stimulated the leading Irish medical authorities to a renewal of the negotiations which were brought to a precipitate termination three years ago, by an *émeute* amongst the grinders and teachers of Dublin. It will be recollected that the basis of a conjoint scheme had been agreed upon by the University of Dublin, the College of Physicians, the Apothecaries' Hall, and the Council of the College of Surgeons, and that that scheme, so far as it went, had been accepted and tacitly approved by the Fellows of the College of Surgeons. Until the consideration of the curriculum was forced upon the Conference Committee, and until it became obvious to all the world that the redundant lectures and fees required by the Irish College of Surgeons for its diploma must be curtailed to meet the feeling of the public and the competition of other licensing bodies, the negotiations went on tolerably smoothly and a harmonious understanding existed between the Irish co-operating bodies. The moment it became known however, that a clipping of fees was in prospect, the grinders and lecturers flew to arms, and by a unanimous *coup* (carried into effect by means of a resolution of the College of Surgeons and by a subsequent election of its Council) effectually broke up the negotiations and squelched the scheme. The three years which have since lapsed have lent strength to the movement in favour of conjoint examinations, and the conviction has become overwhelming that the selfish interests of institutions or of individuals cannot much longer be permitted to stand in the way of the reforms which every one admits to be inevitable. The University of Dublin has taken the initiative, and appointed Drs. Apjohn and Stokes, and the Revs. Drs. Haughton and Hart to co-operate with the representatives of the Irish Colleges of Physicians and Surgeons in the discussion of the subject. The College of Physicians have appointed the President, Dr. Gordon; the Vice-President, Dr. Hayden; the representative on Medical Council, Dr. Aquilla Smith; and the Registrar, Dr. Finny; and the College of Surgeons have appointed the President (Dr. Kidd), the Vice-President (Dr. Robert MacDonnell), Dr. Macnamara, and Mr. Walshe to meet the other representatives, and to report any understanding which may be arrived at. Should any conclusive arrangement be arrived at, it will necessarily include only the three principal licensing bodies. The Apothecaries' Company have not been invited to join in the negotiations, their pretensions to grant medical licences having greatly impeded former deliberations, and their corporation having been since then practically superseded by the Irish Pharmaceutical Society. The Queen's University has not been taken into council on the matter, because its interests and system are known to be directly incompatible with any reform and its administrative senate hostile to any improvement. The College of Physicians will, without doubt, in spite of the antagonism of Sir Dominic Corrigan and one or two others amongst the Fellows, join heartily in the consideration of the question, and we therefore anticipate a valuable result from the reopening of the question by Trinity College.

It is quite clear that the interests of the Irish grinders and lecturers, the Queen's University and the Scotch colleges, must give way sooner or later before the growing outcry against the medico-educational systems of the United Kingdom. The Government has given a significant hint that its intervention by Act of Parliament is quite possible. On the 9th of March, 1876, Lord Sandon, the Vice-President of the Privy Council, in his place in the House of Commons, said: "If satisfactory (conjoint examination) arrangements are concluded in England, I cannot but hope that they will lead to a like result in the other parts of the United Kingdom. In this state of the case I cannot give any opinion as to what may be the views hereafter of her Majesty's Government as to the expediency or necessity of proposing legislative measures to promote or hasten the general adoption of the Conjoint Scheme." This enunciation unmistakably declares the feeling of the Government that co-operation between the licensing bodies is desirable, and that if the bodies refuse to co-operate, it will be necessary for Parliament to compel them. By a majority of fifteen to six, the Medical Council, at its last meeting, approved and endorsed this view in the following resolution adopted on the 2nd of June:—"That this Council express their regret that up to this time, and after so long a delay, no scheme for an examining board for England, Scotland, or Ireland has yet been put in operation. The Council further desire urgently to press this matter of conjoint examinations upon the bodies whose duty it is to arrange and supervise the medical examinations in the several divisions of the kingdom." This resolution was supported by the representatives of the Crown, and, with the exception of Dr. Aquilla Smith, of all the universities and corporations in England and Ireland. It was resisted by the representative of the Queen's University and the Scotch colleges, whose opposition savours too strongly of trade interests to be worth anything as an expression of professional opinion. The question has now to be decided whether the Irish system of medical teaching is willing to be reformed, or elects to adhere to the old system until disestablishment and disendowment invades its preserves. If, in the next session of Parliament, Government shall have reason to know that voluntary amendment is impossible, it is likely that the Medical Council will not content itself with the further reiteration of its opinion nor the Government with hopes for the future.

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THE PHYSICAL PSYCHOLOGY OF CRIMINALS.

II.

In a previous article we drew attention to a somewhat remarkable address which Professor Moriz Benedikt, of Vienna, has recently delivered on the "Physical Psychology of Criminals," a translation of which is to be found in the current number of the *Journal of Psychological Medicine*. The space at our disposal only allowed us to give an analysis of that address; but the subject is invested with so much interest, both to scientific men and to the general public, that we may be excused for passing a few remarks upon it.

Although materialistic philosophers may now and then push their speculations too far, no unprejudiced person can, when reflecting upon the relationship between mind and matter, come to any other conclusion than that all human inclinations, impulses, and actions—all our emotions and passions—depend more upon the physical organisation and state of the brain than is generally supposed. We have no intention, even if we had the opportunity, of going deeply into this subject, otherwise we should be entering upon the old and fruitless controversy respecting the nature of free-will, human responsibility, and similar abstruse questions; but, nevertheless, we cannot deny that our cerebral constitution exercises a wonderful control over all our thoughts and actions—emotional, moral, and intellectual. It is true that one of the most recent writers on psychology, the eminent physiologist, Dr. Carpenter, is of opinion that will and consciousness are not functions of the brain, but in some way independent of it. But this belief is scarcely consistent with his general admission "that the operations of the mind are in a great degree determined by the natural conditions with which they are so intimately connected," and we doubt whether his views will be shared by other psychologists. We only have to look around us to see every day examples of various manifestations of moral and intellectual aberrations and weaknesses, which all the effects of education, all the force of example, all the pressure of threats and punishment, and all the influence of persuasion, utterly fail to remove. And the consciousness of being under the influence of some peculiar stamp or character of cerebral constitution—a character which seems to cast such a spell over our actions—is often felt more acutely, and often more deeply lamented by the individual under its control than by his relatives and friends. He has ambition to contrive what he has not energy to carry out; passions which he cannot govern, impulses and propensities which he tries in vain to resist, desires which death alone can quench—and withal he feels there is a something over which reason has no control, and before which even his will appears to bow down. Up to the present day that philosophy which traces all abnormal mental manifestations to a purely physical source has, by the great bulk of mankind been only allowed in the case of insanity and certain well marked diseases of the brain. But there was a time when the physical origin of insanity was scarcely admitted, when that more delicate part of our cerebral organization which administers to our mental and moral faculties was thought to be exempt from physical changes, when the maniac was thrust from society, not so much from a feeling of self-preservation, as from the idea that he was suffering from a purely physical or mental derangement, by which he forfeited the sympathy and attention usually accorded to all other maladies, and when, consequently, those who stood in most need of pity and protection, got the least, and were often treated more like malefactors than invalids suffering from a curable disease. And the time may come when, on the same principle which has done so much for the treatment of the insane, a truer appreciation of the nature and constitution of man, and a more enlightened humanity will induce us to side with the learned Vienna Professor in limiting the domain of human responsibility "incomparably more than is the case in positive legislation," in regarding the impulse of criminal or immoral natures in the light of natural laws, in entertaining the opinion that a deficient cerebral organization lies at the foundation of the immoral propensities and acts of criminals, and finally in sanctioning some alteration in our penal code, so as to place the criminal either in such a position as will permanently cure him of his evil propensities, or, if incurable, will, without resorting to capital punishment, debar him from ever again outraging the interests of society. But when Professor Benedikt asks us to believe that the abnormal organisation or constitution of the brains of criminals is of so gross and permanent a nature as to be recognised after death, we must certainly hesitate to go with him any farther. And our hesitation is the more justiable when he further asserts that this deficient cerebral organisation is attended by a corresponding alteration in the shape of the skull, and that this alteration is so visible as to enable us to announce during life-time the probability of existence of cerebral abnormities. In the first place, we are not satisfied with the data from which the above inferences have been drawn. It is, indeed remarkable, that the examination of four criminal's brains should have revealed one after the other such cerebral abnormities as Professor Benedikt describes, but before any satisfactory conclusion could be arrived at on the subject, a much larger number of examinations would have to be made, and the results compared with those obtained from an examination of an equally large number of brains furnished from the lower but non-criminal classes of society. And then the inferences drawn from an examination of the skulls of the 365 murderers in the Illanda prison are open to serious objections: The conformation of the craniums in the majority of these prisoners were, according to the Professor's observations, very remarkable; but it is not stated that careful examination was made of a large number of crania taken from that class of the community to which murderers usually belong. We have only the assertion that "the highest degree of occipital brachycephalia in normal persons—namely, outside the prison—is very rare, and the medium degree appears in very few." In such an investigation much would depend, as we have just hinted, upon the class of individuals among which it was conducted. For amongst the poorer inhabitants of large cities it is very probable that the defective physique and mental training which has been handed down from one generation to another would be found to be often acompanied by a less normal and symmetrical shape of the head than that which obtains among the more elevated and more highly educated classes of society. Then, again, as there was no opportunity of examining the brains of those 365 murderers, we cannot say whether, in one single instance, these supposed characteristic forms of skulls were accompanied by a corresponding variation in the conformation of the brain itself. It was just in this respect that the old phrenology most egregiously broke down. It was found—and we may here remark that the skulls of criminals were favourite illustrations with the old phrenologists—that protuberances or flattenings in the cranium were far from being invariably attended with a corresponding hollowing or prominence of the internal surface of the skull, and still less with a corresponding alteration in the shape of the brain beneath it. In the case of the criminals at Ilkander, Professor Benedikt and his friend were particularly struck with the want of prominence of the external occipital protuberance, and with the flatness of the occiput. This fact, however, even if verified by further observation, can have no significance apart from a corresponding deficiency in the development of the cerebellum and posterior lobe of the cerebrum. But not only has this cerebral deficiency not been made out, but the probability is that a careful investigation would fail to discover any such association. Professor Retzius, of Stockholm, has adduced the best anatomical evidence to show that the size of the cerebellum in those races of mankind among whom the greatest difference in the occipital projection obtains (such as the prognathous negroes and the pyramidal-skulled Asiatics) bears no relation to the degree of projection of the occiput, for the plane of this organ being somewhat oblique in the elliptical skull is horizontal in the prognathous, and nearly vertical in the pyramidal, while the size and anatomical relations of the organ are not in the least degree affected by this difference in its position. Now, what is true with respect to races in which there are such marked differences in the respective conformation of their occipital bones may be also true with respect to individuals, and the same remarks that have been made with regard to the cerebellum also hold good when applied to the posterior portion of the cerebrum.

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Notes on Current Topics.

Death from Chloroform.

On Wednesday last Mr. Norton was about to remove a fibrous tumour from the palate of a robust and healthy man, about forty-five years of age, in the operating theatre of St. Mary's Hospital. The patient was advised not to take chloroform, as the use of an anæsthetic would be inconvenient during the operation, and the risk would be increased by the blood passing into the larynx. The man, however, refused to have the operation performed without an anæsthetic, and as ether was not available in consequence of the rapidity with which its effect passes off, chloroform was administered by the gentleman attached to the hospital in the capacity of chloroformist. Before the patient was sufficiently under the influence of the drug for the operation to be commenced respiration suddenly ceased. Every known means of restoring animation were employed, but without success.

The Surrey Coroners.

The Surrey magistrates have recently had before them at the Sessions House an application from the Finance Committee for an increase to be made to the salaries of the coroners. It was proposed that the salary of Mr. Carter be raised from £1,170 to £1,442 per annum. During each of the past five years Mr. Carter had held 830 inquests, as compared with 673 at the last average. One of the magistrates wanted to know whether the district could not be divided, as it was impossible for one man to hold 830 inquests and properly to perform the duties. The Chairman (Mr. Penrhyn) said the Court had no power to divide the district. The office of coroner had been under the consideration of the Government, and Parliament would deal with the subject. The increase in the salary was allowed.

Eight Guardians committed for Refusal to carry out the Vaccination Act.

The Local Government Board having obtained a rule *nisi* for an attachment against the eight Keighley guardians who object to vaccination, summonses were served on them to appear in London. On leaving Leeds they were cheered by a large and noisy crowd of anti-vaccinators, who attempted a kind of demonstration.

The Solicitor-General applied to the judges of the Queen's Bench Division to make a rule absolute that had been granted against eight of the members of the Keighley Board of Guardians, who from time to time had refused to put in force the Vaccination Act. A mandamus was issued, upon which they passed a resolution to put the Act in force, and returned the writ that they had obeyed. Subsequently they rescinded that resolution, and another writ had to be issued, and as they declined to obey it the present rule called upon them to show cause why they should not be committed to prison for contempt. The defendants, in reply, said they entertained conscientious convictions against the Act, and declined to carry it out. The Lord Chief Justice said it was their duty to obey the law, and of this court to enforce it. If they objected to the Vaccination Act they should use means to get it repealed. The Court therefore ordered them to be committed for contempt, and it would be for the Crown to have it carried into execution.

Croup and Diphtheria.

The committee appointed by the Royal Medico-Chirurgical Society to consider this question, have issued a circular to the Fellows and others defining the terms croup and diphtheria, and requesting them to embody the results of their observations and experience in the form of replies to a number of questions appended.

"1. Diphtheria is a contagious specific disease, which is accompanied by the formation of false membrane in the pharynx, air-passages, and elsewhere.

2. Croup is a disease accompanied by the formation of false membranes (mainly in the larynx and trachea), the origin of which is in question. No case is to be spoken of as an example of croup in which false membranes were not observed either during life or after death."

"1. Is your field of observation situated in an urban or a rural district, or partially in both? 2. What is the nature of the locality as to climate, soil, elevation, proximity to the sea, or to a river; or as to the drainage or overcrowding of any part of your district? 3. Have any of these conditions appeared to you to exercise an influence on the prevalence of either form of disease? 4. At what seasons of the year does either form chiefly prevail? Do they prevail simultaneously, either sporadically or epidemically; or may epidemics of the one be distinguished from epidemics of the other? 5. In connection with what other diseases do they prevail; either with influenza or bronchitis, on the one hand, or with angina tonsillaris, or other forms of sore-throat, measles and scarlatina, or other specific disease, on the other hand? 6. Have you observed cases of croup setting in with catarrhal symptoms, unattended by difficulty of deglutition, or by deposit of false membrane on the fauces, to be associated with albumen in the urine or followed by paralysis? 7. Have you seen in the same family, at the same time, cases of croup in one member and of diphtheria in another; and have you any evidence to show that membranous croup is contagious, and capable by its contagion of producing diphtheria? 8. Taking the pathological fact of false membrane limited, or chiefly limited, to the larynx and trachea, what evidence can you adduce as to its origin, on the one hand, in the specific poison of diphtheria, and, on the other, in a definite exposure to cold, or any other cause of ordinary inflammation? 9. If you believe the two diseases to be identical in nature, on what reasons do you chiefly rely in forming your opinion? 10. If you have any hospital experience, or experience derived from a large school, will you be pleased to give the Society the benefit of it?"

Meeting of the British Medical Association at Sheffield.

The meeting will be held on Tuesday, August 1st, and three following days.

Dr. Sievking will deliver the Address in Medicine; Mr. Favell (Sheffield) in Surgery; Dr. Carpenter (Croydon) in Public Medicine.

There will be be a *Soirée* in the Weston Park Museum on the Wednesday, Public Dinner on the Thursday, and a Promenade Concert in the Albert Hall on the Friday.

The following is the programme of Excursions:—

Wednesday, August 2nd.

3 P.M. Messrs. Cammell and Co. will roll a large Armour-Plate, and invite the Association to witness it, and afterwards inspect their famous works.

Thursday, August 3rd.

11 A.M. Thomas Firth and Sons will forge a large Gun, and afterwards show other objects of interest.

Friday, August 4th.

I. Excursion to Wortley by road. Lord Wharncliffe invites 100 members of the British Medical Association to lunch, and to inspect the Collieries, &c.

II. Excursion to Wentworth House; by invitation from Earl Fitzwilliam.

Saturday, August 5th.

I. Excursion to Chatsworth and Haddon Hall, Derbyshire; by rail over the moors, sixteen miles. Invitation from the Duke of Devonshire for 100 to lunch at Chatsworth at 1 P.M. Mrs. Wrench's Garden Party at Haddon Hall (by permission of the Duke of Rutland), from 4 to 6

II. Excursion by rail to Matlock and its neighbourhood. Dinner at New Bath Hotel.

III. Excursion by rail to Buxton, through some of the finest scenery in Derbyshire. Invitation for limited number to lunch from medical men at Buxton. Inspection of the Mineral Baths, Bath Charity Hospital, &c.

Daily, in Sheffield.

From 2 to 5 P.M. Joseph Rogers and Sons invite inspection of their famous Cutlery works.

James Dixon and Sons invite inspection of their Electro-Plate works.

Royal College of Surgeons of England.

ON Thursday last the election of the Members of Council took place. Mr. Holden, Professor Humphry, and Mr. Simon were re-elected. Of the new candidates, Mr. Wheelhouse polled 116 votes, Mr. Adams 64, and Mr. Hussey 35. Mr. Wheelhouse, of Leeds, was therefore declared the new member of the Council.

Non-compliance with the Vaccination Act.

A QUESTION was asked in the House of Commons by Sir Charles Forster in reference to proceedings taken by the Walsall Union on seven separate occasions, against a man for non-compliance with the Vaccination Act. Mr. Sclater-Booth said in reply, that it was an unfortunate matter, and that the Local Government Board had suggested that if an individual were convicted more than once, it was questionable whether repeated prosecutions would ensure the vaccination of the child, and therefore it became a matter for consideration whether it was advisable to prosecute more than a second time. At the present time the punishment for non-compliance with the Vaccination Act is interminable, so that ultimately every child is vaccinated, unless by chance it escapes the viligance of the authorities; but if the suggestion of the Local Government Board should be carried out there will be a definite alternative—either the child must be vaccinated or so much money must be paid, or a corresponding punishment by imprisonment must be endured. There are doubtless numbers who would willingly purchase a martyrdom at such an insignificant price, and the result would be that many children would escape vaccination, a matter to be regretted as much for the sake of the children as for those with whom they might come into contact, should small-pox present itself in the locality.

If, as suggested, that after the failure of two convictions, further prosecutions will not ensure vaccination, then it will be better to increase the punishment, or by police regulations to enforce the vaccination of the child, notwithstanding prohibition by its inhuman parent. It might be objectionable to resort to force—to trample upon "liberty of the subject;" but the liberty of the subject cannot be understood to mean freedom to injure another.

"Red Tickets" under the Irish Poor Law.—Important Decision.

A MOST important and valuable enunciation of the law has been obtained at the Monaghan Quarter Sessions last week, by which the Poor-law Guardian who issues a "red" or visiting ticket to a person who is not a fit subject for poor relief, is fixed with the liability to pay the doctor's fees when the ticket has been cancelled. Although the number of cases in which visiting tickets have been granted to persons quite capable of paying for medical attendance has been legion, the liability of the person who grants the ticket or of the person who receives it has never been hitherto put in question, it being understood that nobody could be made responsible to pay for services rendered in the discharge of public duty, no matter whether those services were or were not legally demanded. The chairman of the Monaghan Quarter Sessions has decided to the contrary, and has ruled that, though the recipient of the relief cannot be made to pay, he not being the person who ordered the doctor's attendance, the guardian who issues the ticket may be held responsible if it can be shown that the ticket was issued to an improper person. The action was taken by Dr. Woods, of Monaghan, against the defendant Crumley, a publican, who issued a red ticket to the wife of a schoolmaster who, admittedly, was earning £75 a-year, and had other means. Out of five tickets issued by the defendant three were cancelled by the committee, and he admitted that he issued tickets to "every one," and "could not go round and find out who was poor and who wasn't." The Poor-law Guardian has been ordered to pay the doctor, and this decision, if placed beyond dispute, used with judgment and not over-strained, ought to be potent towards putting a stop to the gross abuses of the poor-law which prevails in a majority of districts in Ireland. It must, however, be borne in mind that, as far as the present decision goes, no proceeding can be instituted for recovery of fees until the ticket has been cancelled by the committee, and there will be, undoubtedly, much hesitation on their part in cancelling the ticket wherever it was understood that by so doing they lay open their brother committee-man to an action at law.

It will be for further debate whether the cancelling of the ticket is a necessary preliminary to the legal proceedings.

Rabies Successfully Treated by Woorara.

THE *Veterinary Journal* for July states that Offenberg, in his recent inaugural dissertation at the Berlin Hospital, gives the case of a girl, twenty-four years of age, who had been bitten eighty days before by a dog supposed to be rabid. Injections of morphine and the inhalation of chloroform having been used without benefit, seven injections of woorara, amounting in all to three grains, were given in the course of five and a-half hours. First the muscles became steadier, then the convulsive seizures less frequent, the dread of water and the pholophobia disappeared, and the voice improved. Some symptoms of paralysis now appeared, which reached their maximum the following day. On the second day there was a slight relapse of the symptoms of rabies, which was checked by an injection of a little less than half a grain of the woorara. The patient recovered slowly, a certain degree of weakness and sluggishness, and especially weakness of sight, remaining at the end of two months. There was inflammation, but no suppuration, at the points of injection.

Memorial to the late Dr. E. A. Parkes, F.R.C.P., F.R.S.

A PUBLIC meeting in aid of the memorial fund will (by permission of the Council) be held at University College, Gower Street, on Tuesday, July 18th, at 3 p.m., Sir William Jenner, Bart., K.C.B, F.R.S., D.C.L., &c., in the chair. W. R. Gowers, 50 Queen Anne Street, W., and G. V. Poore, 30 Wimpole Street, W., are appointed hon. Secretaries.

A general committee has been formed composed of his Grace the Duke of Westminster, K.G., the Right Hon. the Earl of Derby, the Right Hon. the Earl Granville, K.G., the Right Hon. Lord Aberdare, the Right Hon. Lord Belper, the Right Hon. Gathorne Hardy, M.P., the Right Hon. Robert Lowe, M.P., Sir William Jenner, Bart., K.C.B., F.R.S., Sir James Paget, Bart., P.R.C.S., Sir W. Gull, Bart., F.R.S., Sir Henry Thompson, Professor Acland, F.R.S., G. Aitchison, Esq., Professor Aitken, F.R.S., R. Quain, Esq., F.R.S., Professor Russell Reynolds, F.R.S., Professor Sharpey, F.R.S., Dr. Sieveking, Surgeon-Major De Chaumont, Professor Erichsen, F.R.S., and about fifty other leading members of the profession.

The attention which hygiene is now receiving in this country is due in no small degree to the labours of Dr. Parkes, who was the first to deliver a systematic course of lectures on the subject, and it is hoped that a sufficient sum may be collected to establish at University College a museum and laboratory of hygiene similar to those now existing at the Army Medical School, Netley.

There is at present no museum of hygiene or sanitary science in London, and it is felt that the establishment of such a museum would prove a great boon, not only to the members of the medical profession, but also to engineers, architects, and others, who are interested in sanitary progress.

Increase of Small-pox in London.

IT appears that fifty patients suffering from small-pox have been received at the Stockwell Hospital during the past fortnight, four have died, and seventy yet remain in the hospital.

The report of that hospital shows that the increase of the epidemic is somewhat alarming, forty-one cases have been admitted during the week. They come mostly from the South of London, and are unfortunately of a malignant type. The Homerton Hospital is to be at once opened.

The Contagious Diseases (Animals) Act, 1869.

THE Privy Council have appointed the following gentlemen to be inspectors for the purposes of the above-mentioned Act:—William Wilkinson Smart, M.R.C.V.S., James Thomas Handy, M.R.C.V.S., and Joseph Henry Irish, M.R.C.V.S. The following gentlemen have ceased to be inspectors of the Privy Council for the purposes of the above-mentioned Act:—Adolphe Harrison Thomas, M.R.C.V.S., and Neville Bruce, M.R.C.V.S.

Double Conviction of an Unqualified Practitioner.

AT the Chelmsford Petty Sessions, on the 16th ult., Mr J. J. Young, who has been practising at Chelmsford as a physician and surgeon since the commencement of the present year, was summoned at the instance of the Medical Defence Association, under the fortieth section of the Medical Act, 1858, for that on the 8th of January last, he did "unlawfully, wilfully, and falsely, pretend to be, or take or use the name or title of Doctor of Medicine, physician or surgeon." The case was conducted by Mr. Pridham, solicitor to the Association, who called witnesses to prove that on the above date, the defendant caused an advertisement to be published in the *Essex Newsman*, in which he described himself as a physician and surgeon. The defendant's solicitor contended that his client was what he described himself to be, although his name was not on the *Medical Register*. The Bench considered the charge proved; and, as it was shown that he had been previously convicted of a similar offence at Ipswich, a fine of £15, in addition to costs amounting to £5, was inflicted. The defendant pleaded for a mitigation of the penalty, on the ground that a summons from another court was hanging over his head under the Apothecaries' Act; but the magistrates stated that they had nothing to do with any other court, and refused to reduce the fine. The money was at once paid. On the following Monday, the same defendant was sued at the Chelmsford County Court, under the Apothecaries' Act, for illegal medical practice; and the full penalty of £20, exclusive of costs, was recovered. The above is stated by the *Student's Journal* to have been the first case in which the Medical Defence Association has been able to get sufficiently conclusive evidence to justify prosecution under the Medical Act of 1858.

The Irish Registrar-Generalship.

THE *Civilian* learns that the Lord Lieutenant of Ireland has appointed Dr. W. M. Burke "Assistant Registrar-General," and that he will shortly be promoted to the full office of Registrar-General—on the resignation of Mr. Donnelly, who has held that office since 1844, and whose declining health has rendered him, for some time past, unable to attend to his official duties. The office held by Dr. Burke, that of Medical Superintendent of Statistics, will not be filled up, the Government will thus save the salary of £700 per annum, attached to it, out of which ample compensation by way of increase of salary should be made to the Chief Clerk, Mr. Wilkie, for all the chance of further promotion in the department being for ever shut out from him. Dr. Burke's appointment will give the greatest satisfaction to the public, the medical profession, and the Civil Service generally. In Dr. Burke's case we are glad to find the fact exemplified, that faithful discharge of official duties is quite consistent with kind and generous treatment of subordinates. We believe for the future the Registrar-Generalship will be given to a member of the medical profession, as there will be no "medical superintendent" in the department.

We heartily endorse the opinion thus expressed by the *Civilian*. The MEDICAL PRESS announced Dr. Burke's promotion and the changes in the Irish Registration office more than a month ago.

The New Pharmacopœia.

The Executive Committee of the General Medical Council met last week, in order to carry out some of the resolutions remitted to them by the general body. One of these referred to a new edition of the Pharmacopœia, the last of which is nearly out of print, and it was decided to issue another with all possible speed. As there will be no additions or alterations (except clerical) it is expected the work will be out in October next.

Education at a Discount.

At the last meeting of the Executive Committee of the General Medical Council, it was decided to advertise the appointment of Registrar, vacant by the resignation of Dr. Hawkins—who has held the post since the formation of the Council—in the four leading medical journals, and one lay newspaper. It is well known that if employers of mechanical labour want good, honest workmen, they have to search very diligently indeed to find them. Mechanics and labourers of very doubtful reputation have no difficulty in finding employment, whilst the services of men of education and clerks are at a decided discount. We have heard of firms in the City and elsewhere getting applications by the hundred for the appointment of clerk at less than £100 a year, whilst in one instance over five hundred applied for a secretaryship at £250, including men of birth and education, half-pay officers, &c., with the highest testimonials and recommendations. The cause of this educational—we might almost say—degradation, is not far to seek, but into this it is not our province or intention to enter. Rather do we regretfully ask ourselves, what will the effect be when a *bonâ fide* advertisement appears in public print of an appointment worth £500 a year, and short office hours, and this be it understood not confined to medical men? To the nine hundred and ninety-nine unsuccessful applicants out of a thousand —there are sure to be as many—we offer our sympathies in advance. It is not a *bespoke* office; from the character and position of the gentlemen to whom is delegated the decision, we are confident that the best man, according to their judgment, will be selected. Let us charitably hope that, whoever he may be, he may occupy the position as long and honourably as his predecessor, and not give occasion to put another thousand educated men in a flutter of expectation of £500 a year for some years to come.

A Dangerous House.

One of those so-called "Medical Halls," of which there are so many in London, belonging mostly to quack doctors, gained for itself such a notoriety last week as will not improbably lead to its extinction. From the evidence given at the Marlborough Street Police Court on Saturday it appears that Mrs. Snoxell, the wife of a blindmaker, the Thursday evening previously sent out a lad with directions to procure 1oz. sal volatile from the nearest chemist. The lad, by mistake, went to this "Medical Hall," and was served with something, upon his request to be supplied with sal volatile. When the lad returned with the stuff, complainant administered so many drops to her son, who had complained of severe headache. He was immediately taken with a kind of convulsion, almost suffocated, and remained all night in such an alarming state, that, although attended by a medical man, it was doubtful whether serious results would not take place. She therefore asked the magistrate for a summons against the person who sold the lad the pernicious article in place of the comparatively innocuous drug he asked for. The summoning officer said the place was notorious. There were outstanding complaints against it. An officer reported that the lad had identified the person who had served him, that person being more like a labourer than a medical assistant. If we mistake not, this is the house which was kept by the notorious quack Bell, and so fearlessly exposed by Mr. Courtenay in his book, "Revelations of Quacks and Quackery." That such a place is dangerous to the public and a scandal to our laws no one will attempt to deny. Whatever the ultimate results of the magisterial inquiry now being instituted, the individual concerned, whoever he may be, may congratulate himself that he is not in the dock upon the capital charge, the life of the child being at one time in imminent danger from the poison which had been sold.

Prosecution under the Medical Act.

A man named Walton, of Shadwell, was summoned at the instance of the East London Medical Protection Association for having falsely pretended to be a doctor of medicine and surgeon. A detective said that he took a note of certain inscriptions on the doors and windows. On the front door, and on a board inside the window was painted "Dr. Walton." The defendant was not mentioned in the "Medical Register" for the present year. The defendant said his name was Thomas Spiller, but he represented a firm named "Dr. Walton." He contended there was no proof that he had called himself a qualified medical practitioner. The magistrate fined him £20 and costs.

Adulteration of Whisky with Sulphuric Acid.

A Greenock publican has been fined £10 for selling whisky adulterated with sulphuric acid to such an extent as to be, in the opinion of the local analyst, injurious to health; the report was confirmed by an analysis made at Somerset House. It was stated by the Procurator Fiscal that many complaints had recently been made regarding the quality of the whisky supplied to sailors and marines at the shops in Greenock, and that lately several of the crew of H.M.S. *Aurora* had been taken seriously ill from the effects of drinking the adulterated liquor.

Lunatic Asylums in Scotland.

As an instance of how the public "jump at conclusions" upon insufficient data was shown a second time in one sitting of the House of Commons last week. We have referred to Mr. Dillwyn's motion on the Lunacy Laws elsewhere. Another member had got hold of a notion which he put forward as a fact in the stereotyped fashion. His (Mr. Ramsay's) attention had been called to the evidence given by the proprietor of a private lunatic asylum in Musselburgh, when he was examined as a witness in an action in the Court of Session, who stated that business men had been put into his asylum to avoid the Bankruptcy Court, and ministers to avoid trial by their presbyteries.

The Lord Advocate, replying, said the statements in question had been thoroughly investigated by the Commissioners of Lunacy in Scotland, and the witness, Mr. Chalmers, gave them two cases in support of his evidence. It was found that in each of those cases the certificates had been given by medical practitioners of high reputation, and that one of the men had been detained a year, while the other was still under restraint. The Commissioners reported that they had never had the smallest reason to suspect the good faith of any medical man who granted certificates in cases of insanity, and in their opinion the evidence given by Mr. Chalmers could only be accounted for by the imperfect acquaintance of a man untrained in medicine with the manifold aspects in which the malady presents itself.

The Lunacy Laws.

Doubtless Mr. Dillwyn was actuated with a becoming spirit when he brought forward his motion in the House of Commons on Friday last. We believe it is the desire of every member of that august assembly to introduce only those matters which concern the public good; how often they fail for lack of proof of the grievances they seek to remedy, from a knowledge of one side only of a question, or the riding of a hobby with which other members have no sympathy, is notorious.

In submitting his motion—"That, in the opinion of this house, those laws do not afford sufficient safeguards against illegal incarceration, and the maltreatment of lunatic patients"—the honourable member very forcibly illustrated the axiom that "a little knowledge is a dangerous thing." He said he had been led to inquire into the working of the lunacy laws, and he was satisfied that these laws were loosely administered with regard to the treatment of lunatics generally, and that the laws themselves were inherently bad, as they did not afford proper protection to lunatics, but rather gave facilities for their improper detention. He believed that the enormous increase in the number of lunatics which had taken place throughout the country was attributable to extreme laxity in the administration of the laws. Pauper lunatics and paid lunatics were on a very different footing. A pauper lunatic could not be incarcerated except in a public asylum on the warrant of a public authority, but a paid lunatic could be committed to a private asylum merely on the certificate of two doctors. Now he thought that in the case of the committal of all lunatics there should be the intervention of some public authority. The next point which he wished to impress upon the house was the desirability of doing away with private asylums altogether, for he considered it perfectly monstrous that the keeper should be the man who had the power of deciding whether a person under his charge should be released or not, when he had a positive interest in detaining him. The state of the law was so bad that he (Mr. Dillwyn) had felt bound to take up the question, and had at first thought of moving for the appointment of a select committee to investigate the matter, but he had not had the opportunity of so doing, and had come to the conclusion that the best course which he could pursue was to bring the subject before the house in the way he had now done. He did not suppose that it would be possible to get rid of private institutions at once, but trusted that their extinction would not be long delayed. That the house did not entertain Mr. Dillwyn's views was shown by the numbers present being insufficient to form a quorum. The Lunacy Laws are sufficient for all purposes, notwithstanding the argument expressed to the contrary. As to the abolition of private asylums, the public are not at all likely to submit to this so long as they are under the supervision of competent visitors, as at present.

Vivisection Cruelties.

An evening contemporary, the *Globe*, directs our attention to one of the most reprehensible acts of cruelty it is possible to conceive, and which out-Herods experimental physiology, but which neither county magistrates nor jurymen could be found to condemn. It appears that a practice exists in the north of England to which the Society for the Prevention of Cruelty to Animals might direct their attention.

"Two men were recently charged with malicioully wounding three sheep, the property of a farmer named Murray. About the facts of the case there was a little dispute. The evidence conclusively proved that the prisoners had cut away the feet to such an extent that the unfortunate animals could not walk. Mr. Murray stated that one of them was so badly wounded that he believed it would have bled to death if left to itself. For the defence it was contended — and the evidence unquestionably supported this view of the subject — that it is a common custom in Cumberland to pare sheep's feet to prevent trespassing. In the case in question, the three animals were caught on land belonging to Mr. Murray's neighbour, Major Thompson, and the two men, who were in the employ of the latter gentleman, thought themselves justified in applying the local remedy for straying proclivities. On the first occasion of the matter coming on for trial the jury could not agree, and were dismissed without delivering a verdict. The case was retried on the 26th ult. at Carlisle, and, after taking exhaustive evidence about the local practice in such matters, the jury acquitted both prisoners. Cumberland law would thus seem to affirm the eccentric principle that it is legal to maim animals that are found straying on land not belonging to their masters. This is the legal aspect of the decision, and a very curious one it is. From a humanitarian point of view, there appears even more reason for calling in question the verdict of the twelve wise men of Carlisle. A horse and cattle doctor, possessing 36 years' experience, gave the following testimony as to the nature of the injuries inflicted on the three sheep. 'Two of them had their feet cut to the centre; the sole being completely cut away. Matter was oozing from the feet of both. The third had its hind feet cut in a similar manner to the others. The whole lot were so badly cut that they were not likely to recover for several weeks.' As no attempt was made to rebut this evidence, it may be taken for granted that the facts were as stated. The only defence consisted in a plea of justification by custom, coupled with the high characters for humanity that were given to both prisoners. This latter is almost invariably a feature in cases of alleged cruelty to animals, and the evidence on that head may therefore be taken for what it is worth. The point really maintained in this connection by the jury's finding is, that to pare away sheep's feet to the core and then leave the victims bleeding to death on the ground does not constitute cruelty to animals in Cumberland."

Insolatio.

A case of sunstroke terminating fatally has occurred at Brighton. A young man, a carrier by trade, whilst waiting in a van exposed to the sun, fell down insensible under its influence and shortly afterwards died.

Small-pox is somewhat less prevalent in Manchester and Salford, though still epidemic; there were 18 deaths last week.

At Taunton, Frederick Culliford, a herbalist, of Crewkerne, was sentenced to 12 months' imprisonment for witchcraft.

Addenbrooke's Hospital, Cambridge, is to be immediately enlarged by the addition of a new wing at a cost of £3000.

Liverpool seems to be on the verge of a severe small-pox visitation. The deaths from this disease suddenly rose last week to 17, and it is feared fatal cases are on the increase.

At the Manchester Police Court, a milk dealer, in Welcomb Street, Hulme, was fined for keeping his house open for the sale of milk whilst a member of his family was suffering from small-pox.

An action for libel is being tried before the Court of Common Pleas in London between the surgeon (plaintiff) and captain (defendant) of one of the large ships belonging to the Union Company.

The annual general meeting of the Medico-Psychological Association of England will be held at the Royal College of Physicians, Pall Mall, London, under the presidency of William H. Parsey, M.D., on Friday, July 28th, 1876, at 11 a.m.

In the House of Commons on Thursday last, in reply to Mr. O'Leary, Mr. Hardy stated that the claims of no senior surgeon-major of the army who possessed proper qualifications would be passed over in the selections for promotion to the rank of deputy surgeon-general, but regard would be had in granting promotion to the cases of men who had displayed surpassing ability.

On Thursday last, Mr. Hardy stated, in reply to Dr. Playfair, in the House of Commons, that he had no doubt the promised warrant for militia surgeons would be issued during the present session in time to receive the consideration of Parliament. It had been approved by the Treasury, and only awaited the signature of her Majesty.

Surgeon-Major W. Collis, of the 3rd Buffs, has presented a very interesting collection of weapons and projectiles, from the late seat of war in the Malay Peninsula, to the Museum at Netley. The weapons consist of Malay spears, swords, kreases, and knives of various forms. All the weapons and knives were taken in action at Kota Lama, on the right bank of the Perak river, on the 4th January last.

A large deputation from the Poor-law and medical officers of his late district, in the north of Ireland, waited on Mr. O'Brien, Local Government Inspector, at his residence in Dublin, and presented him on behalf of their body with a farewell address, expressive of the universal regret felt at his removal to another sphere of duty, accompanied by several valuable pieces of plate and works of art, in commemoration of the event.

Mr. E. G. Alabone, a surgeon, residing at Earlswood House, Richmond Road, Hackney, committed suicide last week with prussic acid. Deceased was a man of very intemperate habits, and in consequence of his conduct his daughter had on the evening of the 3rd inst. threatened to remain no longer in the house, and went to the gate to call in a policeman. The deceased passed her, and when he had gone a short distance he fell and expired in a few minutes. The jury returned the verdict "Suicide while of unsound mind."

Several cows belonging to three farmers living in the parish of Glounstane, near Mallow, were lately attacked nearly simultaneously with "charbon," or "malignant pustule," and before anything could be done to relieve them four of them died. Some of the intestines of one of the animals that died were cut up and given to ducks, which lived a very short time after eating them, so the disease must have been a very poisonous one. The police had the carcases buried, as the disease is highly contagious and fatal.

A return made by Mr. Simon states that the following reports are in preparation with a view to their being laid before Parliament:—Two reports by Dr. Klein on the intimate morbid changes occurring in scarlatina and in the enteric fever in swine; a further report by Dr. Sanderson on the process of fever, particularly with reference to the constitution of the pyrogenetic ferment in septic infection; a further report by Dr. Creighton on anatomical studies with reference to cancer; and a further report by Dr. Thudichum on the chemical constitution of the brain.

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Correspondence.

ENGLISH SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—An article appeared in your paper of June 14th under the heading of "English Surgery," relative to the death of Captain Leader, which article I was more than surprised to read, inaemuch as almost the whole facts of the case were entirely mis-stated and grossly incorrect. Consequently the public have got a most erroneous idea of the true facts of the case, which are simply these. About the end of April last Captain Leader was in Dublin, where he consulted Mr. Butcher and Mr. Porter for a disease of a surgical nature, which he suffered from for some years. Both of those surgeons told him he had but a short time to live, and they would not do anything for him. On hearing this, which required that great amount of moral courage and wonderful pluck which Captain Leader possessed for any man to have been able to bear up against, he determined on going over to London, and having further advice, a determination I strongly recommended him to carry out at once, believing and telling him an operation could and would be performed which, if it did not cure him altogether ("and which there was a good chance of its doing "), it would certainly have prolonged his life very much.

In the commencement of May he consulted Sir Henry Thompson, Sir James Paget, and Mr. Erichsen, who were unanimous in advising an operation, and on the 11th of May Sir Henry Thompson operated and removed the whole of the local disease completely and perfectly, and not, as stated in your report, "only a small part of it." The wound was healing so rapidly, and the patient doing so well, that he took food abundantly, and walked into an adjoining room on the tenth day after the operation, having all the appearance of a rapid recovery. So far from dying "within a day or two" of the operation, it was not until the date just named that he showed symptoms, at first slight, afterwards increasing, of pyæmia, or blood-poisoning, a condition which all medical men know may and does occasionally occur after any operation, whatever its nature, and which is wholly unconnected with the character of the disease, or the special operation undertaken for its removal. This complaint carried off Captain Leader on the 23rd day after the operation in question.

I shall feel obliged by your inserting this in the next issue of your paper, as I think it only fair to the English surgeons concerned in the case.

I remain, Sir, your obedient servant.
R. Radley Leader, M.D.
Keale House, 26th June, 1876.

[The statement to which our correspondent refers was corrected in the succeeding issue of the Medical Press and Circular (June 21st) by the following paragraph:—

"In our last issue the circumstances of a case were narrated in which an operation had been performed by London surgeons upon a patient whose case had been declared hopeless and entirely unsuitable by the highest surgical authorities in Ireland, the result being speedy death to the patient. The case thus referred to was that of the Rev. Mr. Longfield, of the county Cork, and though intended merely as an illustration of the same method of practice which is stated to have been pursued in the more recent case of Captain Leader, it was inadvertently made to appear as a statement of the circumstances attending the latter gentleman's death. The facts as stated by us last week are accurately true as regards the Rev. Mr. Longfield. In Captain Leader's case the disease is stated to have been cancer of the testis, extending up the cord, and capable of being felt in that position and up in the iliac regions, by the surgeons and the patient himself. He was seen, after attendance by the local practitioner, first by Mr. Butcher, and afterwards by Mr. Porter, the two highest surgical authorities in Ireland, who concurred in opinion as to the hopeless extent of the disease, and strongly advised against any operation. Nevertheless the patient was operated on in London, and with a fatal result. We are ourselves cognisant of more than one case in which patients declared by a concurrence of the best ophthalmic opinions in Ireland to be hopelessly blind, were operated on in London, apparently without hesitation, and certainly without the least benefit. As we have said, these cases, and others of similar import, have created in Irish surgical circles an unpleasant feeling."

We believe that the facts are correctly stated in the forgoing extract. There was, it appears, a difference of opinion between the Irish and English surgeons, the view expressed by the former being fully justified by the fatal result of the case. We are not called upon to decide in such a dispute, and have only to record the fact that the operation which was condemned by the Irish surgeons was performed in London with fatal result.—Ed. M. P. & C.]

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THE VIVISECTION BILL.

The largest and most influential deputation of the profession we ever remember to have seen gathered togeth for this or any other purpose was attempted to b crammed into the smallest and most inconvenient room in the Home Office on Monday afternoon, to urge upon the attention of Government, through the Home Secretary, Mr. Cross, the necessity for further alterations and amendments in the Vivisection Bill, now called "The Cruelty to Animals Bill." We observed among those present Mr. Torrens, M.P., Mr. Mitchell Henry, M.P., Sir William Jenner, Mr. Simon, Dr. Quain, in short, the heads of the profession in town and country, to the number of two or three hundred. The deputation was introduced by Mr. Hart, who read letters of apology from Sir James Paget, Sir Thomas Watson, and others, and he then called upon Mr. Simon to address a few remarks to the right hon. gentleman. In the course of a very animated and telling speech, he denounced the action of the Government in giving way to a sentimental and fanatical clamour, which took us back to the dark ages and the persecution of a Versalius and a Galileo. He showed that the Bill went far beyond the requirements of humanity, and was crude and unsatisfactory in its details; that it would make it penal for a man of science "to scratch the tail of a tadpole under the microscope, whilst it permitted all kinds of cruelties to be perpetrated for sport and for the gratification of the appetite." The question of morality, he contended, was settled by the common sense of mankind, which never hesitates to sacrifice animal life to the preservation of human life and health. The question of utility must be settled by scientific investigators, who were every jot as humane and considerate as members of the House of Lords, who had already given their sanction to a Bill which degraded the medical profession and brought them to a level with "ticket-of-leave men." Sir William Jenner followed with a few well chosen words of censure and condemnation of those who uttered the most reckless falsehoods against the profession, and who for the most part were guilty, not simply of an error of judgment, but of a moral fault—a violation of decency and Christian charity. Dr. Wilks took up the question from a practical point of view, showing the great good conferred upon medicine by the labours of practical physiologists; and Mr. Seeley, of Aylesbury, illustrated this by his own labours with regard to vaccination and small-pox. The Home Secretary's reply was chiefly occupied by a defence of his colleagues, and the action of the Government in this matter, who, he contended, was actuated by the best of motives and a desire to bring a disagreeable agitation to a close.

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DEPUTATION TO THE HOME SECRETARY ON THE VIVISECTION QUESTION.

A deputation of the members of the British Medical Association was received by the Secretary of State on Monday last. The room in which the deputation was received together with the passages around were crowded. Mr. Hart introduced the deputation, stating that the petition presented was signed by 2000 members of the medical profession. Nearly all the leading London physicians and surgeons were present, and letters were referred to from Sir James Paget and Sir William Gull stating their concurrence with the views of the deputation.

Mr. Simon said undoubtedly vivisection was carried on in the present day, but by not more than twenty men, who devoted their time to science; but they exercised that practice deliberately and with a sense of responsibility, and, he might add, of pain also—with a feeling that vivisection could not be avoided. Man is not responsible for the law of nature, the struggle for existence; the prosperity of man and of animals also was dependent upon such sacrifices; the slaughter of animals taken for food is one of the prices paid for the progress of man and also even of beasts. He admitted that physiologists in France and Germany attached less importance to the method of vivisection than was attached to that practice in England; there they doubtless sacrificed a great deal of animal life, but they did not stop short at animals, they sacrificed themselves too. They were not less reckless of their own lives than of those of lower animals. Mr. Simon then paid a compliment to Dr. Klein, showing that he had been picked out as a scapegoat, adding that there was no one more strict than Dr. Klein in principles, and that all English physiologists were willing to bear the onus equally with him. As regards the Bill, every one would feel respect for the motives with which it was introduced. Scientific men recognised a moral obligation upon themselves not to cause unnecessary sufferings, but when moral obligations were converted into police obligations; when men of science were to be treated as ticket-of-leave men, the profession could not but feel injured and aggrieved. One would be willing to accept a law that every man should account for the suffering he inflicted, but he considered this Bill was due to a great deal of public feeling influenced by organised associations against a handful of scientific observers. In days gone by precisely the same organised arrangement was used against Vesalius, the anatomist. It might have been anticipated that the Government of the country would have sided with science against such agitators, but he had to regret that it was otherwise. He considered that the Bill was unnecessary. Surely the Home Office was not to be made responsible for every scratch that was made upon a tadpole's tail. He believed that if it were generally known what actually takes place in the laboratories where vivisection takes place no one but a Pharisee would have signed a memorial against it. Mr. Simon then referred to the recklessness with which animals were injured, tortured, and mutilated for the sake of gain and of sport, and yet all these miseries which animals were made to endure were not to be considered, whilst a dead set was to be made against about twenty scientific men—an outrage against the medical profession, and a national disgrace.

Sir Wm. Jenner said the right hon. gentleman who received the deputation had seen 10,000 times more cruelty inflicted than all scientific observers. He would refer to a well-known picture of Landseer's, the "Otter Hunt." If he wished to hold an otter fixed upon a spear-point whilst dogs should tear it limb from limb he might do so with impunity, but if, as Mr. Simon had said, he scratched a tadpole's tail as an experiment, he must obtain a licence from the Home Office. He might drown a puppy if he liked, but if he wished to know how long that drowning would take he must first obtain a licence. No law so utterly absurd could be accepted.

Dr. Wilks said that, as a teacher at a medical school, he could say that if that Bill became law his duties of the profession could not be carried out. He could not teach with any scientific method except by means of the results o experiments the works of physiologists. The Bill would affect not only the physiologist, but the whole working of the profession. Had this Act been passed some short time back the works of Herbert Spencer, Carpenter, and others would not have been written, and the world would have been in happy ignorance of facts now proved, and now the basis of medical science. Stronger feelings than professional called him there that day—they were those of patriotism. It was no *doctors'* question, it was a question affecting the whole nation. He had heard from many of his friends who were members of the House of Parliament that their tables were crowded with pamphlets full of the most scandalous libels and falsehoods in connection with this vivisection question. He could state that vivisection was practised only by the few, and it was absurd to suppose that experimentation was carried on by medical students. He considered that it would be sufficient to license vivisection under the Anatomy Act.

Mr. Ceely, of Aylesbury, referred to the experiments upon animals by which the relation of cow-pox to small-pox was discovered, and to experiments made upon sheep, by which it was proved that a malignant disease was not capable of modification, and therefore must be got rid of by stamping out. It was Lord Palmerston's special request that these experiments should be carried out on a greater scale, but Mr. Ceely considered the question settled, and therefore refused to sacrifice the animals unnecessarily.

The Home Secretary was glad to receive the views of so large a body of influential men. Reference had been made to external agitation, but the deputation must not conclude that the Government had acted upon that agitation. There were two Bills before Parliament last year—one by Dr. Lyon Playfair, a Bill which would certainly have been stamped with carrying the same mark of disgrace to the profession as it was stated the Government Bill was stamped with; yet no one could say that Dr. Playfair was not acquainted with professional views. The Government, not influenced by any agitation, had appointed a commission and framed their Bill in accordance with the report of that commission. (No, no, no.)

Mr. Hart said the memorial presented went fully into the question.

The Home Secretary repeated that practically the Bill met with the approval of the members of the Commission.—(No, no)—but that literally the deputation required that the matter should be left alone.

Mr. Hart said the memorial suggested alterations.

The Home Secretary continued that the session was flying past, that external sentiment and agitation would continued, and that it depended upon the line taken and the policy declared by the medical profession whether the Bill should fall through to another session and whether the present Bill should be allowed to pass—perhaps with some slight alterations.

MEMORIAL.

That the number of persons in Great Britain engaged in the pursuit of physiological and medical research by experiment on living animals is very small, in all, perhaps, not exceeding twenty.

That the results of such investigations in this country and abroad have been, and are likely to be, in the highest degree conducive to improvement in the knowledge and treatment of disease, and to the mitigation of the severest scourges which afflict mankind and the brute creation.

That the pain incidental to such investigation is largely annulled by the use of anæsthetics; that the sum of suffering connected with or caused by physiological experiment is so small as to be infinitesimal when compared with that which is, without any attempt at regulation or restriction, inflicted by farmers, farriers, trappers, hunters, fishermen, and others, for the purposes of trade, domestic convenience, or sport.

That notwithstanding the excited allegations to the contrary which were publicly made last year, and since widely disseminated, the comprehensive inquiry of the Royal Commission has failed to elicit evidence of even a single instance of want of humanity among the professors and teachers of the medical schools and universities of Great Britain; and speaking of those schools the commissioners are able unanimously to state that "the evidence shows conclusively that the sense of humanity in the students is not in fact impaired."

That the experience and knowledge of all the teachers in medical schools, and of those persons who have the most ample opportunities of knowing, entirely negatives the allegation that unpractised students are at all in the habit of performing, or do perform, painful experiments on animals. Such a practice among students is described by the Royal Commission as being at least "exceptional and abnormal"; it may, however, be more accurately asserted not to exist at all; further, the authority of the professors and the force of opinion among the students may be confidently relied on to prevent any such practice from arising.

That the medical profession are deeply penetrated with the sentiment of humanity, and the consciousness of the nature and evils of pain, and that all mitigation and prevention of suffering, whether of man or animal, has sprung from their researches, and is due to their daily labours.

That no abuse of physiological experiment has been shown to exist in this country, nor is there any reasonable ground for believing that it is likely to exist; but on the contrary, it may be safely assumed that professional opinion and authority will always suffice to prevent inhumanity to animals in this country as a thing repugnant and detestable to the feelings and convictions of the medical men of Great Britain.

That no special legislation whatever is called for in respect to any existing practice of experiment on animals in this country, nor is there any probability of its being required.

That the present Bill, intituled "An Act to amend the Law relating to Cruelty to Animals," is in fact a measure which, so far as it extends that law to other than domestic animals, makes the infliction of pain penal only when it is inflicted for the purposes of knowledge, and not under any other circumstances; that it casts a stigma, therefore, and imposes restrictions precisely upon that class of proceedings, and upon that class of persons, whose objects are most laudable, whose character is most trustworthy, and who inflict the very smallest proportion of pain when compared with the numerous classes of agriculturists, farriers, traders, trappers, and sportsmen, whose business involves the wholesale infliction of pain.

That the Royal Commission desired that any measure framed upon their report should aim at removing the feeling of suspicion which has been permitted to grow up against those who are devoted to the improvement of medicine and to the advancement of science, and that any such measure should be framed upon the model of the Anatomy Act, according to the suggestion of several of the most eminent witnesses.

That the present Bill goes far beyond the recommendations of the Commission, and the just inferences from the weight of evidence before them, inasmuch as

1. It treats the persons who have, upon due recommendation, received a "license," as permanent objects of suspicion, and requires of them that they shall (*a*) apply for and obtain from the Home Secretary for the Home Department special permits or certificates for every series of experiments calculated to produce pain; (*b*) that they shall submit to whatever regulations or restrictions the Secretary of State may append to such certificates; (*c*) that they shall furnish to the Home Secretary whatever reports he may require as to such experiments; (*d*) that they shall only perform such experiments in registered places which he shall approve; (*e*) that whenever it is necessary to perform an experiment on a cat or dog, a horse, ass, or mule, a further permission shall be obtained from the Secretary of State.

It is, moreover, to be remarked that the first four of these restrictions apply to the whole range of the animal kingdom, from the smallest tadpole or mollusc through the whole of the invertebrate as well as of vertebrate creatures.

This Committee therefore recommends that if any legislation should be thought necessary it should be general and not special in its scope, and should extend Martin's Act, with such amendment of its machinery as may be found necessary, to other than domestic animals, to which its operation is now limited, and that the present "Cruelty to Animals' Bill" be withdrawn.

If, notwithstanding the foregoing representations, the present Bill be further prosecuted, then the Committee recommend that the analogy of the Anatomy Act, which alone was approved by the eminent witnesses before the Commission, be followed, and that the Bill be amended.

I. By limiting its operation to the vertebrate kingdom of animals.

II. By omitting all the clauses which require special certificates in addition to licenses for performing painful operations; and further special certificates in respect to dogs, cats, &c.

III. By providing that a licensed person may register any convenient place for the purpose of experiment, and that such register shall be a confidential document, accessible only to the Secretary of State, and to such officers and persons as he may appoint for the purpose of carrying out the provisions of the Act.

IV. That a register of all experiments performed shall be kept by the licensed person, and that such register shall be at all suitable times open to the inspector appointed under the Act, but that no other reports or returns shall be required from persons licensed under this Act.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this.

"Jos·kers."—The specimens should be sent to the dissecting-room crier at the nearest Medical School. It is possible that some of them might be found useful to the students, but should they be of no value a very small trifle will be expected for the trouble entailed.

M.R.C.S.—Your communication will appear in an early issue.

THE USES OF JABORANDI.

To the Editor of "The Medical Press and Circular."

Dear Sir,—Have you or your subscribers any experience of the medicinal properties of the Brazilian remedy "Jaborandi?" If so, would you or they let me know in your next issue the dose, mode of preparation, and how produced? Rusticus.

[Jaborandi is a Brazilian plant belonging to the natural family Rutacere. The leaves are employed in medicine. They resemble in size and shape the leaves of the common laurel, but as met with in our commerce are of a yellowish colour. From these are prepared a powder, an infusion, a tincture, a wine, and a liquid extract. The dose for adults of the powder would be from ten to thirty grains; of the infusion, from half an ounce to two ounces; of the wine or tincture, from half a drachm to two drachms; and of the liquid extract, from ten to thirty minims. Its most marked effect is diaphoretic and sialogogue; it has been used in simple fevers with these objects in view, and in cases where a parched condition of the mouth has been a prominent symptom its sialogogue properties have afforded very sensible relief. In such cases, for obvious reasons, one of the fluid preparations should be preferred to the powder. The various preparations above enumerated should be procurable at any respectable pharmaceutical establishment.—Ed. *M. P. & C.*]

M.D., Wolverhampton.—Proofs have been forwarded.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

Asiatic Cholera. By C. Macnamara, F.C.U. London: Macmillan and Co.

Handbook of Rural Sanitary Science. Edited by Lory Marsh, M.D. London: Smith, Elder, and Co.

The Book of Prescriptions. Fifth Edition. By Hy. Beasley. London: J. and A. Churchill.

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VACANCIES.

Charing-cross Hospital. Medical Registrar. For particulars apply to the Secretary.

Hospital for Sick Children, Great Ormond Street, London. Medical Registrar. Applications to the Secretary.

Hospital for Women, Soho, London. House Physician. Applications to the Secretary.

Manchester Eye Hospital. House Surgeon and Secretary. Salary £70, with board. Address the Chairman of the Board.

Keighley Board of Health. Medical Officer. Salary £100. Applicants must address the Chairman of the Sanitary Board.

Festiniog Union. Medical Officer. Salary £60, with fees extra. Endorsed applications to the Clerk of the Guardians.

Amersham Union. Medical Officer. Salary £50, with fees extra. Address the Clerk to the Guardian.

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APPOINTMENTS.

Hamilton, C. W., L.R.C.S.I., Medical Officer, Sanitary do., Pub. Vac., Admiralty Surgeon, and Agent to Admiralty at Achill.

Lyall, T., Superintendent of the new Parochial Lunatic Asylum, Paisley.

McCoy, D. F., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Rathkeale No. 1 Dispensary District of the Rathkeale Union, co Limerick.

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Birth.

Kelly.—On the 29th ult., at 12 Plough Road, Rotherhithe, London, the wife of Bernard Kelly, M.D., of a daughter

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Marriage.

Treves—Warwick.—On the 4th inst., at All Saints, Croxley Green, Edward Treves, M.R.C.S., to Mary, daughter of the late T. Warwick, of Highfield House, Rickmansworth.

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Deaths.

Boxwell.—On the 29th of June, at Blackwood, Australia, of pulmonary apoplexy, Dr. John H. Boxwell, aged 32, eldest surviving son of Henry H. Boxwell, M.D., Infirmary, Wexford.

Bush.—On the 28th of June, at Great George Street, Bristol, Danvers Ward Bush, M.D., aged 37.

Griffith.—On the 6th of July, after a long and lingering illness, at Chester Street, Wrexham, Thomas Taylor Griffith, F.R.C.S., aged 81 years.

Holmes.—On the 22nd of June, at Ivybridge, Devonshire, William Marshall Holmes, aged 54.

Poyntz.—On the 23rd of June, at Ballinrobe, co. Mayo, John Eager Poyntz, L.A.H.D., aged 76.

Roberts.—On the 30th of June, at Granton, George Ogilvy Roberts, L.R.C.P.Ed.

Ringland.—On the 7th of July, at his residence, 14 Harcourt Street, Dublin, John Ringland, M.D., aged 60 years, after a long and tedious illness.

Southam.—On the 26th of June, at the Lunatic Asylum, Northampton, Francis Southam, M.R.C.S.E., aged 58.

Taylor.—On the 2nd of July, at Ashley Road, Bristol, James Taylor, M.R.C.S.E., aged 60.

Tothill.—On the 29th of June, at Charles Street, St. James's, London, Frederick Disting Tothill, F.R.C.S.E., aged 66.

TO BE SOLD, a General Medical Practice in one of the principal parts of the City of Dublin. None but well-qualified and experienced gentlemen will be treated with. The income is very large.—Address R. S., Dublin Office of this Paper, 23 Ely Place.

TO DENTAL SURGEONS.—A Surgeon and Dentist, who has had the sole conduct of a high-class dental practice for several years, and is thoroughly conversant with his profession, having recovered from a recent illness which compelled him to forego practice, is anxious for an engagement in England or Scotland as partner, assistant, or temporary representative, at a moderate salary, and with a fair opening.—Apply, K. P., 20 King William Street, Strand.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. —Dr. BROWN-SEQUARD will deliver (by permission) THREE LECTURES on PARALYSIS as an EFFECT of BRAIN DISEASE, on July 17, 19, and 21, at 5 o'clock.

Members of the Profession will be admitted on presentation of their cards.

By order of the President,
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DR. TAMIN-DESPALLES, of Contrexéville (Vosges, France), requests his English *confrères* who desire information respecting this hydro-mineral station for cases of gout, gravel, liver complaints, vesical catarrh, habitual constipation, leucorrhœa, &c., to specify their questions in a letter, or to merely forward their names, that he may send them advice as to the cases in which the uses of the waters of Contrexéville are indicated.

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The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

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Each donation of Five Guineas gives the donor a life-vote.

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W. O'NEILL, Secretary.

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C. G. Burke, Esq., Master Court of Common Pleas.
T. F. Brady, Esq., Commissioner of Fisheries.

NOTICE.

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IRISH POOR-LAW INTELLIGENCE.

THE IRISH MEDICAL ASSOCIATION AND THE DUBLIN CORPORATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Council of the Irish Medical Association have recently had their attention directed to a petition presented to the House of Commons by the Corporation of Dublin in support of the "Coroner's (Dublin) Bill," and inasmuch as some of the statements contained in this petition are calculated to injure the reputation of the Irish Medical Association in the estimation of the public, I have been directed to request that you will kindly give publicity through your columns to the following remarks.

The Council do not think it necessary to enter upon a discussion as to the merits of the measure itself, further than to remark that the Council are of opinion that if the Bill should become law in its present form it will be prejudicial not only to the interests of the profession which the Council represents, but also to those of the public at large, and will be calculated to interfere with the due administration of justice in cases requiring the intervention of the coroner. The Council beg to direct attention to the following points:—

1. The Corporation of Dublin object to the office of coroner being confined to the legal, medical, and magisterial professions, and pray "that the selection of the most competent person should be left to the judgment and discretion of the Municipal Council." In the opinion of the Council of this Association a knowledge of medical jurisprudence is absolutely necessary for the efficient discharge of the duties of coroner, and this knowledge is only possessed by members of the medical and legal professions. The Council further believe that the public would not be satisfied that the selection of coroner should be confined to the present Corporation of Dublin without careful safeguards being provided as to the qualifications of the persons selected.

2. The Council protest in the strongest way against the slighting and insulting manner in which this long-established and well-known Association is referred to in the following paragraphs of the petition of the corporation:—

"Your petitioners have learned that a petition in reference to the "Coroner's (Dublin) Bill" has been presented to your honourable House from certain dispensary medical attendants and others in Ireland, styling themselves the "Irish Medical Association," in which reflections are indulged in upon the arrangements and practice in Dublin as to medical evidence at inquests.

"Your petitioners are in a position to declare the allegations in said petition to be in nearly every instance erroneous, and quite deficient in correct knowledge of the facts. The existing arrangements impugned by said petition have been made after mature consideration and experience by the presenting Grand Jury and affirmed by the Court of Queen's Bench. Dispensing medical attendants, in claiming that they themselves should be the persons called in to give medical evidence, cannot be expected to have weighed all the circumstances as fully and impartially as the Presenting Grand Jury and the Court of Queen's Bench have done."

The statement that "the existing arrangements impugned by the said petition have been made after mature consideration and experience by the Presenting Grand Jury," &c., is misleading, because in this instance the petitioners and the Presenting Grand Jury are the same persons; thus, to uninformed persons, the statement above referred to would imply that the practice of the corporation and of the city coroners is annually considered by another body separate from the corporation, and has been even framed by that body, whereas no such *separate* body as the Presenting Grand Jury really exists. The fiating by the Court of Queen's Bench merely means that the Court passes such presentments as are not traversed by rate-payers or others having a *locus standi* before the Court.

With reference to these reckless assertions, the Council beg to state that the Irish Medical Association has existed for upwards of half a century, and although its operations were interrupted by the great famine and distress in Ireland in 1847, yet it was completely reorganised, and has been in full and uninterrupted operation since the year 1853. It is not therefore a new or unknown association, as the Corporation, petition would seem to imply. The Council can scarcely understand how such an allegation has been made by the Corporation, as the present Lord Mayor is a member of the Association, and must be supposed to be fully acquainted with its aims and objects.

The statement that the Association consists of "dispensary medical attendants and others," is manifestly meant to imply that the Association is carried on solely for the benefit of the Poor-law medical officers of Ireland, and that the petition referred to is merely an attempt to obtain fees for those officers. This implication is without the slightet foundation in fact. The Association is composed of Irish physicians and surgeons, and now numbers over 550 members, including many of the most eminent practitioners in Ireland.

The Council of the Association, as representing men belonging to all classes of their profession, protest in the strongest manner against the insulting tone adopted by the Corporation towards many hundreds of the members of a learned profession, who have carefully and diligently served the public and the State for upwards of a quarter of a century. The confidence of the State in the services rendered by the Poor-law medical officers of Ireland has been proved by the fact that in every enactment where public medical duties have been required, those duties have invariably been confided to the Poor-law medical officers of Ireland. The Council are of opinion that a service trusted by the State and respected by the public should not be insulted with impunity by the Dublin Town Council.

3. The Council have to observe that although the Dublin Corporation allege that the statements put forward by this Association are "in nearly every instance erroneous," yet that body does not mention any particular error; therefore the Council do not consider the statement of the Corporation demands a detailed denial, but they beg emphatically to affirm that every statment put forward by the Association can be substantiated by facts well known to its members. The Council deeply regret that such a body as the Dublin Town Council should have thought it becoming to go out of its way publicly to insult the members of a learned profession who devote so much of their time and attention to the public welfare.

Your obedient servant,

ARCHIBALD HAMILTON JACOB, M.D., F.R.C.S.,
For Chairman of Council.

THE IRISH MEDICAL ASSOCIATION AND THE CORONERS BILL.

TO THE EDITOR OF THE IRISH TIMES.

SIR,—An editorial notice in one of your contemporaries of the letter which I addressed to you on behalf of the Irish Medical Association contains statements in reference to the administration of the Coroners' Courts in Dublin which demand a reply from me. My letter is devoted, not to the discussion of the existing system of medical testimony in Coroners' Courts in Dublin, but to the justification of the Association from the disingenuous and insulting statements contained in the Corporation petition; and my council will receive with gratification the repudiation of these statements by the Lord Mayor, and the implication, on the part of your contemporary, that the phraseology of the petition cannot be defended. As, however, the editorial remarks of that journal apply almost exclusively to the system of medical evidence in Dublin Coroners' Courts, against which the Association has complained, it is necessary that I should refer to this subject, to which I only alluded indirectly in my former letter.

The petition of the Association against the Coroners' Bill complained that—

1. There would, if it became law, be but one coroner for Dublin.

2. That at present "the testimony of the only competent medical witness" (*i.e.*, the medical practitioner who had seen the deceased person about the time of death, or who resided in the neighbourhood) is habitually excluded from the consideration of the jury.

3. That in defiance of the 28th Section of the Coroners' Act, 9th and 10th Vic., cap. 37, which provides for the payment of fees for evidence to a different practitioner in each case, an individual witness, who is not supposed to be an expert, is salaried by each coroner in Dublin to give all the evidence which juries may require.

The first objection to the Bill, that under its provisions there would be but one coroner for Dublin, the Association justifies by a reference to the annual returns of inquests which will be found at page 1,264 of "Thom's Directory for 1876," from which it appears that on an average of six years 270 inquests have been held each year. This number represents one such investigation each day of the working year; and as several of them frequently occur together, and many of them extend over several days, the Association considers that it will be impossible for a single coroner to comply with the requirements of justice by holding a speedy and exhaustive inquiry in each suspicious case. The appointment of a deputy has, in the opinion of the Association, no advantage, and many disadvantages, in comparison with the appointment of a second coroner, and we know of no instance in which a single coroner is entrusted with the investigation of causes of death in a population of nearly a quarter of a million of persons as proposed by the Bill.

The second objection of the Association to the present system is, that the testimony of the most competent medical witness (*i.e.*, the practitioner who had seen the deceased person about the time of death, or who resided in the immediate neighbourhood) is habitually excluded from the consideration of the jury.

In a letter addressed by the Association to the Irish Members of Parliament upon this subject, the following passage occurs: "When a death occurs which requires investigation it would seem reasonable and necessary that those persons who had the best knowledge of the cause of death should be called upon for their testimony. Of such witnesses the medical practitioner who saw the patient at the time of death, or immediately before or after it, is obviously the most valuable informant of the jury; for not only has he personal knowledge of the actual circumstances, but he possesses an expert knowledge of the cause of death, and has necessarily formed an opinion as to the relation of the symptoms to such cause."

Your contemporary gives, in the opening of its editorial statement, a point blank denial of this assertion, and declares: "That under the present system the medical man last in attendance is usually summoned and is paid his fee," but as later on it admits that the instances in which this is *not* done "are ninety per cent. of all cases," it seems almost unnecessary for the Association to repeat its assertion. However, to remove any ambiguity, I beg, on behalf of the Association, to deliberately reiterate their assertion that "in the city of Dublin the law is constantly evaded, and the coroners habitually make use of the latitude which the indefiniteness of the law affords them to employ their personal friends and relatives as medical witnesses. Notwithstanding the expressed intention of the Legislature, the medical testimony laid before the jury in a case of sudden death is seldom that of the practitioner who saw the deceased at his death, nor of the practitioner indicated by the law as "in actual practice at or near the place of death," nor (except in rare cases) of a medical jurist whose profession it is to investigate such subjects. On the contrary, a general medical practitioner is called upon to testify as to the cause of death, who perhaps resides some miles from the place; probably never saw or heard of the deceased until he sees the dead body; knows nothing of the place at which the death occurred, or of the persons who have been concerned in it; and, lastly, has no special qualification as an expert to decide upon such matters. I challenge the Dublin coroner to justify the statement of your contemporary that the medical man last in attendance is usually summoned, by stating in your columns the number of cases out of the 299 inquests held last year in which the medical man who saw the patient immediately before, at, or after death, was called as a witness and paid. Your contemporary confesses that in ninety per cent. of all cases this is not done, and gives as a reason that in these instances the cause of death is obvious—a statement which reference to statistics and experience of the system will show to be entirely erroneous. In 72 out of the 279 inquests held last year, the causes of death are set down as other than natural or accidental, and amongst them are classed 15 from intoxication, 8 suicides, and 44 "miscellaneous." The Association submits that in every one of these cases the opinion of an independent medical man, who had some knowledge of the circumstances, ought to have been laid before the jury; and, furthermore, believes that very many of the deaths set down as from natural causes and accident are so classed simply from ignorance of the real causes, and because the necessary medical evidence and post-mortem examination being dispensed with, the jury is insufficiently informed. It is needless to point out that if this belief be justified, there is great danger the crime may go unpunished, and that negligence which has resulted in a violent death may be frequently overlooked.

The Association, lastly, complains that in defiance of the Coroners Act, which provides for the summoning of a medical man "in actual practice at or near the place where such death has happened," and orders the payment of each such witness by a stated fee, the Dublin Coroner employs in almost all cases a medical man, his own relative, who is paid, not by fees, but by a yearly salary. It pleases the coroner to interpret the phrase "at or near the place" as signifying the place of residence of his relative anywhere within the city of Dublin, but the Association submits that it is a palpable contravention of the law so expressed to employ a practitioner resident close to Nelson's Pillar, to investigate a death occurring in Marrowbone Lane or Montpelier Hill, to the exclusion of the medical man who lives on the spot, who possibly attended the deceased before death, and who probably was called to his assistance at the moment of death. The facts which are above stated the Association is prepared to prove, and it is for the public to judge whether, after proof, the inferences contained in our petition are or are not justified, and whether the assertion of those opinions lays the Association open to the insults with which the Corporation has endeavoured to meet them.

I am, Sir, yours, &c.,

CHAIRMAN OF COUNCIL IRISH
MEDICAL ASSOCIATION.

P.S.—Your contemporary concludes its article by attributing an *animus* to me, and states that it "could tell more than would be pleasant in connection with this matter." As I have never, to my knowledge, seen either of the coroners or their medical advisers, and have never had the opportunity of earning an inquest fee in my life, and hope never to be in so unpleasant a position, I failed to comprehend the inuendo, and therefore invite your contemporary to disclose the nature of my personal motive, if it considers that aspect of the question relevant to the facts.

LEGAL INTELLIGENCE.

WILLIAM WOODS, M.D., *v.* WILLIAM CRUMLEY AND — M'GEOUGH.

IN this case two processes were issued, one against M'Geough for £5 for professional services rendered to his wife by the plaintiff; and the other for £5 against Mr. William Crumley, spirit-dealer, a *quondam* Poor-law guardian and dispensary committee-man for Monaghan. The plaintiff is dispensary medical officer for Monaghan, and M'Geough is a national schoolmaster in receipt of £60 or £70 a-year between salary and results fees. The action against Crumley was for £5 for that he, the defendant, in or about the month of November, 1875, being then a member of the Monaghan Dispensary Committee, and as such authorised by law to issue a ticket to the medical officer of said district, directing him to afford medicine and advice, and to attend any poor person resident in said district, did issue a ticket to the plaintiff, he being the medical officer to the said dispensary district, directing him to attend one Catherine M'Geough, who was not a poor person or entitled to relief, in consequence of which ticket and of defendant's requirement, the plaintiff sought to recover the amount named in the process.

Mr. Givan and Mr. Knight appeared for Dr. Woods, and Mr. Reilly and Mr. Ross defended the action.

Mr. Givan, in stating the case, said this case had been before the court at last Quarter Sessions, and then his worship was of opinion that they could hardly succeed against M'Geough, and it was struck out on the ground that the then defendant, M'Geough, was not the retainer, but the person who issued the ticket, and he refused to dismiss it, declaring that a fraud had been practised upon Dr. Woods. They now came before the court again in order to have the law decided by his worship, and that Dr. Woods might in future be protected against the fraudulent and vexatious issue of red tickets by members of the Dispensary Committee, who gave them sometimes without making proper inquiries, sometimes capriciously and vexatiously.

The Chairman said he would be delighted to give a decree against the party if he could show him that he would be justified in doing so; because it was a most improper proceeding on the part of a guardian to issue a ticket for a person who was not contemplated by the Act as being unable to pay.

Mr. Givan then read the words of the Act, 14 and 15 Vic., which enacts that members of Dispensary Committees have power to issue tickets addressed to the medical officer of the dispensary district, directing him to afford medicine and advice, or to attend in person on such sick person. Now, without going further into the duties imposed upon members of dispensary committees, of discriminating between parties who are entitled and parties who are not, it was clear from the general orders that "visiting tickets are to be given in cases of *necessity* only, and with all available information as to the nature of the case; and care should be taken to fill up the ticket and apprize the applicant accordingly, as the medical officer of each dispensary district is only bound to attend any *poor* person resident therein." The "age and occupation of the applicant should also be stated." Mr. Givan read from "Harrison on Wrongs," that any public officer, whether paid or unpaid, who, by any exercise of authority vested in him, shall injure an individual, an action will afterwards be, at the suit of such individual, against such person, holding such public office. It would be evident to the court that the dispensary officer was bound to attend to these tickets, to prevent himself being in continual hot water. On the other hand it would appear that persons aspiring to be Poor-law guardians and members of dispensary committees were bound to exercise due discrimination in the issue of red tickets; otherwise it would be in the power of dispensary committees or Poor-law guardians to throw upon the dispensary officer an amount of labour which no amount of salary would pay him for, and which it would be impossible for any human being to attend to. Mr. Givan then read authorities to show that Mr. Crumley was the person in this case, against whom an action, *ex delicto*, lay. He issued this ticket on the 4th November last. Dr. Woods visited her on that day once; on the 5th once, when she had a very bad confinement; on the 6th twice; on the 7th twice; on the 8th twice; on the 9th twice; and on the 10th, notwithstanding that he was of opinion that he would not be required to visit her before eight o'clock that morning, Mr. M'Geough came to his door and knocked him up at four o'clock in the morning, and demanded that he should come at once and see his wife. Dr. Woods knew perfectly well that the woman did not require him sooner than eight o'clock in the morning, and gave him a draught, and told him he would be out at his house at eight o'clock in the morning. M'Geough abused him roundly, and said if he did not go then and there, he would report him to the Local Government Board, and that he would go and employ another doctor. He went to Dr. Ross of this town, who went to Dr. Woods' patient, whom Dr. Woods had been visiting once every twelve hours for five days, without in any way consulting Dr. Woods for a moment——

Mr Ross—That is the whole case.

Chairman—When did Dr. Woods take any action before the Committee?

Mr. Givan—On the 10th he brought the matter before the committee, and had the ticket cancelled. And not only was that ticket cancelled, but two others issued by Mr. Crumley of a similar character were also cancelled. And even after he had been turned out from being a Poor-law guardian and a member of committee, he continued to issue red tickets requiring Dr. Woods to visit and attend upon patients, as we will prove to you. Mr. M'Geough was a schoolmaster, receiving a salary of £30 a-year; his wife also had £30, he believed, making £60. The results fees for the past year he understood was £15 in each school, making a total of £75. Mr. M'Geough was not burdened with a family. This was his first child; he was able to consult a medical man before and after his wife had received the services of Dr. Woods.

Mr. Reilly—That is not true.

Mr. Givan—If Dr. Ross was not paid he should not have gone. At all events Dr. Woods wants to prevent himself being harassed by persons who have no right to issue tickets for Poor-law relief, or who, having a right, exercise it in an unjust and vexatious spirit.

Dr. Wm. Woods examined by Mr. Givan.

Chairman—I assume there is no controversy as to the facts.

Mr. Reilly—This much may be admitted—that Dr. Woods attended from the 4th till the 10th.

Dr. Woods—On the 4th November, in the evening, I received a red ticket, signed by William Crumley, calling on me to attend M'Geough's wife in her confinement. His house is three-quarters of a mile from town. I went at once. She had not been confined when I saw her. It was a very difficult case. I had to perform an operation in order to save either her or her child.

Chairman—Was the operation successful? The operation was successful; she was delivered on the morning of the 5th, and both she and the child were saved. I visited her again on the 6th. On that day I went twice; twice on the 7th; twice on the 8th; twice on the 9th; it was necessary for me to see her twice every twenty-four hours, regularly, which I did. I saw her between seven and eight o'clock on the evening of the 9th; I had then visited her ten times, and it was not necessary that I should see her again before eight o'clock the following morning; I was called in the night by her husband, or at four o'clock in the morning. He said his wife was very ill—that she was suffering and shouting with pain from retention. I knew that could not be, because I had fully relieved her at eight o'clock the previous evening. But she was hysterical, and it was hysteria which caused her to shout. I prepared a composing draught and gave it to him and said I would be out at eight o'clock. He refused to carry the draught to her, and said if I did not go that moment he would report me to the Local Government Board, and he would go there and then and employ another doctor. I told him he was exceedingly impertinent; that his wife had been attended by me in a manner with which any lady would be perfectly satisfied, and that he might go and get whoever he liked. At eight o'clock in the morning I was at his house, and found that Dr. Ross had been there and passed a catheter, some hours before. I did not believe that any medical man would come in and take up a case of mine behind my back, and I turned and left the house. That day there was a meeting of the dispensary committee. It was the ordinary meeting. I attended it and got the ticket cancelled. There were two others of Mr. Crumley's tickets cancelled the same day.

To Mr. Reilly—I was giving the same attention to Mrs. M'Geough as if she were a private patient. I had three other patients at the same time—private patients—and I did not think it necessary to visit them oftener than once in the twenty-four hours.

Chairman—This was a critical case.

Witness—It was a very critical case. M'Geough lives in a cottage belonging to Mr. Breakey. M'Geough is a teacher. His wife is also a teacher of the female department of the school. The manager of the school told me she also is a teacher; and I heard that between M'Geough and his wife he is worth £75 a-year or more.

Cross-examined by Mr. Reilly—I had the ticket cancelled. Did you give notice to Mr. Crumley that you were about to have the ticket cancelled? I have nothing to do with giving Mr. Crumley, or any other member of the committee notice; but if I am not greatly mistaken, I think I asked Mr. Crumley to attend the meeting. Do you know of any notice being given to Mr. Crumley?

Chairman—Ah! sure, every member is assumed to attend, as a duty.

Cross-examination resumed—I attended Mrs. M'Geough in her confinement. I had never attended her before. This was her first confinement. There was a certain organic derangement on the 10th November. It was four o'clock a.m. when the man came in for me. I did not think it necessary to attend.

I believe you went to Dr. Ross that morning? I believe I did. And you gave him the length and weight of your tongue? I did.

Mr. Reilly—Now, Dr. Woods, on your oath, and before your God, is not this action a matter of spite between you and Dr. Ross? I am not influenced by a feeling of spite. I am anxious to stop the irregular and indiscriminate issue of these tickets.

Mr. Reilly—When was the ticket cancelled? At the meeting of the dispensary committe. How was that meeting convened? In the regular way, I believe.

Mr. Reilly—I will show you, sir, it was not a properly convened meeting, but a hole-and-corner one got up for a special purpose.

Mr. Reilly (to witness)—How long did you attend this woman? When I saw her, I attended her up to the night on which her husband called on me. I heard it as a fact that Dr. Ross had seen her before the confinement, and I believe it to be the case. I heard Dr. Ross performed an operation on the woman the morning he was out; but I would not have done it. The same operation had been performed at eight o'clock the evening before, and I would not have passed a catheter again at four the next morning.

But it was done, and she survived it? Oh, it is not a very fatal thing to do. Did you get any other tickets cancelled besides Mr. Crumley's? Yes; Mr. M'Bride's and Mr. James Ross's.

Mr. Reilly—"Still harping on my daughter."

Dr. Woods—I can't see what connection there is between Mr. Ross and Mr. Crumley.

Mr. Reilly—Mr. Crumley is Mr. Ross's tenant—(a laugh). Is it not spite to Dr. Ross that has caused you to bring this action? It is not. Was it spite towards Dr. Ross? I would have brought the action if Dr. Ross had been at Kamskatska. Did you speak to Dr. Ross? Yes, I had a conversation with him.

Mr. Reilly—You may go down.

Dr. Woods—Since Mr. Crumley became a guardian, the average of tickets issued has been increased by 300 a-year.

Bernard M'Geough, examined, said he presented a red ticket to Dr. Woods on the 4th of November last, and, in consequence, he attended my wife from the 4th till the 10th. I am teacher of a national school. The average attendance is under 50 pupils; my salary was then £30 a-year; my wife had £20; the results fees were £10; and the school fees £4 6s. 11d. How long are you married? More than a year. The school is a mixed school.

Chairman—What were the fees in the female school? They were examined in the month of August.

What was the amount, sir? What did your wife get? A third of £10.

That £10 was your own—what did she get? The school was examined in August, 1875. What were the fees? The average was 50 last year? Have you any money saved?

Chairman—Surely you don't mean to say that a man in receipt of such a salary as that is entitled to a relief ticket? Tell me, sir, what put it in your head to go to seek relief in this way?

Witness—I considered I was entitled to it.

Chairman—You wanted to save your pocket at the expense of the rates.

Witness—The reason was that the Monaghan Board of Guardians decided that the teachers should be paid something out of the rates, without any distinction.

Chairman—There can be no question on earth that in giving a dispensary ticket to a man like that, the defendant did an unjustifiable act.

Mr. Reilly—What rent do you pay for your house? Seven pounds.

Did any medical man attend your wife before her confinement?

Chairman—That does not bear on the question.

Mr. Reilly—I think it does. The gist of this action is because M'Geough called on Dr. Ross.

Dr. Woods—I deny that.

Chairman—Is that anything to me? Do I care anything for the jealousies of parties? The question for me is whether Dr. Woods is justified in bringing this action, and whether I can make Crumley liable for the act of giving that ticket.

Mr. Reilly—Very well: I will ask another question. What time did you come for Dr. Woods? I think it was between two and three o'clock, I don't recollect; but I think it was about that. I asked him to come and see my wife. He told me to go to h—, and that he would make me pay £1 a visit.

Dr. Woods—I deny that.

Mr. Forster Dunwoody examined—He said he was honorary secretary to the Dispensary Committee of Monaghan. The second Wednesday of each month was the day appointed for holding the monthly meeting. The ordinary meeting for November last was held on the 10th. Dr. Woods stated the facts in relation to the issue of this ticket, and his attendance on Mrs. M'Geough; he had four or five red tickets which he complained should not have been issued, and of the five, three were cancelled; M'Geough's was cancelled.

Was Mr. Crumley there? He never was at a meeting but one since his appointment.

Chairman—Mr. Crumley has now an opportunity of satisfying me, if he can, that the issuing of that ticket was a proper act. Let him show me that.

W. Crumley examined by Mr. Reilly—M'Geough applied to me for this ticket. I live in Monaghan—in the town. Did you consider M'Geough a proper person to obtain relief? Yes. Got no notice that a meeting was to be held to cancel the ticket, and no notice that it was cancelled.

Cross-examined by Mr. Givan—Was two years a Poor-law guardian; attended two meetings the first year, and one meeting the second. (Laughter.) Did Dr. Woods call on you about issuing those tickets? He did. He told you you should not give red tickets to your customers? No; but I said except I went round and saw them I could not know. They were issued in pursuance of your custom? I gave them to every one.

Mr. Givan—I see. A Poor-law guardianship to a publican is a step to good custom. Was it on the principle of his being a schoolmaster or a customer that you gave him the ticket? Neither. Did you not know that he was a schoolmaster? I did. And that his wife was a schoolmistress? Yes. He asked me for a ticket to the doctor to go to see his wife. I asked him what salary he had. He said about £30. Did you issue that ticket (produced) after you had ceased to be a guardian—"the ruling passion strong in death?" I never signed that. Did your wife? I suppose some one was instructed to sign it.

Mr. Givan—That is the way you prostituted the ticket-book of the Board.

The Chairman—after consulting Dr. Woods as to what he would have charged M'Geough, and being answered that he would only have charged three guineas—gave a decree for that amount. The case as against M'Geough he dismissed.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 19, 1876.

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THE PHYSIOLOGICAL FUNCTION AND ANATOMY OF THE CRYSTALLINE LENS.

A LECTURE DELIVERED TO STUDENTS.

By ARCHIBALD HAMILTON JACOB, M.D. Dublin, F.R.C.S.,
Surgeon to the Dublin Eye and Ear Infirmary; formerly Ophthalmic and Aural Surgeon of the City of Dublin Hospital.

IN the convergence of the rays of light which proceeding from any given object impinge upon the cornea and are ultimately concentrated in an accurate image upon the baccillar layer of the retina, the chief portion of the work of convergence is done by the crystalline lens, and therefore aberrations either of the density or of the curvatures of that body are attended with much greater derangements of vision than any which alterations in the other refracting media, the cornea, the aqueous humour, or the vitreous body are capable of producing. The lens is placed in a depression formed for its reception on the anterior or truncated portion of the vitreous body and immediately behind the iris, the principal function of which is to confine the transmitted rays to the centre of the lens, and thus prevent the aberrations which in every homogeneous lens arises from the unequal refractive powers of its centre and its periphery.The crystalline body occupies, in fact, in the optical arrangement of the eye, the position of the inner lens in a photographic combination, or the eyepiece in a single opera-glass, the object-glass of such instruments being represented in the eye by the cornea, which forms a compound lens withthe aqueous chamber filled with its watery contents, the diaphragm which is interposed between the two lenses in any optical combination being represented in the eye by the iris.

The crystalline lens is biconvex, and of so thick proportionably to its diameter as to approach a globular shape. This it must necessarily be, because it has to concentrate parallel rays of light to an accurate focus at a very short distance behind itself. In some fishes, indeed, the lens is nearly quite spherical, because the cornea is nearly flat and the anterior chamber nearly obliterated, and, therefore, these media—forming, as it were, the object-glass of the eye—lend but little assistance to the lens towards the convergence of the rays, and, moreover, the whole eye being flatter from before backwards than the human eye, those rays require a greater convergence to bring them to an image on the retina. We are, of course, aware that the thicker a lens is the greater its refractive power, and the shorter its focal length, the greater are its aberrations or optical faults, and if, in the case of the crystalline lens, these aberrations were not corrected by the iris placed in front of it, by the sphericity of the retina behind it, and by the action of the ciliary muscle in changing its shape, the eye would be a very imperfect optical apparatus indeed, and we should never see the image of a distant object without blurred edges and fringes of colours round the margin.

In order that I may be understood in what I say as to the physiological functions of the lens, it is necessary that I shall recall to mind a few elementary facts as to the behaviour of rays of light when passed from a lighter through a denser lens shaped body — say, from air through a glass. Suppose a number of rays of light to be presented perpendicularly to an ordinary biconvex glass lens at different angles, as represented at Fig. 1, let us see what happens.

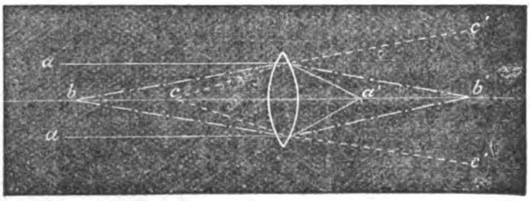

Fig. 1.

Those which strike the lens in a perpendicular direction and directly upon the axis will pass through without change of direction and onward to infinity. Those, however, which strike it anywhere else than upon its axis will be bent toward the axis, and if they be all bent to an equal extent, and if the amount of bending be sufficient, all the rays falling on the lens will all be gathered to a point at a certain spot called the focus. The bending or converging power of any biconvex lens is slightly less towards the centre than next the margin, but may, for the sake of illustration, be said to be always the same, no matter how the rays strike it, and the place where the rays are brought to a focus is situated, and whether the rays are brought to a focus at all depends altogether upon the spot whence the rays come before they strike the surface of the lens. Thus the rays given off by a distant object, though not mathematically parallel to each other, are practically so. They approach the lens from infinity, and are neither separating from each other in their transit nor closing together, and, if permitted to go on unrefracted, would still occupy the same relation to each other *ad infinitum*. If the biconvex lens be interposed in their line of progress it bends them together, those which strike the outer edge being bent most, those nearer the centre less, those passing through the centre not bent at all. They will thus be brought to a point which is called the principal focus of the lens or the focus for parallel rays. The path of such rays is represented by the unbroken lines *a*—*a* in the illustration.

But suppose these rays come from a short distance—for optical purposes anything under three feet is a short distance—but let us say, for illustration, twelve inches, they will proceed in a diverging direction, and if allowed to go on unimpeded would pass away from each other never to meet again. If the biconvex lens be now interposed the rays will be bent as before, towards the central line, and bent to exactly the same extent as the parallel rays were.

They will thus be brought to a focal point, just as the parallel rays were, but the point will be a greater distance behind the lens, because the lens has had a divergence to counteract which it had not in the case of parallel rays. The path of these rays is represented by the dot and dash lines in the figure(—.—.—.), and it will be observed that those lines *b* come to a point *b'* further away behind the lens.

If the point from which they come be a little closer to the lens—if, in other words, the divergence be a little greater—the lens will have power to completely counteract that divergence, and to bend them towards each other until they become parallel, and on their emerging from the lens they will go on to infinity, neither separating nor coming together.

But suppose the rays come from a point nearer to the front of the lens than that distance, *i. e.*, suppose them to be in a still greater divergence from each other, then the interposed lens will still bend them together to exactly the same extent, but it will not have power to bend them sufficiently to make them parallel, much less to bring them to a point, and on their emergence from the lens they will still diverge from each other, but in a much less degree than they did at first, and will pass off to infinity never to meet again unless another lens catches them and brings them together. The path of such a ray is represented in the figure by the dotted lines *c*—*c'*.

Let us now apply these facts to our own vision. In the normal healthy eye the refractive or bending power of the combined lens, which is formed by the cornea-aqueous humour and crystalline body, is *exactly* sufficient to bring the rays proceeding from a distant object, *i. e.*, parallel rays, to a point on the sensitive surface of the retina, as represented at *a* in Figure 2. The normal eye, therefore, in receiving light from the objects around us is in a state of perfect rest, and acts simply as an inanimate optical instrument as long as the rays received are not appreciably divergent. In fact, the focus of parallel ray, which is represented by the continuous lines *a*—*a'* in Fig. 1, exactly touches the retina, and falls neither before nor behind it. But if the object be moved towards the eye until the rays strike the cornea in a slightly divergent direction, the combined lens would still be capable of bringing the rays to a point, but that point would be at a proportionately greater distance behind the lens, and would fall, not on the retina, but at some spot behind the eyeball, and if there were no means of giving them a still greater convergence, they would strike the retina in a scattered form, and a blurred image would be the result. In fact, if the eye were an inanimate optical apparatus, no near object could be accurately discerned without placing in front of it a lens which would bring the divergent rays to parallelism before they entered the cornea. The accommodative power of the lens obviates this difficulty, and it is this capacity of increasing its own refractive power, or rather of allowing of an increase in its curvatures, which gives the crystalline lens such importance in the optical mechanism of the eye, for if such power did not exist it would be necessary for us to assume spectacles every time we required to read or to see a near object. For a very long time the accommodative power of the eye was a subject of investigation and speculation. As Donders says: "Since Kepler's first attempt to answer the question as to what that power consists in, the inquiry has been a source of much difference of opinion among natural philosophers and physiologists. All imaginable hypotheses have been advanced. Alteration of situation of the lens, elongation of the axis of vision, contraction of the pupil, change of form of the lens have all in turns been made use of in the explanation, and those who were satisfied with none of these theories were sometimes bold enough altogether to deny the existence of an accommodating power."

This accommodative power, it was evident, must be muscular in its nature, for it is voluntary, and we know of no physiological act which depends on the will except muscular contraction or relaxation. It is also evident that the increased power of converging the rays upon the retina could only result from one of two causes—viz., the approach of the lens to the retina, or an increase in its refractive strength or that of the cornea.

The former of these hypotheses was supported by the imaginative existence of a muscle running from the sclerotic through the vitreous to an attachment in the posterior capsule, which, however, was incapable of demonstration, and, in fact, did not exist. The evidence being strongly against any change of position of the lens—which, it may be observed, should have been considerable in extent to produce the requisite accommodative change—it was supposed that the iris was the agent in accommodation, and that it acted by contracting the pupil and thus shutting out all the rays but those which entered the centre of the lens. It is still stated that contraction of pupil takes place on accommodation to near objects, but that this act is not the essential cause of the optical change was proved by the condition of a patient under the care of Van Græfe, whose entire iris was torn out by an accident and the accommodative power remained to its full extent. Without following further the many hypotheses which were put forth to account for accommodation, it is sufficient for me to say that it has been conclusively proved that the lens is the essential agent, and I will proceed to explain to you how this has been shown to be the fact, what the changes are which it undergoes, and by what agency they are produced.

(*To be continued.*)

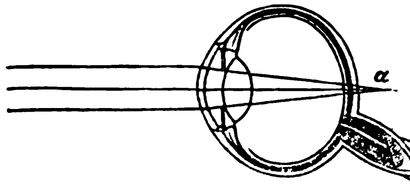

Fig. 2.

THE NATURAL HISTORY OF PULMONARY CONSUMPTION.

By A. B. Shepherd, M.A., M.B., F.R.C.P.,
Physician to the Victoria Park Hospital for Diseases of the Chest; Assistant Physician to St. Mary's Hospital; &c.

LECTURE III.—*Concluded.*

The title I choose for these lectures debars me from speaking with the faintest air of authority, or to any extent, of the various drugs used to oppose the ordinary course, and therefore considered to have some effect on the natural history of consumption. The key to any rational treatment of the disease is probably to be found in a careful consideration, in any individual case, of the present condition of the phthisical process—whether it be still active or for the time being stationary; and of the constitutional habit of the patient—whether of the weakly excitable type characterised by excessive reaction, or of the vigorous more heavy one, in which reaction is less marked (cf. Braun). But of one medicine, or rather food, I must speak briefly, because, in its effects on the patient, it offers a distinct bedside result. To use the words of a former President of the College, "you may learn much (and so, no doubt, you ought) by prying into the arcana of the night-chair" (*a*) and yet, in these days of numberless instrumental aids to diagnosis, the learning gained from that inspection, like the splendid knowledge of the pulse and appreciation by hand of increased temperature which marked a generation happily not passed away, seems to be in danger of leaving us, who more unworthily trust to mechanical assistance. But an inspection of the night-chair of a consumptive patient taking large quantities of cod-liver oil will reveal, as perhaps physiological theories ought to have predicted, a very great increase of fatty or oily matters evacuated. This, again, is no new observation, though it is one, I think, which may well teach us its lesson. Over twenty years ago, Sir William (then Dr.) Gull had recorded (*b*) his own observations on "fatty stools from disease of the mesenteric glands," and written down in no half-hearetd way his opinion as to the careless and utterly unscientific use of cod-liver oil. It cannot be denied that, by some means or other, this drug had, I might even say still has, come to be looked upon as a "specific" for "consumption"; and I use the word as our patients use it, as I have used it in these lectures—as consumption from disease of the lungs. Patients themselves tell us they must have phthisis, because the doctor who prescribed for them gave them cod-liver oil. At any rate, in hospital practice later, I repeatedly examined the fæces of phthisical patients, perhaps because the teaching of the wards of Guy's was unconsciously with me; and I found, as every one who performs the same experiment will find, that in these phthisical patients, beyond a certain amount of oil administered, varying of course in individuals, but, on the average, four drachms daily, large quantities of it pass through the intestines almost unchanged. And to this simple waste, not too much to be decried, is superadded very often increased disturbance of digestion and nutrition. Still, to quote Sir. W. Gull, "if it be ever admissible to limit the attention to one organ in treating disease, it is so" here, where "the condition of the gastro-intestinal membrane is of paramount importance."

And what I have said with respect to cod-liver oil, and its possibly harmful waste, applies quite as much, if not more, to a highly vaunted drug, which, to judge from the weight of an ordinary pig's pancreas, would demand for each patient, if I be not very wrong, hecatombs of victims; unless, indeed, there be a peculiar breed of swine with a larger pancreas,

"οὓς ἔθρεψε συβώτης ὀρχαμος ἀνδρῶν."(*c*)

Only a fortnight ago, a gentleman who had taken the emulsion had noticed for himself the fatty nature of his stools: a fact which my remark as to one of the effects of cod-liver oil led him to mention.

In approaching rapidly the close of my subject, I cannot but congratulate myself, representing for the moment the youngest Fellows of the College, that the work of the very latest time leads to a conclusion which in its pathological results, though not at all in its reasoning from those results, has the support of the perhaps oldest living authority on pulmonary consumption in this country. Dr. C. J. B. Williams, in the discussion to which I have already referred (*a*) has given us his "explanation of the twofold seat and origin of tubercle, or rather of consumptive disease: 1. Lymphatic, which is miliary, infective, and scattered; 2. Inflammatory, which is diffused in form and local in extent."

I would call the attention of those gentlemen who wish to examine them after the lecture to the microscopical preparations placed on the table of the various forms of pulmonary consumption described. [Explanations of the preparations, &c., followed.]

To sum up briefly the views, by no means original, which I have attempted to support respecting pulmonary consumption in these lectures, I am disposed to conclude:

That in the affection to which the name "acute general miliary tuberculosis" is given, the hard nodules occurring in the lungs are due mainly to growth of the perivascular and peribronchial cords, together with alveolar catarrh of smaller or larger extent.

That this perivascular growth is secondary to a cheesy focus not necessarily present in the lungs.

That the commonest form of pulmonary consumption in this country is due, in the first instance, to an intra-alveolar and intrabronchial catarrh, accompanied by proliferation of the epithelium more or less rapid; followed generally by impermeability and disappearance of the alveolar capillaries, and by changes in the septa of the alveoli; and resulting in the destruction of lung-tissue: the whole process giving rise to the clinical symptoms of phthisis.

That the same clinical symptoms of phthisis are caused by the pathological changes present in chronic bronchitis and emphysema, and in other cases by fibroid growth of the alveolar septa themselves, leading to the disappearance of their cavities.

That catarrhal pneumonia is the most common accompaniment of any affection of, or even injury to, the lungs; and that its occurrence often gives rise to the appearance of bodies possessing, to the naked eye, all the characteristics of the "tubercle" of authors.

That there is nothing in common between the pathological results of acute tuberculosis and those of chronic cheesy degeneration of the lungs, except it be in the occasional presence in the latter of the secondary lymphatic (?) products almost always, if not always, to be found in the former.

That the cheesy form of pulmonary phthisis ought not to be looked upon as one absolutely hopeless and fatal.

That, in the majority of cases of this form of phthisis, the whole bent of our treatment should be against repeated and chronic inflammations of the lung, in the sense of catarrh of the air-vesicles and finer tubes, and as far as possible in aid of increased assimilation and nutrition, especially in the encouragement of those methods of hygiene which consist not only in change of air and climate, but in the more ordinary matters of baths and suitable clothing.

And, Sir—to pause for one moment—the mention of these hygienic measures reminds me that, since our meeting here on Wednesday last, the College mourns the death of one of her greatest ornaments and most illustrious Fellows, Professor Parkes of Netley. Further of him to-day it is not for me to speak.

Portal, publishing his work on the *Nature and Treatment of Pulmonary Phthisis* in "the first year of the

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(a) Watson, *Lectures*, 1857, vol. ii. p. 715.
(b) *Guy's Hospital Reports*, ser. iii., vol. i., p. 369.
(c) *Odyssey*, 14, 22.

(a) *Path. Soc. Trans.*, vol. xxiv., p. 340.

French Republic,' as his title-page tells us (1792), speaks more boldly than did Bayle, who, with some sort of solemn religious feeling, confesses that to a large extent he has not dared to "explain the part that Nature plays in the production of phthisis." (*a*) But Portal, conceding that medicine is but a branch of natural history, thought he could not do better than conform strictly to the method followed in the different portions of the latter: that is, to give a history of facts observed, arrange them in order, and draw from their comparison the true character of the object treated of. "We ought never," he says, "to hope to guess at or to domineer over Nature; we can but listen in silence to, and meditate attentively over, the phenomena we observe; we can but discuss them carefully, and gather from them such truths as shall be useful." My aim has been to work after this fashion.

In conclusion, Sir, if I have not in very word complied with the conditions of the bequest of Dr. Theodore Goulston, "that a dead body was, if possible, to be procured, and two or more diseases treated of," I have at least brought the pictured results of the post-mortem room within the College, and treated, however imperfectly, of an affection which is Protean in its anatomy, if not in its features. Following out, at any rate, the feeling which, as Censor of this College between the years 1615 and 1626, he had probably attempted to inculcate, that not without the scalpel would the bounds of knowledgd be widened, I may say, in the words which his perhaps greater successor in this Fellowship makes use of, "Non solum manus pro virili medicas languidis corporibus adhibendi, verùm etiam defunctorum cadavera introspiciendi quàm sæpissimè ansam arripui." (*b*) Yet it may be that whatever I have said on the subject I have had the honour to bring before you only illustrates once more the twice-told sentence of Bacon: (*c*) "The spirit of man feigns in Nature a simplicity and uniformity greater than really is." It may be that the conclusions to which I have been almost irresistibly led as to what seems to me to be the simple nature of pulmonary consumption may fail to be real, when scanned by some more searching eye than my own; and if it be so, for work at least honestly attempted some consolation may be found in the words in which Heberden speaks of the uncertainty of modes of treatment: "No aphorism of Hippocrates holds truer to this day than that in which he laments the length of time necessary to establish medical truths, and the danger, unless the utmost caution be used, of our being misled, even by experience." (*d*)

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ANIMAL VACCINATION. (*e*)

THE VACCINAL STATE INSTITUTE OF BRUSSELS, CREATED BY ROYAL DECREE OF JULY 11, 1868.

Under the direction of Docteur WARLOMONT, Membre Titulaire of the Royal Academy of Médicine of Brussels.

(Translated at his request by Dr. C. R. DRYSDALE, of London.)

IN all civilised countries vaccination is accepted and practised as the most certain and even the sole preservative against small-pox. Vainly, from time to time, do some sceptics still cast doubts on its value; their opposition no longer serves but to make a truth long known more living, and convincing.

The objections made against vaccination are of two kinds: some say that it tends to shut up in the organism some morbid principles which an attack of variola would have the effect and aim of removing from the system. Thus, it would be capable of giving rise to other affections quite as grave, the bursting forth of which it would only have retarded. Others - and this argument is especially addressed to the public—assert that it presents, besides, the uncommon danger of exposing the vaccinated to receive, in the act of vaccination, the impregnation with constitutional diseases which may belong to the persons who have furnished the matter for inoculation.

For a long time past the first of these objections, due to the statistician, has been met, and we need not return upon it. As to the second, we are forced to accept it as having foundation, at least to a certain extent, and as far as syphilis is concerned, and we cannot refuse to give satisfaction to those who, in face of the compulsion made use of where vaccination is legally obligatory, experience a repugnance, the legitimacy of which cannot be contested, in presence of facts which, if they may have been considerably exaggerated by public credulity, are not the less met with periodically in practice.

We have been more than once reproached for having made use of such facts to aid our cause. We have replied that the reproach was unmerited. We said that it was an element in the question which required great consideration, and we repeat it. Besides, what good does it do not to confess it? Is the avowal of it not on the conscience of us all, and ought we, by refusing to explain ourselves, to believe ourselves safe, like an ostrich when it has hidden its head beneath its wing?

What satisfaction can be given to these disquietudes or to these repugnances? This has long been pointed out. It is sufficient that the vaccinator should take care only to accept as vaccinifers those individuals who are healthy and well made, and especially, seeing the difficulties which surround such selections, that he do not charge his inoculating instrument with any but pure lymph, free from all mixture with blood or different secretions of the subject that furnishes it.

All, however, is not said when this recommendation has been given. Let us admit that it has been rigorously observed—and that is a great admission, for we know how many culpable negligences follow in the train of a daily practice which has for long proved inoffensive—do we not know how inclined families are to lay to the account of vaccination the morbid symptoms which may attack their children, and how few among them take the trouble to investigate how much foundation there is for their deductions? Hence a source of mistrust, under which too many patients shelter themselves, in order to justify either their negligence or their resistance to the prescriptions of law and of hygiene.

Here, then, is a first desideratum to remove. There is also a second, which it is not less important, to put on one side. I would speak of the relative penury of vaccine lymph.

In countries where obligatory vaccination flourishes, in England, for example, where every infant, at whatever season, not only must be, under the penalty of a fine or even imprisonment for its parents, brought by them for vaccination, within three months after birth, but where they are liable to the same fine if they do not bring it again on the 8th day and allow it to be used as vaccinifer, the penury of vaccine matter can hardly be felt, and, in this point of view at least, its sources do not require to be renewed. But how different is it not in Belgium and in France, for example, where vaccination is left to the will of the parents, and how important it is to preoccupy ourselves about this point. There, not only do the parents, when such is their caprice, neglect to vaccinate their children, but what is almost as grave when the quantity of disposable lymph is concerned, may refuse, if it be their pleasure—and there is no lack of such parents—to allow the least particle to be taken for the benefit of others. This is not all; there reigns in many places the prejudice, that it is dangerous to vaccinate children in winter; hence, an almost complete suspense of operations from 1st October until 1st May, that is to say, for seven months of the year.

We see the consequences of this state of things: an

(*a*) *Op. cit.*, Préf., p. xiii.

(*b*) Morton, *op. cit.*, Ad Lect.

(*c*) *Novum Organon*, liber i. xlv.; and *Advancement of Learning*, book ii.

(*d*) *Comm.*, 1802, p. 71.

(*e*) The information contained in this work was furnished to the Members of the International Medical Congress when they visited the Vaccinal Institute of Brussels (September, 1875).

epidemic of small-pox manifests itself in winter, and with it the need of a great quantity of vaccine to meet the demands of revaccination; the lymph is wanting, or at least its production is not proportionate with the demand. The practitioners of depôts, of maternities, and of institutes of human lymph, may exhibit at such time prodigies of goodwill and activity, the subjects are wanting, and they are thus reduced to be more easy in the choice of the vaccinifers, and to distribute even—who knows?—vaccine matter from revacciuated persons, which nine times out of ten does not merit any confidence, and, when used in revaccinations, creates a security the more dangerous, that all control drawn from the results is in this case impossible.

Thus, in centres where vaccination is not obligatory by law, there is public utility in adding to the sources of vaccine by means which are not at the mercy of the public.

We have recognised above that, in others, this utility is less felt, because vaccinifers are there rarely wanting, and that there, in consequence, new processes would do ill to wish to be enforced, because of the insufficiency of the Jennerian lymph.

This, however, is but one of the sides of the question. There is another on which we have already insisted above. In countries where there is obligation for parents to vaccinate their children there is also a moral obligation for the State to furnish to such families vaccine lymph which shall be free from any shade of suspicion with regard to adulterations of diseased conditions.

Such are the two failings in the vaccination made use of since Jenner, and for which it was important to seek an efficacious corrective by the aid of new resources. These resources have been found by us in the practice of what is now conventionally styled "animal vaccination," a method which consists in sowing the original vaccine matter on young subjects of the bovine species, and making serve for the vaccination of mankind the produce of this culture. This product, besides escaping from the danger of diathesical adulteration, may be, with but short delay, infinitely multiplied, and create an unlimited source of vaccinal lymph capable of responding almost at a moment to the most imperious and extended necessities. Well, it was these two results which were to be obtained, and which the Belgian Government has attained to by creating, at my proposition, by a Royal Act of 11th July, 1868, a special establishment, which has been called "Institut Vaccinal de l'Etat."

Here is the text of this Act :—

Leopold II., King of the Belgians, to all present and to come, salutations. Having seen the reports made to the Royal Academy of Medicine as to the opportunity for renewing vaccine lymph by the inoculation of spontaneous cow-pox on calves, as well as the conclusions adopted in this matter by the Academy in its meeting of March 30, 1867, thus formulated :

1. The Academy has already recognised the utility and even the necessity of renewing and refreshing vaccine lymph, and has not changed its opinion since.

2. A really practical method of obtaining this renewal would consist in a large application of animal vaccination, founded on the inoculation of spontaneous cow-pox on calves, on which the product of this inoculation would be constantly kept up by the processes recently introduced into science. Having seen the opinion given forth in this same direction by the Conseil Superieur d'Hygiène Publique on April 26, 1865,

On the Report of our Minister of the Interior,

We have enacted and now enact :

Art. I.—The dispositions of the Royal Act of April 18, 181[illegible], concerning the medals spoken of in Art. 9 of the said Act are reported.

Art. II.—By means of the fund set aside for the payment of the said medals, there shall be created by the cares of our Minister of the Interior a special service with these objects :

1. The renewal of vaccine actually made use of by means of animal vaccination, founded on the inoculation of spontaneous cow-pox on calves, on which the product of this inoculation shall be constantly kept up by processes recently introduced into science.

2. The gratuitous distribution to all practitioners in the country, and to the communal administrations of localities which have no medical man, who shall make the demand in writing, of vaccinal matter thus obtained, as well as of humanised vaccine, product of the vaccination from the calf to the arm.

Art. III.—The chief of this service shall have the title of *Director of the Vaccinal Institute of the State.*

Art IV.—The Director of the Vaccinal Institute of the State is charged—

A. To see that there is constantly, in the place set apart for this purpose, at least one calf vaccinated by his care, by means either of the products of the spontaneous cow-pox discovered at Beaugency in 1866, (*a*) and kept up since then at the vaccine office of Dr. Warlomont at Brussels, or by means of the spontaneous cow-pox which chance or researches may cause to be discovered in this country or abroad.

B. To collect the cow-pox furnished by the calves, according to the processes recognised to be most advantageous, and distribute it gratis, under the conditions to be mentioned by-and-by.

C. To vaccinate infants from the calf to the arm, in order to be able, in the limits of the possible, to distribute, also gratuitously, humanised vaccine lymph, of the first transmission, which some vaccinators may prefer to the cow-pox, which comes directly from the calf.

D. To avoid lest any interruption take place in the successive inoculation of calves.

Art. V.—The gratuitous distribution of vaccine lymph collected at the Vaccinal Institute of the State is limited, as well for the vaccinators as for the communal authorities, to the sending out of two tubes or two points of vaccine lymph annually. (*b*)

The Director of the Vaccinal Institute shall be, however, obliged to satisfy, as far as possible, all the demands for vaccine lymph which shall be made to him, but he may ask from the communal administrations one franc, and from practitioners a fee of two francs per tube or point of animal matter, for any quantity sent exceeding the limits above mentioned. He is also authorised to deliver vaccine lymph at the rate of two francs per tube or point to any private person making a demand for it. (*c*)

By Royal Act of July 11, 1868, Dr. Warlomont, Membre Titulaire de l'Academie Royale de Médecine, is named

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(*a*) M. Pétry, Titular Member of the Royal Academy of Belgium, pointed out to this company, in a meeting of the 11th of this month, a case of spontaneous cow-pox discovered by him at Esneux (Liège) on the 2nd of July, and laid on the desk the minutes in due form of this discovery.

He makes this known at the same time that Dr. Warloment, informed of the fact by telegraphic dispatch, hastened to betake himself to the place and to collect the vaccinal matter, which he inoculated with complete success on one of these calves.

(*b*) The direction since then has spontaneously engaged to furnish vaccine to practitioners gratis, whenever they require it to renew their stock.

(*c*) It has been asked, and is sometimes still asked, if it were not well to suppress the emission of lymph to the public for money, an emission which, at first sight, appears incompatible with the exclusive character of an institution of public interest and the dignity of its aims, and consequently to decide that all lymph produced at the institute shall be distributed gratuitously. But it has been thought wrong—and not without reason—to deprive parents from the possibility of providing themselves, without any middleman, and from the fountain-head itself, with the sole kind of lymph in which many of them have placed their entire confidence; practitioners, in fact, not being able to address themselves to the institute for every subject they are to vaccinate, will continue to make use of a regenerated human vaccine lymph, which gives them perfect satisfaction, but which does not inspire perfect confidence in certain families. There would result from this tolerance a restriction voluntarily put upon the fees of an organisation which has been in vigour for the past six years to the satisfaction of the public, and which we ought not to touch without good cause.

Director of the Vaccinal Institute of the State.—*Moniteur Belge*, July 14, 1868.

Independently of the two wants we have above referred to, that is the danger, real or imaginary, of the transmission of diathetic diseases and the possible and often real penury of lymph to inoculate, a want which it was necessary to cause to cease, the Royal Decree aims at a third object—the renewal and refreshing of the ordinary lymph of the stocks. This object is not of less importance than the others. There is not, indeed, any vaccinator who has not sometimes seen, at a given moment, and without any very appreciable reason, the vaccine pustules of his patients gradually taking on a less flourishing appearance and become weakly or even ceasing to be produced. Does this mean that the lymph is thus weakened spontaneously or by the effect of time? This hypothesis is not proved; but what is proved is that it is sufficient that the germ has passed through a weak organism or a cachectic person in order to render it in its turn a less vigorous product, which gradually shall finish by becoming quite extinct. The existence of an establishment where the practitioner can in these cases of falling off renew and refresh his stock has then a real and incontestable utility, and we do noe think it necessary to lay much stress on it.

The Vaccinal Institute of the State has been in operation in Belgium for about five years, and, excepting some criticisms of details relative to its organisation, has been received with the greatest favour. Should it be wished to know in what proportion practitioners have made use of it, here are the figures: of the 2,000 practitioners nearly who practise in Belgium, we may estimate that hardly one-half, or 1,000, occupy themselves with vaccination. Well, of this number, 305 had recourse to the animal vaccine of the State in the one month of June, 1873; 463 in the course of the month of July of the same year; or in short, 768 in the course of two months. Since that time these figures have been notably higher; they have their eloquence.

Is the vaccine furnished by the Institute worthy of this confidence? Here is our reply: Employed living, that is from calf to arm, when the vesicles are well out and accuminated, that is, in the course of the fifth or sixth day, according to the season, animal vaccine lymph inoculated on virgin subjects is destitute of any faults, save those which arise from the hurry or unskilfulness of the operator. Well inoculated—and with the *living* lymph mere punctures suffice—it gives as many vesicles as insertions are made, and these may sustain comparison with the most beautiful products of human vaccine. If preserved vaccine be in question, and here we specially speak of the dry lymph preserved on ivory points, according to the mode adopted by us borrowed from England, we shall draw our reply from a report consigned in the *Bulletin de l'Academie Royale de Médecine de Belgique* (1871, p. 1217), whence it results, that the vaccinations and re-vaccinations which took place in 1870 and 1871 in the hands of 369 of the most well-known practitioners in Belgium, by means of points delivered by the Vaccinal Institute of the State, have given the following results:

1. In the vaccinations, of a total of 500 cases, 479 successes, or 96 per cent.
2. In re-vaccinations, in a total of 5,425 cases, 3,419 successes, or 62 per cent.

These are figures superior to those quoted in all statistics, for in England the best vaccinators only value at 90 per cent. the figures of their successes in vaccinations by means of human vaccine in tubes, and at 95 per cent. that which is procured by the same lymph on ivory points.

It remains to be established what is the reality of the preservation procured by animal vaccination, and again, the duration of the preservative virtue. As to the first point, this has to be replied, that out of more than 10,000 infants vaccinated at Brussels by animal vaccine, from 1865 to 1870, and which passed through the terrible small-pox epidemic which in 1870 and 1871 terrified us all, there has not been pointed one as having been attacked with the pest; that the same absolute immunity has been shared by our re-vaccinated cases, which are far more numerous, and who at the same time were in the midst of the foci of the epidemic. As to the durability of the preservation, it must be permitted to us to allow time to fix its duration.

There are many countries where parents do not permit the practitioner to take their children to serve as vacciniers; others, again, where they only consent to it for money. At Paris, if I am well informed, a good vaccinifer is paid five francs. Here the evil is not great, since the remedy lies near; but how many mothers do we not meet who repulse with horror all pecuniary offers. "Allow my child to be tortured for money, never!" and the finest pustules disappear unfruitful for any other child.

(*To be continued.*)

Clinical Records.

OBSTETRICAL MEMORANDA.

Reported by John W. Martin, M.D.,
Assistant-Surgeon, Mayfield Factory, Portlaw, &c., &c.

The record of clinical experience, even of a very ordinary nature, is likely to prove both interesting and instructive to the junior members of the profession, from the fact that such a record illustrates the doubts and difficulties with which we are assailed in the fulfilment of our daily duties, and the manner in which they have been met, and where possible, overcome. Such a conviction must be my apology for the publication of the following notes of some obstetric cases which have fallen under my notice; they present no unusual features, but are fair examples of the ordinary difficulties to be met with in this branch of our profession.

Case I.—*Mrs. M'C———, æt.* 28, *over two years married.—First Pregnancy.—Cord twice round Child's Neck, once round Body.*—I was asked to see this patient, 11 a.m. March 28th, 1876, the end of the eighth month of pregnancy, she having ceased to menstruate July 28th, 1875. Her labour had commenced at 1 a.m. The nurse in charge desired my presence, as the pains were irregular in their recurrence, and severe in their nature; no progress had been made during the 10 hours they had lasted. On examination, I found the passages well formed, cool, and moist; the os uteri was high up, close to the promontory of the sacrum, and dilated to the size of a shilling; waters unbroken and presenting with each pain; the head was the presenting part of the child; she passed water freely; the bowels had been confined for some days, but the rectum was, comparatively speaking, empty. Pulse 84, regular and even; stomach inclined to be sick. She was rather wearied by the loss of her night's sleep, and by futile efforts to help on her labour. I ordered her to rest herself as much as possible, not to weary herself in any way during a pain, and to take some strong beef-tea and other nourishment in small quantities. Saw her again at 2 p.m., but very slight advance had been made in the dilatation of the "os." The pains were very strong, but still irregular. She had taken nourishment freely; complained a good deal of being weak and wearied. Pulse good. Parts still cool and moist. Ordered a large warm water enema, containing sugar and salt, to be given, and repeated in four hours' time, as I have found such enemata very useful in provoking steady and well directed uterine action. At 7 p.m. I found matters but little changed. The enemata had steadied the pains, and so far served their purpose, but they had not brought away any fæces. The os was dilated to the size of a two-shilling piece, its edges were thin and resisting; the secretion of mucus in the passages had diminished, though the latter were still far from being hot and dry. The patient had taken a fair amount of nourishment during the day. The bladder emptied itself regularly. The patient felt weak, and wearied, and it being her first experience, she was naturally a little anxious about herself. I was somewhat puzzled to account for the delay. The patient was a strong and well formed young woman. The pains were evidently those of regular labour. The waters were unbroken; the child's head presenting; and everything seemed favourable to a speedy delivery. Added to this, there was also the fact, that she had barely completed the eighth month in pregnancy. I then injected ¼ of a grain of morphia in solution subcutaneously into the arm, close to the insertion of the deltoid muscle, which I find the most convenient place for this operation. She slept after it for half-an-hour; all pains ceased until about 10 p.m.; the pains then returned, but still remained ineffective, as before; there was no change in the condition of the os or passages. At 11 p.m. I repeated the injection of morphia, and left to take a few hours' rest. Saw her again at 2 a.m., the morning of the 29th. She had rested well since my last visit, and was not troubled much with the pains. She had taken nourishment freely, and felt stronger and better. The dilatation of the os had made slight progress, and I was pleased to find its edges becoming rounded, cushiony, and dilatable. Waters still unbroken, and the secretion of mucus much more abundant. Nausea more pronounced than it had been the previous evening. From a consideration of the general condition of affairs I felt convinced that there were as yet no grounds for instrumental or other interference. The fœtal heart was just as I could wish it to be, strong and regular. Ordered a dose of castor oil to be given, and left her again until morning in charge of the nurse. The morning visit was paid 15 minutes to 9 a.m. She had passed a quiet night, dozing, and free from pain. Did not retain the oil upon her stomach more than a few minutes. No action from the bowels. Passing water freely. "Os" dilated to the size of a crown-piece, the edges full, rounded, and dilatable. Passages cool and moist. Waters unbroken. Rectum full of fæces. Pulse 84, full and even. Felt much refreshed for the night's rest, and took plenty of nourishment, notwithstanding frequent attacks of nausea and occasional vomiting. The pains had just recommenced before my seeing her, and were recurring regularly and with moderate severity. No change in the fœtal heart, and the presentation was all that could be desired. I directed a repetition of the enema, and left to attend to the morning dispensary, leaving orders with the nurse to send for me at once should any decided change take place. Before leaving I applied the binder as a support to the abdominal walls, and as an aid in maintaining the child in favourable apposition to the axis of outlet, at the upper brim of pelvic cavity. At 9 20 I was called away from the dispensary, the pains having increased both in frequency and severity and altered in character, being now those of strong "bearing down" efforts. The enema had acted copiously. The "os" was fully dilated, but the anterior lip was low down in the passage; the waters were still unbroken. Rapid delivery was anticipated, as the passages were very spacious and well formed. The waters broke at a quarter to 10 a.m., and the head engaged the upper brim of the outlet, tightly jamming the depending anterior lip in its descent. I had some little difficulty in pushing this up and retaining it in position until the head was sufficiently low down to prevent its prolapse. It finally disappeared at a quarter past 10 a.m. The head of the child engaged the floor of the perinæum at a quarter to 11 a.m., and delivery was completed at 11.20 a.m. The left hand of the child was to its head; and the cord was *twice round its neck* and once round the body, besides being rather short than otherwise. This last complication puzzled me for the moment how to deal with it, as I had never seen such a case before. I found it impossible to free the cord from the child's neck, and my efforts merely threatened to make matters worse, by tightening the strain upon it, thereby increasing the risk of strangulation, from which the child was in imminent danger. The expulsive efforts of the mother towards the delivery of the shoulders threatened the same result. I at once applied the ligatures, divided the cord, hastened on delivery, and restored animation by practising Sylvester's method of artificial respiration. The child had uttered one or two cries immediately after the birth of the head, but subsequently became livid and lifeless in appearance. It was from eight to ten minutes before respiration was re-established. It was a fairly developed infant, its general appearance coinciding with the statement of an eight months' pregnancy. The placenta came away in ten minutes, its expulsion being hastened by moderate pressure applied to the fundus uteri; its separation was accompanied by a smart dash of hæmorrhage, but none subsequently. The uterus contracted firmly. Immediately after the delivery of the placenta I gave ʒss. dose of liquid ext. of ergot. The binder already applied was tightened evenly and comfortably. I remained an hour in the house, saw the child put to the breast, and did not leave until assured that my patient promised to do well, a promise verified by her subsequent speedy and satisfactory convalescence. Her labour had lasted nearly 36 hours.

Remarks.—It is unnecessary for me to discuss at any length the question whether this case was one for instrumental delivery or not. Its history negatives the idea at once. Until the morning of the 29th, there was not sufficient dilatation or dilatability of the "os" to warrant the introduction and use of the forceps. There was no excessive uterine action threatening rupture of the walls of the uterus, or dangerous pressure upon the cervix and maternal passages. The dilating force was applied through the unbroken bag of waters. The patient's strength was good, and with support and management promised to continue so, and to carry her safely through. Her pulse remained firm and even throughout. The fœtal heart also was all that could be desired.

Taking all these facts into consideration, I made up my mind to wait patiently upon the powers and efforts of nature, with, as the end showed, the happiest results.

I would direct special attention to the favourable action of the opium given in this case. In mine and the hands of others it has proved most beneficial as an alterative to the condition of the "os," where this is becoming thin, hard, and resisting. This state of the "os" I regard as very dangerous indeed, if the waters have broken, and the head of the child is pressing down upon the cervix, from what I deem to be an increased risk of fissure and rupture of the uterine walls in this position. The utility of opium under such circumstances was first impressed upon my mind, and indelibly so, by a case which I attended, in conjunction with a fellow-student, in Edinburgh. He was taking out his prescribed course of attendance upon the outdoor patients of the Maternity Institution of that city. It was his first case, and as I had already completed my course of study at the Rotunda Hospital, Dublin, and held its L.M., he asked me to accompany him. We were called at about six o'clock in the morning, the woman having been in pain throughout the night, from about twelve midnight. She was a poor laundress by occupation, and in rather indigent circumstances, not very strong or well nourished. On arrival we found the "os" dilated to the size of a florin-piece. The edges were soft, rounded, and dilatable. Pains strong and regular. Everything seemed favourable to a speedy and happy conclusion. Being tyros deeply impressed with the importance of our charge, we remained in close attendance the whole day. As the latter wore on, the pains became weaker, at the same time increasing in frequency and very "nagging." The woman got little rest between, and felt weak and worn out. The lips of the "os" changed their character; they became thin, tense, and resisting, imparting to the finger the sense of being opposed by a bit of whip-cord very tightly on the stretch. There was diminution in the secretion of mucous in the vagina, the parts tending to become hot and dry. The waters burst about 4 p.m.; matters were thus aggravated, by the pressure exerted by the head, the presenting part, upon the cervix. We got some new milk, and Liebig's essence of beef, and gave nourishment to her freely. Though somewhat strengthened and refreshed thereby, matters remained much the same up to 7 p.m. I then thought the indication was plainly to secure rest for some hours, giving time to the uterus to recover itself; accordingly, I gave a full dose of Battley's sedative, gtt. xxx., in a draught. In twenty minutes the pains almost ceased, and the patient rested quietly until 10 p.m., taking nourishment at the same time freely. It was interesting in the extreme, watching the change in the condition of the "os uteri" and vagina. The parts before tending to dryness became bathed in mucus. The lips of the "os" soon became thick, rounded, cushiony, and dilatable. Dilatation went on rapidly, although unaccompanied by much pain. About 10 p.m. we gave a large warm-water enema, which brought away some fæces, and excited a renewal of uterine action. Just at midnight our patient was safely delivered of a fine full-grown and well-formed child, and convalesced without an accident. It was one of the most interesting and instructive cases I have ever had the pleasure of attending, and gave me a truer insight into the management of a patient in labour than I could ever have acquired by months of hard reading. Another point upon which I desire to touch is the application of the binder previous to delivery. It is a useful measure in most cases, specially in those in which the abdominal walls are thin, weak, and pendulous. It affords great comfort and support to all; at least, such has been my experience, whenever I have applied it. Sometimes by accompanying each pain with steady, firm, and at the same time gentle traction upon the binder, the expulsion of the child may be hastened. Of course I claim no originality in its application; I am merely recording the result of my experience in the use of it. As for the administration of ergot immediately *after the expulsion of the placenta*, in fairly large doses, as advocated by so many of the heads of the profession in this special branch of our art, my experience is entirely in favour of it. I make it a regular practice in all the cases I now attend. At the same time I am convinced there is but little danger of P. P. H. if the uterus is not allowed to exhaust itself, by the due exhibition of nourishment in concentrated form, such as strong beef-tea or chicken broth, eggs broken up with a little brandy and boiled milk, and by the free use of the latter whenever a drink is required; also by the use of opiates where necessary. To keep up the patient's strength in each confinement is my first object, to secure physiological rest, and time for the uterus to recover its strength, the second. The necessity for doing so is at once apparent, if we bear in mind the widely different results attending *continued*, and increased *intermittent*, physiological action in the case of muscular structures. In the case of the first, there is exhaustion and atrophy; in the case of the latter, increase of power, and hypertrophy. Indeed this law holds good in the case of every tissue and organ in the body, and therefore must not be forgotten when dealing with the uterus in the hour of its trial. In many cases where this fact has been borne in mind, and nourishment and opiates have been freely and judiciously used, I have seen good strong contraction in uteri, which I am convinced, under other treatment, would have been relaxed, and from which there would have been abundant P. P. H. Before concluding this communication, let me impress upon my junior brethren the absolute necessity that exists for a careful education of the sense of touch in all that relates to midwifery as far as labour is concerned. To see with the tips of their fingers as clearly as with the eye itself must be the object of their ambition; and the more completely they can do this the less will be their difficulties in any given case.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 19, 1876.

THE VIVISECTION BILL.

THE Deputation which waited on Mr. Cross at the Home Office last week to urge objections against the Vivisection Bill has already had a good effect.

The *Times* which a short time ago expressed itself in favour of legislation upon this subject, has now recognised that the Bill before Parliament is calculated to do an injustice to men of science, to the medical profession as a body, and to retard the progress of science. We cannot believe that the Bill will be carried as it stands. If a majority of the House of Commons can vote in favour of such a law we cannot but conclude that either the Dark Ages are coming back upon us, or that the representatives of this country are unfitted to govern the nation. Two thousand members of the profession signed the memorial which was presented to the Home Secretary, and we may say that if the whole body of the profession were canvassed the expression of opinion would be all but unanimous in favour of that memorial.

The *Times* says we have only to consider a parallel case to estimate the weight which must be attached to such a demonstration. If the whole legal profession in a body protested against some measure for regulating the practice of the Bar, or if the whole body of actual and possible Academicians remonstrated against a measure for restricting the study of Art, the public would at once come to the conclusion that some material error or injustice was contemplated by a measure thus opposed. In any case which leaves room for doubt there is always a strong minority, at the least, of professional experts who differ from the predominant opinion of their brethren. But in this instance the feeling is equally strong and unanimous. All the men to whom humanity is at the present day most indebted unite in one indignant remonstrance against the measure.

A man may grow up to be a distinguished physician without ever having so much as witnessed such an operation. What most know of the practice is simply that its results are often invaluable, that it is practised by their brethren with the greatest reluctance and under the most humane motives, and that the men whom it is now sought to subject to this legislation are among the most unselfish and gentle of their profession and their race.

When the public read the able article in the *Times* of Wednesday last we doubt not that many will be convinced that the agitation has been stimulated by either ignorant or designing men, and that the hordes who have signed petitions against vivisection for scientific purposes have done so under entirely erroneous apprehensions.

Some twenty earnest workers represent all those of the medical profession who are engaged in the practice of vivisection in this country, and the good resuling to mankind and arising out of the observations of these twenty men is acknowledged on all sides, not only in this country but throughout the civilised world, and yet the medical profession have been attacked as a class of men specially addicted to the infliction of pain on the lower animals. The medical profession would be unwilling that these few men should be disassociated from the profession; they are in a way representatives of the whole body. It is in great part the ideas and suggestions of thinking physicians and surgeons that are worked out by those few men who are willing to investigate by experimentation upon living animals, but it has been explained and proved that these experiments have been and are being carried out in many instances without the infliction of pain whatever, and in all instances with the infliction of as little pain as is compatible with a correct observation of the point under investigation.

It has been shown again and again that the pain inflicted upon animals by scientific members of the medical profession is like a drop in the ocean compared with that which is daily inflicted upon them by men in their ordinary habits. In the one case the pain is regretfully inflicted with the object of saving human life and alleviating pain in man and animals. In the other case it is inflicted for the sake of gain or of pleasure by many of those very men who are leading the agitation against vivisection, and yet the whole force of the Government of one of the most intelligent of nations, stimulated by the wild shriek of an ignorant and hysterical and misinformed multitude is arrayed against the actions of these twenty men, whilst the infliction of pain on animals for gain or for amusement is connived at and encouraged. There is no gainsaying these statements; they are facts, and can be proved by any and every individual who will take the trouble to inquire; and neither can the matter be minced that men who can in the face of these facts legisiate to put down the one, whilst at the same time they themselves take part in the other, are not fit to hold office in the Government of this nation. The Home Secretary has already acknowledged the weakness of his position. He has said that it must depend upon the line of action taken by the profession whether the Bill passes this year or whether it is deferred to another session, in which case the people who are influenced by sentiment may not be satisfied with a Bill as liberal to the profession as that brought in by the present Government.

The Medical Profession are not likely to be misled by such arguments or to be coerced into the acceptance of the present Bill under such a threat. They will be probably willing that legislation shall extend so far as the granting of a license to those engaged in vivisection as a guarantee to the people that only capable men are engaged in the practice, and this is all that a government can fairly require.

It is unnecessary to refer to remarks made by the Home Secretary on Dr. Lyon Playfair's bill. It was never brought before the profession and it is not before them now.

We would suggest to every member of the profession that though he, as a medical man, is not interested in the question at issue, he is personally so as one of the public, and though he may have never given his mind to the subject, yet he never prescribes without unwittingly making use of a knowledge which is more or less the result of experiments on living animals, and it therefore behoves him to use his influence in throwing out this Bill. It is necessary that he should make himself acquainted with the arguments for and against vivisection, that he should be able to discuss the subject and disabuse the minds of the public concerning the scandalous falsehoods and libels which are now printed and freely circulated, and finally, we would say, it is a duty which every member of the profession should impose upon himself to thrust the discussion of the question upon those among his friends and patients who may happen to be members of the House of Commons, in order that those who have to decide whether legislation shall or shall not take place may be fully informed of the whole truth, and shall be able to recognise how *injudicious* and how *unjust* is the Bill which the government propose to enact.

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SCHOOL HYGIENE.

We are glad to see that this subject has been taken up by the Medical Society of New York. From a very recent number of *The Medical Record*, we learn that at the last annual meeting of the medical society of that State, the President, Dr. Rochester, remarked "that education was not, in all instances, the unmistakable blessing which it seemed to be, for it became necessary to acquire it at too great risks. His conclusions upon this point were that no child under ten should be sent to a public school and that every school district should have a competent and well-paid medical director, who should devote himself thoroughly and conscientiously to the many hygienic duties of his position. It would not involve an increased expense; on the contrary, it would be to the community a most economical proceeding. The society, as representing the profession of the State, should take some action which would inaugurate and perpetuate a reform in this respect."

We can all agree in admitting the justness of the above remarks, but unfortunately competition of all kinds, the struggle for the means of a comfortable subsistence, and the expense and inconveniences attending private tuition, are so great, that we are afraid it will be a long time before the public will be prepared, or allowed, to adopt the excellent advice suggested by our American conference. Now that compulsory education has been adopted in this country, and little children are compelled to go to school at a very early age, it is incumbent upon the Government to do all they can to see that the health, as well as the education, of the poor is not neglected. The necessity of some hygienic supervision of the children of the poorer classes is the more apparent when we reflect upon the dirty, miserable, and unhealthy conditions under which many of those children live and sleep, upon the bad habits and slovenly manner in which they are brought up, and even upon the dreadful examples which are often set them by their own parents. There can be no doubt that much of the bad effects resulting from the unhealthy physical and moral conditions to which the children of the poor are exposed, was, previously to the Education Act coming into force, in a great measure counteracted by the licence they then enjoyed of knocking about in the open air, or following some active employment. But now all this is changed; and if children of tender years are to go from homes in which they are badly fed, badly clothed, and badly brought up, to schools where the air is not much better than what they breathe in their own lodgings, or to schools where the hours of study, or the discipline of which is too much for their weak frames, or to schools where cleanliness and good moral conduct are not as strongly insisted upon as a knowledge of the three R's, then we say, that as far as the *morale* and *physique* of our future working classes are concerned, it would be better if School Boards and compulsory education had never been thought of.

Now, in order to obviate the evils which we clearly see may arise from the provisions of the new Act, we think that no better plan could be adopted than that which has been suggested by Dr. Rochester. If a competent and well-paid medical officer were attached to each School Board district, who, among other duties, would make an examination into the health of the children on their first entering the school, repeating the examination during the years at such period as the Board may think proper to fix, and who, moreover, would see that some of the ordinary principles of health, both as respect the pupils themselves and the school rooms, were not neglected, we should then, in all probability, have a class growing up around us whose physical, moral, and social status would be far above what it is now?

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THE ANATOMICAL FOUNDATIONS OF CHARACTER.

The progress of recent research in cerebral histology is teaching us many new views, and prominently among them, that all psychical manifestations are accompanied by corresponding actions in the cells of the grey matter, or cortical layer of the convolutions. By negative evidence the areas of mental activity are being shadowed out. By the relations of groups of cerebral cells, the psychical peculiarities of individuals are induced and determined; and in the like relations and similar development of such cell-groups is to be found the explanation of family characteristics. This view is in harmony with the thesis now being generally accepted, that different parts of the brain possess different functions, and the development of a specialised area will be found to correspond to the functional activity of the sense there represented. Further observation may change this from a feasible surmise to an accepted certainty. We already talk of "the path of a psychical reflex act."

In the cerebral cells, too, are contained the inherited residua by which certain actions of a complex character are rendered possible without any individual experience. Thus the chick will balance itself and peck accurately at a crumb on its emergence from its shell. Such complex action is rendered possible in the chick by its inherited residua, while a long period of education is requisite to enable young birds of different genera to perform successfully so complex an action. In the inherited residua are transmitted the properties conferred by descent, and in such residua, together with different groupings, and arrangement or relation of cell-groups, in all probability will be found the explanation of family characteristics of the peculiarities and general resemblances which mark off one family from another; and render possible with one what another can never attain. Probably the musical faculty of one family is accompanied by a corresponding large development of the cell-group, the presence of which makes one person musical, and the absence of which causes another not to know a note. On the primitive size and development of this group of cells depends then the inborn capacity for music which marks one family, and which renders the cultivation of music easy to them, as well as a source of pleasure; while its defective condition in another family causes its members to be indifferent about music, and if any one of them desire to cultivate it, such cultivation will be found to entail much toil and to end in but imperfect success. The comparative development of such cell-groups determines the characteristics of families; which rest on the varying proportion of histological elements in the cortex of the brain. Probably as there is a general physical resemblance in families, so the psychical likeness, the family traits, is associated with certain cell-arrangements which will give the brains of certain families a general resemblance. These histological elements exist and exercise their influence permanently upon the individual. And though circumstances—the pressure of the environment—and the efforts of the individual may modify, and doubtless do modify the cell-groups, and affect their residua, and so the pyschical outcomes, still there remain the family characteristics;—that family resemblance which may fairly be termed the anatomical foundations or groundwork of character. As the development of cell-groups may be furthered by the efforts and pursuits of the individual, so they may be caused to retrograde, until they remain little more than vestigia, exercising a scarcely recognised influence. Thus, Bulwer Lytton, in 2nd chap. of the 3rd book of "The Parisians," says of Vernosta, the retired Florentine singer, "uneducated except in the way of her old profession, and never having troubled herself to read anything but a *libretto*, and the pious books commended to her by her confessor, the artless babble of her talk every now and then flashed out with a quaint humour, lighting up terse fragments of the old Italian wisdom, which had mysteriously embedded themselves in the groundwork of her mind." The mysteriousness of this is no longer so supreme.

"Behind the effects of education, however, are those inherited dispositions which have so much weight in determining the character or temperament of the individual; what his forefathers have felt, thought, and done, though he has never known them, assuredly has some influence upon what he will be inclined to feel, think and do; he has inherited nervous substrata in his convolutions which are ready to take on, at the appropriate stages of his experience in life, the same kind of function which they displayed in his forefathers" (Maudsley).

In time, we will probably have charts or maps of the different cerebral areas of races, as well as of individuals; and in the different cell-groupings, and proportions of cell-groups, find the essential differences which distinguish in capacity and in character, the progressive Aryan from the static Mongol, the Teutonic astronomer from the Chaldean star-gazer. The microscopic investigation of the brain will apparently in time furnish what the phrenologists once thought they had succeeded in doing, and their success was surprising when we remember it was merely the osseous brain-covering they concerned themselves with—viz., the demonstration of the anatomical ground-work of character.

Notes on Current Topics.

The Eye of Man in the Future.

SCIENCE gives us interesting details about what the human eye has been and what it may become. The Vedas of India, which are the most ancient written documents attest that in times the most remote, but still recorded in history, only two colours were known, black and red. A very long time elapsed before the eye arrived at the perception of the colour yellow, and a still longer time before green was distinguished, and it is remarkable that in the most ancient languages the terms which designated yellow insensibly passed to the signification of green. The Greeks had, according to the received opinion now, the perception of colour very well developed, and yet authors of a more recent date assure us that in the time of Alexander Greek painters had for fundamental colours only white, black, red, and yellow. The words to designate blue and violet were wanting to the Greeks in the most ancient times of their history; they called these colours grey and black. It is thus that the colours of the rainbow were only distinguished gradually, and the great Aristotle only knew four of them. It is a well-known fact that when the colours of the prism are photographed there remains outside the limits of the blue and violet in the spectrum a distinct impression, which our eyes do not recognise as a colour. According to physiologists a time will come when the human eye will be perfected so as to discern this colour as well as the others.

Herbalists Again.

WHEN shall we hear the last of the nefarious practices of those "herbalists" who infest the back-slums of most large towns. Quite recently a man named Cornelius Amber, aged 78, described as a herbalist, and living in Archdeacon Lane, was charged with the wilful murder of Ann Gee. The deceased was a married woman, aged 26, living apart from her husband, and having one child of the age of 3 years. She applied to the prisoner to assist her to procure a premature confinement, and he lent his aid, with the result of causing her death in the course of a few days. Her child was suffering from scarlatina and slept with her. When the death of Mrs. Gee occurred a certificate for burial was given in the usual way, attributing her death to scarlatina peritonitis. But within a few days suspicion was aroused, a post-mortem examination was held, and in the result this charge was preferred. Being accused by the friends of the deceased of having caused her death, the prisoner offered them money to hush matters up. The evidence in support of the charge was, as might be expected, somewhat indirect. A visit to the prisoner's house was proved, the post-mortem examination showed the cause of death, and the dying depositions of the deceased, together with the admissions of the prisoner himself, connected him with the case. He admitted having treated the deceased. And among the statements made by her to the witnesses the day before her death was one "that she felt she would die, and that the prisoner had given her death-blow."

The absurd defence was that the wounds discovered at the post-mortem examination were self-inflicted, there being no sufficient evidence to convict the prisoner of having made them. We are, therefore, not surprised that the jury were not long in returning a verdict of guilty, but with a recommendation to mercy on account of his age. We doubt, however, whether his age did not rather forfeit than justify the merciful consideration of his judges, particularly as it appears that this was not the first offence of the same sort of which the prisoner had been guilty. This man was 78 years of age, and if, as is very likely the case, he had been plying his murderous trade long, it is dreadful to think of the crimes and life-long suffering of which he may have been the author. There can be no doubt that the herbalist's shop is the favourite resort of those unfortunate creatures whose misery or degradation induces them to find some means of procuring abortion, and that the abortion procurer often carries on his scandalous trade for a long time before he is found out. It is also to be deplored that the impunity with which these men carry on their practices, even when such practices result in death, is favoured by the laxity with which certificates of death are made out and received by the registrar. We should like to know how, in this case, "a certificate of death was given in the usual way," and who signed the certificate. We all know that the law respecting the signing of death certificates and the burial of the dead is not only imperfect, but, as it is, is often evaded, and the above case affords only one reason why the granting of certificates of burial should be conducted with more care, especially in the more crowded districts of large towns.

Quackery in the Philadelphia Exhibition.

IT seems from the statements contained in the *Philadelphia Medical Reporter*, that the Centennial Exhibition has been made the occasion for the most unblushing, disreputable, and indecent quackery under the sanction and authority of the Commissioners. Large space has been conceded in the so-called Medical Department of the Exhibition to secret quack pills and plasters, which, suitably done up in fancy bottles of attractive form, the public is supposed to interest itself in as in works of art or technology.

The *Philadelphia Reporter* very properly observes that "the exhibition of patent or secret nostrums can in no sense be a proper feature of an industrial display. These bottles and pills, both the ingredients and manufacture of which are concealed, give no incentive to culture in any respect; they teach nothing; the exhibit cannot possibly benefit anybody but the proprietor; and it does this at the expense of the more ignorant class of visitors, and of the managers of the exhibition, on whose intelligence and sense of propriety it becomes a conspicuous and lamentable commentary."

The admiration of Brother Jonathan for the earning of money by any method, and for those who have the 'cuteness to succeed in the accumulation of dollars has induced him to encourage the quack pill trades of the States by all the publicity in his power to afford.

A concession has been granted one notorious Eastern patent medicine man to put up and devote a whole building to the display of his nostrums, and in the main building prominent cases are filled with these certificates of American ignorance and gullibility. Circulars and handbills are prominently laid out for the crowd to pick up, and thus the traffic which all honest physicians and pharmaceutists are striving to check is fostered and countenanced by the very men who should have represented the foremost culture and best interests of the time.

Nor does any discretion appear to have been used. Two circulars are extensively distributed both from rather large exhibitors. One of these has sixteen pages extolling an elixir "for preserving the beauty and restoring the health of women, and maintaining the strength and virility of men!" It is filled with certificates and positive promises to cure sterility, uterine congestion, puerperal convulsions (!), and, of course, impotence and spermatorrhœa.

The second circular is in regard to the medical value of a certain extract. It commences with the following profound remark: "It is well known that the source of all diseases is in the impurity of the blood and in the crassitude of the bodily humours!" And this is the stuff the International Centennial Exhibition of 1876 permits to be supplied for the education and culture of its visitors.

Pauper Dwellings and their Inspection in London.

Last week the coroner held two inquests at Holborn concerning the death of two children. The former lived at 12 Little Gray's-inn Lane, and the latter at 29 Lacy-Buildings, Holborn. The relieving-officer called attention to the state of these houses. They were worse than pigstyes; in fact, pigs would not be put in such places. He thought that it was a shame that such places should be allowed to exist. The law compelled him to go into any house where he was called. During the nine years that he had been officer in this parish, he had had small-pox twice and fever three times. The jury returned verdicts of "Deaths from Natural Causes," and added that the houses were unfit for human habitation.

A Novel Method of Medical Touting.

A correspondent of the *Students' Journal* writes that in Liverpool, there resides a practitioner possessing excellent qualifications, little ambition, and good taste, who during the winter months, for the benefit of humanity (including of course himself), occupies his time on Sunday afternoons in lecturing to illiterate crowds upon medical topics, and permeating the proceedings with religious elements in the shape of Sankey's hymns and Moody's prayers.

On a Sabbath afternoon, at the conclusion of his lecture, our hero might be seen with a bundle of diplomas and certificates, calling aloud upon his audience to come and inspect the rewards of his industry. On another occasion, when *scientifically* treating the subject of "Pain Killers," he benevolently invited any who were in pain to come on to the platform, and having taken them behind a screen, graciously administered to each an injection of morphia. He also lectures on "The Contagious Diseases Acts," and holds forth to "men only" on syphilis; sells his previous lectures at sixpence each to the meeting, and places the syphilitic one in a sealed packet, and forbids its perusal by females.

The writer of the foregoing if he be in a position to substantiate the accuracy of the facts, stated, should not hesitate to give the name of the person referred to. We should then be able to satisfy ourselves as to the "Excellent Qualifications," and the responsibility of such conduct would be upon the college who granted them as much as upon the possessor of them.

Election of Registrar of the General Medical Council.

The expected election to the office of Registrar, vacant by the resignation of Dr. Hawkins, is announced to be made by the Executive Committee of the Council in October next. The salary is £500 a year.

Post-mortem Test of Respiration in the Infant.

In *Virchow's Archiv.*, Dr. Erman, of Hamburgh, relates the case of a woman who was delivered of three seven and a-half months children, two coming into the world living, and the third being dead-born. Both these children cried loudly while being washed, their cries being heard in another room at some distance off. They both died half an hour after they were born. At the autopsy it was found that the whole of the lung of the one child sank in water, even when cut into small pieces; and the lung of the other did the same, except as regards a very small portion of the edge of one of the lungs. The lungs in both were undistended, dense, and of a bluish colour.

The Vivisection Question.

Some of the news respecting the vivisection question is of a very antagonistic nature. Thus we are informed, almost in the same breath, of a meeting in Ireland, the object of which is to support the action which has been taken in the matter by the profession, and of another meeting in Willis's Rooms, the object of which is the formation of an "International Association for the Total Suppression of Vivisection."

With regard to the meeting in Ireland, we are glad to see that the Council of the Royal College of Surgeons of that country has adopted resolutions in accordance with the general views of the profession already published in our columns.

But with respect to the exact nature of the resolutions passed at the "large and influential meeting" held in Willis's Rooms we are not so well informed. No doubt they are calculated to strike a good deal of terror into the ranks of the vivisectionists and their friends, and of course they used the usual stock means of getting up a society, raised the parrot-cry customary on such occasions, and were "unanimous in opinions that the feeling of the country is strongly in favour of total abolition, and that there is absolute need for such a society!" There are many animals which, however low they may be in the zoological scale, however repugnant they may be to mankind, can, nevertheless, at times do much mischief, especially if irritated or unnecessarily interfered with. And very probably these societies of mushroom-like growth will, for a time throw many obstacles in the way of adopting those methods of investigation which a small body of respectable men has thought advisable to practise in the interests of science. Take no notice of such societies, and they and their cause will soon die a natural death, for in science, as in all other things, right will no doubt prevail in the end.

The War Hospitals.

The latest telegrams from correspondents at the seat of war in Turkey, Servia, &c., go to prove that the atrocities said to have been perpetrated on the wounded of both sides were much exaggerated, and in some cases absolutely untrue. The hospital accommodation, however, is terribly insufficient, and the medical and nursing departments, especially in the Servian army, of the most wretched description. The sufferings of the wounded are in consequence much increased, hundreds of cases lying for days untended, until Death has in many instances mercifully relieved their agonies. There appears to be an insurmountable dread of amputation amongst the Servians, who are generally men of splendid physique and great powers of endurance; they will rather die than submit to an operation. This characteristic determination was strikingly shown last week, when, after an engagement, forty amputations were deemed necessary, thirty six of the number electing to die rather than live on minus an arm or a leg. British surgeons are much wanted, and medical stores, especially bandages, lint, antiseptic dressings, and stretchers are urgently required. The war has at present resulted in nothing but minor engagements; should it last, which many in a position to judge consider highly probable, and heavy battles ensue, the position of the wounded will be terribly aggravated. Civilised Europe joins in the hope that its duration will be very short; in the interim there is unfortunately plenty of scope for the younger members of our profession bent on military surgery.

Adulteration Prosecutions.

Several interesting proceedings against adulterators are reported in England. At Dunster, in Devonshire, a shopkeeper, was prosecuted for selling pepper containing 10 per cent. of starch. Evidence was produced that the presence of the starch arose from the pepper having been ground in a mill in which beans had been previously ground. The defendant drew the attention of the bench to the fifth section of the Adulteration Act, 1875, by which it was provided that no person should be liable to be convicted if he proved absence of knowledge of the article being adulterated; but the bench expressed an opinion that although the pepper had not been wilfully adulterated, the presence of the starch could have been avoided. The fine was a nominal one, 6d., and costs. The fine and the costs, £4, were paid.

The manager of the Balham Co-operative Stores was summoned for selling to the prejudice of the purchaser arrowroot which was adulterated with tapioca. A certificate was produced from Dr. Muter, the analyst of the local board of works, stating that the sample was adulterated with 50 per cent. of tapioca. The inspector appointed under the Act said that tapioca was sold at 4d. per pound. He paid 1s. for half a pound of arrowroot. Mr. Ingham remarked that the defendant made 6d. profit upon every half pound of arrowroot. The defendant offered no defence. He wished to absolve the stores from all blame. He sold the article under a guarantee, and it was bought under a guarantee. Mr. Ingham said he had no doubt the defendant believed he had got a genuine article. He fined him 5s. and 23s. costs, which he could recover from the person who supplied him with it.

William Brown, spirit merchant, was charged at Greenock with having sold a bottle of whisky which was not of the nature, substance, or quality demanded by the purchaser. The report from Somerset House stated that the sample of whisky had been adulterated with 427 grains of hydrated sulphuric acid in the imperial gallon. The defendant stated that he never had vitriol in his shop. Never had anything called sulphuric acid. The sheriff, in giving judgment, remarked that the defendant was not charged with having adulterated the whisky, but he was charged with having sold it in an adulterated state, and there was little doubt that the prosecution had succeeded in proving that he had done what he was charged with. He considered it a case of gross carelessness, and would pass sentence of £5 with £5 expenses.

At a Bradford Police Court, a hair-dresser was summoned on a charge of selling an article called ginger ale which was not of the quality demanded by the purchaser. The case was that though the beverage was innocuous and palatable it was not "ale" and should not have been sold under that name, and the Bench dismissed the case.

As is well known we have advocated repeatedly, and in the strongest terms the suppression of adulteration and the punishment of trade rogueries; and being thus anxious to encourage honest trading and fair business competition, we very much regret to observe in two of these cases a disposition on the part of inspectors and analysts to ride the hobby to death, and enforce against shopkeepers the utmost letter of the law. Neither the pepper case nor the ginger ale case were legitimate occasions for prosecution, for in neither was there any intention to defraud, nor was anyone misled as to the nature of the articles purchased. No one who drinks "ginger ale" confounds it with the fermented alcoholic beverage, and, therefore, no one is wronged by the sale, and the magistrates showed their astuteness in dismissing the case. The commonsense test of an adulteration is the deception of the public. In the "milk of sulphur" or "citrate of magnesia" cases the purchaser *is* deceived. In the "ginger ale" case he is not. Forced by the law to comply with the principle of honesty, the manufacturers of cocoa, mustard, &c. have been obliged to state upon their wares something of real nature of their wares, and they have exercised their ingenuity in constructing labels to come just within the limits of the law, and, at the same time to give the consumer as little information as possible. In illustration of this fact, a correspondence has taken place between the "National Chamber of Trade" and the Local Government Board, arising out of the prosecution of two grocers for selling cocoa containing cocoa-butter, cane-sugar, and sago-starch. The fact was proved that the cocoa was labelled as a compound. The Bench, notwithstanding, decided that the defendents had made themselves liable for not stating this to the purchaser when the sale was effected, and fined them 10s. 6d. each, and costs.

The label on the package of cocoa was as follows :—

SOLUBLE
COCOA,
Manufactured by
TAYLOR BROTHERS,
LONDON.

This admixture contains no injurious ingredient.
38 & 39 Vic., c. 63.

The Local Government Board was requested to state "whether the above label is a sufficient notice to the purchaser that the article is a compound."

The following is the reply :—

"The Board has no information as to the grounds on which the decision of the magistrates was based, but they think that the label, of which you have forwarded a copy, might be framed in more distinct terms.

"The Statute 38 and 39 Vic., cap. 63, sec. 8, requires that the vendor of any compound article of food shall supply to the person receiving it a notice "by a label distinctly and legibly written or printed on, or with the article, to the effect that the same is mixed.

"In this particular case, for example, such words as the following might be used on the label : 'This is an admixture, but contains no ingredient injurious to health.'"

Impure Ice.

We cannot help saying that in our opinion a considerabe amount of exaggeration has been imported into the story of an epidemic from the use of impure ice. It must have been ice known in the trade as "rough-ice," taken from ponds "horribly foul," and if so, impurities can be readily seen and detected without a magnifying glass. Ordinary organic matter sinks to the bottom of all lakes and rivers the moment the temperature of the water falls below 32° Fahr. The tale as told by our contemporary the *Lancet* deserves attention only so much as applies to the negligence or malicious carelessness of the servants of the hotel, the inmates of which were, it is said, suddenly attacked by serious disorder, marked by giddiness, nausea, vomiting, &c. The story is that it at last attracted attention, and that an analysis of the water derived from the ice used in the hotel was made, and it was found to be "horribly foul." The pond from which it had been gathered was examined, and it presented "a homogeneous mass of marsh mud and decomposing sawdust." On this particular ice being disused the epidemic came to an end. Probably some people are under the impression that ice purifies itself in the process of freezing ; but this case clearly proves—what is asserted in the American report on the subject—that such a belief is utterly erroneous, and it must be wrong to use ice taken from ponds that are unfit for drinking purposes. The *Lancet* comes to the somewhat alarming conclusion that "tons of ice are consumed daily in London which have been obtained from ponds the water of which no one would think of drinking." Thereupon the *Globe* says, "Here is a new field for the operations of public analysts. These officials periodically alarm us by terrific descriptions of the tea, sugar, and pickles in common use ; and we are only too familiar with their vivid pictures of the living organisms with which the water companies are said to supply us. Their labours in these directions will be frustrated if the public are to be poisoned by a pleasure which every one has hitherto imagined to be as harmless as it is delightful."

Royal College of Surgeons of England.

At the meeting of the Council of the College last week Mr. Prescott Hewett was elected President ; Mr. Birkett and Mr. Simon Vice-Presidents. Sir James Paget in retiring leaves some heavy work for his successors, but he leaves it in good hands. The new President of the College has never yet held an appointment or office without devoting all his energies to the work which it entailed, or we may add without realising that amount of success which ever accompanies well-directed ability. Sir James Paget will replace Mr. Quain as representative of the College of Surgeons in the General Medical Council, an appointment which will give general satisfaction.

Dr. Sieveking and Dr. Bristowe were appointed Examiners in Medicine ; Mr. Carter, Professor of Surgery ; Mr. Flower and Mr. Parker, Professors of Comparative Anatomy ; Mr. Erasmus Wilson, Professor of Dermatology ; and Mr. Lowne, Professor of Anatomy and Physiology.

Subcutaneous Osteotomy.

The success which has attended division of the femur for deformity with chisel and mallet certainly warrants repetition. On July the 15th Mr. Maunder operated upon two patients, and showed others who had been benefited by the operation. The gathering of strangers in the theatre showed that subcutaneous osteotomy is exciting some interest in the surgical world.

Longevity in Ireland.

As many as 20 of the persons whose deaths were registered in Ireland in the first quarter of the present year are described as centenarians. There are three among them registered as 106 years old, one 109, one woman 110, and two men 111 years of age. The local registrars do not vouch for the truth of the statements of age. The registrar of Dungiven, Londonderry, however, after recording the death of a person returned as aged 102 years, adds—"Which from minute inquiries is believed to be accurate." The registrar of Tallow, Lismore, returning one death at the age of 111, says—"This man was married 1798, the year of the Rebellion, and was then 33 years old." The other death at 111 is recorded at Castleblayney, and the registrar says—"Informant said he could bring proof that the deceased was born in 1765, and it seems death took him by surprise in 1876, as he fully expected to reach his father's age, said to have been 115."

Society for Relief of Widows and Orphans of Medical Men.

A Quarterly Court of the Directors of this Society, under the presidency of Sir George Burrows, was held, by the kind permission of the Royal Medical Chirurgical Society, in their rooms, Berners Street, on Wednesday last. The sum of £1,271 10s. was voted to sixty widows and twelve children, divided according to the exigency of each case. The expenses of the quarter amounted to £44. Two fresh applications for assistance were admitted. Two new members were elected. The directors, acting under a special bye-law, recommended that at the next general meeting in October a grant of £20 should be made to the daughter of a late eminent physician (formerly a member of the Society) in great distress from loss of income and suffering from incurable diseases.

Statistics and Intemperance.

From the report which has just been issued by Her Majesty's Commissioners of Customs our attention is directed to the curious fact that though the year 1875 was not a prosperous one for commerce, for trade, or for our national harvest, yet the revenue from Customs showed a more than usual increase. "It has always," observe the Commissioners, "been held by the best authorities on questions relating to incidence of taxation that the bulk of the revenue from duties of Customs, of which almost the whole is derived from tobacco, spirits, tea, dried fruit, coffee, and cocoa, is paid by that portion of the population which is dependent upon weekly wages, comprising, as it does, the great majority; for wine, consumed principally by a richer class, contributes less than nine per cent. of the whole. Accepting this opinion as to the incidence of Customs duties, it seems difficult to reconcile the fact that these duties have increased at the rate of 5·3 per cent. during the past year, with a state of trade so exceptionally bad as has been above described."

Now among these different articles the consumption of which increased at such a rapid rate, spirits of all kinds form a very prominent item, and we are informed that the augmented consumption of spirits was as much as 72 per cent. No doubt the total abstainers and the temperance societies will turn this fact to account, and erroneously conclude that that alone shows how intemperance is spreading among the lower classes. Even those who are not inclined to form extreme opinions on the intemperance question have concluded from the above facts that the year 1875 was not a good one for the working classes, but that so far from stinting themselves at the public-houses, they must have determined to counteract the gloom around them by drowning dull care in the sparkling bowl." But the fact is, last year was by no means an unprosperous one as respects the vast majority of unskilled labourers, as may be shown by a closer examination of this report, and by the facts respecting the decrease of pauperism to which the Registrar-General lately drew attention. Unfortunately for the inference which would connect the increased consumption of spirits with a corresponding increase in intemperance, it will be noticed that there was alsoa corresponding increase in the consumption of various articles of food, all of which must be accounted for either by increase of population, or by the increased prosperity of the working classes. Allowance, however, is made for increase of population, and therefore it follows that when spirit is only one of many articles the consumption of which have been on the increase, the circumstance must arise not from the more intemperate habits of the consumers, but from large numbers being able, either through increase of wages or economy, to provide themselves with luxuries which they are obliged in less prosperous times to do more orless without.

The Case of Dr. Deville.

We recently commented upon the summary dismissal of Dr. Deville from his post as Medical Officer of Health for Harrogate, for declining to stoop to the dictatorial interference of the so-called Sanitary Board of that town. We are glad to find that Dr. Deville has been supported in his action not only by his *confrères* of the neighbourhood, but also by the leading inhabitants, a numerously signed memorial having been forwarded to the Local Government Board protesting against the vindictive and unjust action of the Harrogate Commissioners.

Mr. Prescott Hewett is the newly-elected President of the Royal College of Surgeons of England.

The Clothworkers' Company have promised a yearly donation of a hundred guineas to the London Hospital.

The Earl of Leicester has subscribed £5,000 towards the £35,000 required for the improvement and enlargement of the Norfolk and Norwich Hospital.

H.R.H. the Prince of Wales has enriched the Museum of the Royal College of Surgeons of England by the presentation of some skulls and skeletons of animals shot whilst in India.

On Saturday the excessive heat of the past fortnight attained its maximum: at the Wimbledon Camp 143 degrees were registered, being the highest on record. On Sunday in the London parks 135 degrees in the sun, and 92 in the shade were reached.

At the last meeting of the Croydon Board of Guardians it was resolved to furnish from the workhouse quinine and cod-liver oil to the medical officers of the union districts, with a view to diminish the consumption of wine and spirits prescribed for the sick poor.

We mentioned in a recent number that Mr. Quain, the representative of the College of Surgeons, England, on the Medical Council, intended resigning that position. At the last meeting of the Council of the College, Sir James Paget was elected to the vacant post, *vice* Quain.

Sir James Lomax Bardsley, M.D., F.R.C.P., who died last week, was the author of "Diabetes" and "Hydrophobia," articles which appeared in the "Cyclopædia of the Practice of Medicine;" also of a pamphlet on "Hospital Facts and Observations." Deceased was Consulting Physician to the Manchester Royal Infirmary and a Justice of Peace for Lancashire.

A **report** by Mr. T. F. Evans on the metalliferous mines in Wales, which is referred to in *Iron*, discloses conditions affecting the persons labouring in them which deserve attention. Mr. Evans finds the average age at death of the slate miners at Festiniog to be thirty-eight years; excluding accidents it is below forty-one years, or twenty-six years below the average age of death of males not employed at the mines. This also occurs among a class of workmen physically and morally superior to the average, and who receive wages high enough to secure every domestic comfort, whilst they are generally temperate in their habits, and spend their leisure "principally in religious exercises and the cultivation of literature and music."

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THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE VIVISECTION BILL.

The Royal College of Physicians have drawn up the following petition to the House of Lords :—

"That your petitioners view with deep concern a Bill now before your Lordships, entitled, 'An Act to prevent Cruel Experiments on Animals,' for medical and physiological purposes, believing that if passed into law, with its present provisions, it will seriously interfere with the advancement of science, the relief of suffering in man and animals, and the welfare of the public.

"That your Petitioners, fully assured of the incalculable benefits to humanity which have been derived from investigations into the laws of life and the nature, spread, and control of disease, and the action of poisons, whether taken accidentally or given intentionally, through the aid of experiments on living animals, from the time of their most illustrious associate William Harvey to the present day, cannot but view with serious apprehension those provisions of the said Bill which threaten to prevent the pursuit, in this country, of those studies with which the best interests of mankind are vitally connected.

"1. Your petitioners would especially pray that the title and preamble of the said Bill may be so amended as not to cast on physiologists and teachers of medical science an unjust and disproved charge of cruelty.

"2. That the limits of research, by experiments, may not exclude any investigations having for their object the acquirement of further knowledge of facts and laws relating to health and disease.

"3. That experiments of research in non-registered places may be permitted on a special certificate granted to persons of known character and position.

"4. That the limitation which the Bill imposes as to the animals which may be made the subjects of experiments may be omitted, inasmuch as domestic carnivorous animals are necessary for many purposes of experimental investigation.

"5. That the provision in Clause 13 apply only to non-registered places.

"Your petitioners, in presenting these requests, are influenced by those sentiments of humanity of which this nation justly boasts, and which have always been, and ever must be, dear to those whose daily duty it is to obviate and alleviate suffering and preserve life.

"And your petitioners will ever pray."

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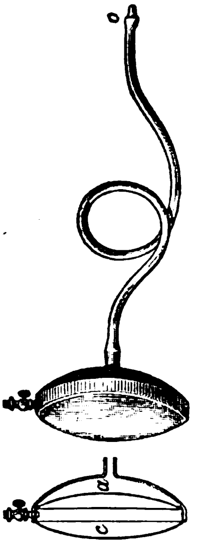
New Inventions.

NEW FORM OF STETHOSCOPE.

Mr. Yeates, of Dublin, has recently introduced to the profession in that city a new form of stethoscope worthy of notice, not only for its accuracy but because it provides the only method of auscultation which enables several observers to hear chest-sounds at the same instant. The adaptation of acoustic principles to this purpose is due to Professor König, and the instrument is figured and described in the latest edition of Ganot's Physics. In the margin we give an illlustration.



Two sheets of caoutchouc, C and A, are fixed to the circular edge of a hollow metal hemisphere; the edge is provided with a stopcock, so that the plates can be inflated, and then present the appearance of a double convex lens as represented in section in Fig. 1. To a tubulure on the hemisphere is fixed a caoutchouc tube terminated by horn or ivory, O, which is placed in the ear. When the membrane of the stethoscope is applied to the chest of a sick person, the beating of the heart and the sounds of respiration are transmitted to the air in the chamber, C, A, and from thence to the ear by means of the flexible tube. If several tubes are fixed to the instrument, as many observers may simultaneously auscultate the same patient; and as many as six persons may thus observe not only the same character of sound, but actually the identical sound.

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NOTES FROM OUR AMERICAN EXCHANGES.

Chronic Pleuritis.

Dr. W. T. Chandler, Cambellsville, Ky. (*Philadelphia Med. and Surg. Reporter*), believes that chronic pleuritis is a disease frequently overlooked, or mistaken for phthisis pulmonalis, in the diagnosis and treatment of chest affections. He cites in proof of this assertion, some interesting cases which have fallen under his notice in practice. The following history of one of his patients will serve as an example:—A young married woman, aged 22 years, shortly after her confinement, was seized with symptoms which her medical attendant pronounced to be those of acute pneumonia, and which, from their persistent nature, he believed to be phthisical in their nature. Six months later, so much was the patient reduced by hectic fever, cough, &c., he pronounced her incurably consumptive, and sent her into hospital to die.

On entrance into hospital, when examined by Dr. Chandler, the following symptoms were observed:—Great emaciation. Loss of appetite. Harassing cough. Hurried respiration. Pulse 125, quick and feeble. Respiratory sounds heard only in one lung. The right side expanded and contracted with each act of respiration; the left remained perfectly stationary. There was an entire absence of vocal and respiratory fremitus in the left side. The cardiac impulse was seen and felt deflected to the right of the sternum. There was decided bulging of the left side, which, on measurement, was found to be two inches larger than the right; the intercostal spaces presented the characteristic prominence in cases of pleuritic effusion. Percussion revealed dulness over the whole of the left side anteriorly and posteriorly, with increased resonance on the right. The vesicular respiratory murmur was absent throughout the entire left lung, but in the right, compensatory respiration was well marked. The case being evidently one of pleuritic effusion, the next step was to determine the nature of the fluid present. The hectic fever, emaciation, night-sweats, and prostration favoured the idea that empyema existed. This was confirmed by aspiration, when 43 ounces of fœtid pus were drawn off. The puncture was made between the eighth and ninth ribs, about six inches anterior to the spine. This puncture was subsequently enlarged, by the introduction of a bistoury, for the purpose of inserting a drainage tube, through which the pleural cavity was daily washed out with a weak solution of carbolic acid; a counter opening was made between the tenth and eleventh ribs, to facilitate the escape of the disinfecting fluid and the discharge of pus. The patient was sustained by the free use of brandy or whiskey, quinine, and the muriate tincture of iron.

After the second week, improvement became marked; recovery was complete at the end of the third month. On removal of the drainage tubes, at the end of three months, the left lung had completely recovered its normal distension, and the pleural cavity was obliterated by adhesions between the pulmonary and costal pleura. At the end of seven months, on examination, there was nothing to indicate the previous existence of pleural or pulmonary trouble.

Uterus Subseptus.

W. L. **Richardson**, M.D., Visiting Physician to the Boston Lying-in Hospital (*The Boston Med. and Surgical Journal*), reports an interesting case of uterus subseptus occurring in the case of a young married woman, æt. 25, four years married, and the mother of three children. She had menstruated regularly, except when interrupted by the pregnant condition, since she was thirteen years of age; the menstrual periods were always ushered in by severe pain, and usually lasted three days. Nothing abnormal occurred in the course of her confinements, except in the first, when a smart dash of hæmorrhage attended the commencing pains of labour. The condition of the uterus were diagnosed, but she would not permit a verifying examination to be made. She came under Dr. Richardson's care for constipation and dysmenorrhœa. An examination showed the vagina to be normal. At its upper extremity two ora could be distinctly seen; the right appearing, like the os of any woman who had borne children, slightly patulous, round, and with an irregular slit at one side; the left was like that of a virgin. Between the two ora was a band of normal tissue measuring about one-third of an inch in width. The sound could be readily introduced into the right os, and by it the length of the uterus was found to be two inches and a-half. On bending the sound slightly, it could be easily introduced into the left os. Sounds introduced at the same time through each os were found to have passed into the same cavity. By sharply bending the end of the sound, it could very readily be passed into one os and out at the other. There was no appearance of an inflammatory action having existed at any previous time in the region of the uterus; nor could the patient give any account of the history of any previous uterine disease. A digital examination made *per rectum* and *per vagina* detected nothing abnormal in the size or position of the uterus.

The case is interesting, as showing that a double os does not necessarily indicate any abnormal conditioneof the uterine cavity above. As a point of practical interest to the accoucheur, the existance of a double os might give rise to an error in judging of the stage at which labour had arrived at any given time. If the physician should make his examination hastily and carelessly, and chance to detect the undilated os alone, not recognising the existence of the second, whose dilatation was more or less completed, he would be liable to fall into the error committed in the case reported; the medical man in attendance during the first confinement, on examining, felt the left, or undilated os, alone, and gave it as his opinion that labour had not as yet commenced, and would not probably begin for some time. The truth was, the first stage was nearly completed, and the child was born soon after the examination was made, and the opinion given.

Cephalic Version in Arm Presentation.

Dr. L. **Hatchett** (*Medical and Surgical Reporter*, 1876) reports a successful case in which the above operation was performed. Pains had been felt forty-eight hours, and the liquor amnii discharged twenty-four hours, previous to the doctor's being asked to see the patient, a young Swedish lady in her third confinement. The maternal passages were so swollen, inflamed, and exquisitely tender that chloroform was necessary before an examination could be made. The left arm of the child was found low down in the vagina, and its body presented transversely in the uterus in the dorso-anterior position, the head being directed to the right. Dr. Hatchett introduced his hand into the womb, carrying the arm of the child with it. He then made pressure upon the pelvis of the child, directing it towards the fundus of the womb, making at the same time counter-pressure with his right hand on the right abdominal surface of the mother. The head came down without any difficulty. Case terminated rapidly by delivery of a fine healthy child weighing 9 lbs. It was partially asphyxiated at birth, but in the course of half-an-hour breathed naturally. There was severe post-partem hæmorrhage, but the mother made a good recovery. Owing to the mortality attendant upon podalic version, Dr. Hatchett considers cephalic version preferable where it can be accomplishedd. It is certainly a measure to be borne in mind in dealing with cases similar to that reported.

Treatment of Pruritus.

Dr. N. L. **Folsom** (*Medical and Surgical Reporter*) reports the case of a fat woman, aged sixty, who suffered from a most obstinate and severe attack of pruritus, affecting the vulva, clitoris, and mons Veneris. It so overcame her that she was nearly helpless. She was actively treated, both externally and internally, for several months, but every remedy tried failed to give relief. Finally, essence of peppermint was applied locally to the itching parts with great success. Relief was immediate, and the occasional use of the remedy kept her happy.

Gestation extending to Three Hundred and Six Days.

Dr. Thos. T. **Graves**, Lynn., Mass. (*The Boston Med. and Surgical Journal.*) reports a well-established case of gestation extending to 306 days, in the case of a young lady, a Miss E., aged seventeen years, married to a Mr. H., the mate of a vessel, June 16th, 1874. She lived with her husband until he sailed, April 8th, 1875. Three days before he left home his wife ceased to menstruate, and had intercourse each of the two nights following. Two or three weeks after he sailed Dr. Graves was called in, as she felt indisposed, and complained of nausea. At the end of nine months she had slight pains, but they passed over without the induction of labour. On the 306th day, after a labour of four hours' duration, she gave birth to a healthy male child, weighing 10½ lbs. The child was very fa long finger nails, and plenty of hair. It was very vigorous from birth. The well-ascertained facts of this case make it very interesting, as establishing the possibility of such a prolonged gestation. By the Code Napoleon, 300 days are all that are allowed as the extreme limit of the pregnant condition. In this case, had the lady been amenable to that code, a divorce might be procured, which would have been unjust, and, as Dr. Graves pertinently remarks, if unjust in this case, why not in others of a similar character, should they occur?

THE PRURITUS OF PREGNANCY.

PROFESSOR J. R. BLACK, M.D., writes in the Cincinnati *Lancet and Observer* (*Med. and Surg. Reporter*, May 13th, 1876,) in favour of the use of hydrate of chloral as a topical remedy in the pruritus of pregnancy. He gives the particulars of three cases in which its application was most successful, the relief being prompt, decided, and permanent. The following is the formula which he is accustomed to prescribe—

℞ Chloral hydrate, ʒiij.
Aqua, ʒiv. M

The parts affected to be sponged with the solution.

One application gives almost immediate relief. In one case severe smarting was felt, but this soon passed off. The use of the hydrate of chloral is equally serviceable in the case of the itching attendant upon urticaria.

◆

Correspondence.

THE NEW PUBLIC HEALTH BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The introduction of another Public Health Bill seems to invite discussion on the working of that one which was passed in 1874. The codification of existing sanitary laws proposed by Sir M. Beach is indeed an absolute necessity. The present Bill, however, does not stop at this, but introduces some changes of detail which will be found of great value. It is true that scarcely two years have elapsed since the introduction of the last Public Health Bill, yet sufficient experience of its shortcomings has already been attained to enable a definite opinion to be formed as to its value. I am satisfied that that Act has been allowed to remain in the great majority of cases as more or less of a dead letter. I give this not as the result of my own experience only, but as that also of many medical friends scattered throughout the kingdom. The causes that have led to this are various. The bodies to whom its administration was entrusted were already provided with occupation sufficient for all their available time and energies. Public opinion, too, was, and is not, educated enough to sufficiently appreciate the value of sanitation. This cause is one, however, with which no legislation can deal; time and increased knowledge must alone supply the remedy. The withdrawal of sanitary authority from municipal bodies of towns under 6,000 has been also one of the leading causes of the failure of the Act. This did not form part of the Government Bill, but was introduced into it on the suggestion of Mr. Errington. The results of the change have been most unfortunate; the boards of guardians neither have the same time nor the same local interest nor local knowledge that the small municipalities brought to the management of sanitary matters. The provisions of the Common Lodging-Houses Act, for instance, have been painfully neglected since their execution was taken out of the hands of the local commissioners. The leading idea of those who stripped the smaller municipal bodies of their sanitary powers was that the Poor-law boards would display a greater independence in dealing with abuses. I fear that my experience would not confirm that opinion. A great deal has been lost; and if we except that the Local Government Board has had fewer authorities to rule over, nothing whatever has been gained.

The fact that there is an undeniable conflict between the duty of the sanitary officer and the interest of the practising physician has also lent its share to the failure of the Act; greater far, however, than any of these, has been the influence for evil wrought by nominal salaries, and the absence of any superintending official in each union. Dr. Grimshaw hit the great blot when he laid such stress on this very point, in his evidence before the Local Government Committee. The absense of anything like inspection of districts has been also productive of evil—parties aggrieved and grown weary of interminable correspondence with the Local Government Board have had nothing left to them but to continue to suffer in silence. The Bill at present before Parliament will scarcely pass this session; there seems, therefore, likely to be time enough for ventilating suggestions for its future improvement.

Analysing the present Bill, I would suggest that Clause 6 should give power to the Local Government Board to disjoin towns under 6,000, and convert them into urban sanitary authorities, on application made and cause shown. Clause 10 should give the Local Government Board exclusive power to fix salaries, lessen the number of sub-officers, give discretion to the Local Government Board to prohibit private practice by superintending officers, and appoint all superintending sanitary officers henceforth by competion, examination, and after special training, give power to unite at discretion of the Local Government Board more than one union under superintending officer. Where sanitary authority would make no order at two successive meetings the superintendent should have power "proprio motu" to send the case to the tribunal of first instance. This would effectually meet the difficulty caused by Boards hearing whole sheaves of reports read and taking no notice thereof. Clause 138 would be rendered more valuable in the working if the Local Government Board provided the local authorities with an uniform design for ambulance carriages, constructed on the most improved principles, and insisted on providing themselves with them. Those at present in use in most places are of the rudest construction. Clause 139. The authorities appear to be too timid in grappling with the prejudices which oppose the compulsory removal of contagious cases to hospital. These prejudices are neither so wide-spread nor so deep-seated as are believed. Powers of compulsory removal should be given, though they might be used tentatively. The want of such a provision as this every other day leads to extension of disease, loss of life, and increased burthens on the ratepayers. In a neighbouring town where fever largely prevailed I know of at least one case where the death of the parent and consequent pauperism of the entire family have been the direct result of the want of such a clause. This individual death I am satisfied is not the only loss. There are present forty cases of fever in the Cashel Fever Hospital, not ten of which I believe I should have had if early rigid isolation had been practicable. A converse fact in proof of the value of compulsory removal may not be out of place. In '72 fever largely prevailed in this city, and spread from thence to the large union workhouse. The instant an inmate of the latter made the slightest complaint he was compulsorily removed to isolated wards for individual patients, and from these he was transferred to the contagious or non-contagious wards, as the disease declared itself. The result was the early and complete extirpation of the disease. Clause 140 should be enlarged so as to give sanitary authorities power to close public schools when occasion might demand. I met with a notable proof of the necessity for this. Clause 203. Superintending officer should be responsible for thorough inspection of district, subject, of course, to supervision of the Local Government Board's officer. Clause 206. Local Government Board ought to get power under this clause where a board of guardians ask for it, or is dissolved for continued contumacy, to create a new and permanent sanitary authority out of different materials altogether, such new authority to be composed partly of local members selected by the Local Government Board, partly of others selected by the different municipal bodies of the district in which the dissolved board might be situate. Had the working of the Sanitary Act been originally committed to the charge of boards, elected partly by boards of guardians and partly of municipal bodies, I incline to think the outcome of the Act of 1874 would have been quite different from what it is. No provision is made in the present Bill for providing for those difficulties which are sure to arise in connection with the all-important subject of the thorough registration of sickness. Parliament must by this time be rather wearied of incessant tinkering with sanitary legislation. For that reason it might be less difficult to make in the present measure those additional changes which existing experience may suggest than seek for further modifications in a few years hence.

Yours truly
THOMAS LAFFAN, L.K.Q.C.P., M.R.C.S.E.

ALLEGED ABUSE OF LUNATIC ASYLUMS.

In the House of Commons last week,

The Lord Advocate, replying to Mr. Ramsay's inquiry respecting private lunatic asylums being used as refuges for bankrupts and for ministers to avoid trial by their presbyteries, said that, in the cases referred to, the proceedings of the bankruptcy contained no allusion to anything discreditable on the part of the bankrupt. As to the minister specially referred to, he still remained in the asylum, and there was no doubt that he was properly placed under restraint.

Mr. Dillwyn afterwards rose to call attention to the operation of the existing laws relating to the committal and custody of lunatics, and to move—"That, in the opinion of this House, those laws do not afford sufficient safeguards against illegal incarceration and the maltreatment of lunatic patients." He referred to the great increase in the number of lunatics throughout the country, which had led to the provision of county asylums and other accommodation for their reception; and he ascribed that increase, in a great measure, to the lax administration of the law. He thought that the law officers or some competent independent authority who would not be under any suspicion of favouritism ought to prosecute all cases of violation of the lunacy law, and to require that no person should be placed in a lunatic asylum without the warrant of some public authority. He further proposed that all private lunatic asylums should be abolished, and that all such places of confinement should be public institutions.

The House was counted out before the resolution could be passed.

Medical News.

Royal College of Surgeons of England.—The following candidates having passed the required examination received the diploma in Dental Surgery, at a meeting of the Board of Examiners on the 29th ult.:—

Bateman, George W., Elgin-crescent; Birt, Stephen, Leamington, Warwick; Brown, Richard, Tavistock, Devon; Carter, Thomas S., Leeds; Fairbrother, Horace J. L., Stockwell; Furber, Alfred W., Kentish-town; Marriott, George H., Albion-street; Mason, Henry B., Exeter; Roberts, Thomas A., London; Small, Moreton A., Marylebone-road; Stevens, Lewis W., Swansea; Weiss, Felix H., Montague-place; Willis, William F. Blackheath.

University of Dublin.—The following degrees were conferred on the 28th ult.:—

Bachelor in Medicine.—Arthur H. Benson, William Blunden, Richard E. Biddulph, George Comyn, John Henry Dwyer, Charles N. Fox, Richard Fullerton, Dudley Loftus Fitzgerald, Charles Gorman, Thomas Kinley Hamilton, James Alexander Greer Hamilton, William Wallace Kemry, Wm. F. Lambert, George Reginald Leeper, Robert M. Maginnis Shapland Newell, David Wilson Orr, Jones Lloyd Peyton, Jonas S. Poole, Edward Richard Power, Oliver Sproule, Sidney Hamilton Taylor, George Whitaker, William Aiken Wright.

Doctor in Medicine.—James Henry Leslie Allen, George Wyndham Crowe, David Drummond, K. M. Franks, William Henry Goode, Nathaniel H. Kane, Alexander Macalister (dip. con.), James Emerson Reynolds (honoris causa), Phineas Barrett Tuthill.

Licentiate in Medicine—Charles Alfred Cooper.

Master in Surgery.—H. E. W. Barrington, Lawrence Corcoran, Charles Featherston, Charles Nugent Fox, Jonas S. Poole.

Licentiate in Surgery.—Martin O'Carroll.

Bachelor in Surgery.—Richard Fullerton, Charles Gorman, Robert M. Maginnis, Jones Lloyd Peyton, Oliver Sproule.

Vital Statistics.—From the Registrar-General's return we learn that during last week 5,754 births and 2,935 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 19 deaths annually in every 1000 persons living The annual death-rate was 18 per 1000 in Edinburgh, 18 i London, 20 in Glasgow, and 24 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 17, Hull 15, Leicester 9, Portsmouth 22, Newcastle-upon-Tyne 19, Birmingham 19, Brighton 19, Leeds 22, Wolverhampton 17, Bradford 21, Sheffield 17, Plymouth 20, Bristol 18, Oldham 28, Manchester 24, Salford 29, Nottingham 13, Sunderland 17, and Liverpool 22. The annual death-rate from the seven principal zymotic diseases averaged 2·8 per 1000 in these towns, and ranged from 0·4 in Newcastle-upon-Tyne, to 7·9 and 8·7 in Portsmouth and Plymouth. In Manchester and Salford 18 more fatal cases of small-pox were registered, including 6 in the Monsall Hospital which had been admitted from the city of Manchester. Since the beginning of the year, 379 deaths in Manchester and Salford have been referred to small-pox, including 93 in the Monsall Hospital. In Liverpool 17 deaths from small-pox were registered last week. In London, there were 3 deaths from small-pox, the mortality from other zymotic diseases being exceptionally low.

Memorial to the late Dr. E. A. Parkes, F.R.S.—The following subscriptions have been received or promised:—The Duke of Westminstnr, K.G., £20; Earl of Derby, £10 10s.; Earl Granville, £10; Lord Belper, £10 10s.; The Right Hon. Gathorne Hardy, M.P., £10; The Right Hon. R. Lowe, M.P., £5 5s.; James Booth, Esq., £20; C. H. Parkes, Esq., £52 10s.; Mrs. William Paget, £25; Sir W. Jenner, Bart., K.C.B., £10 10s; Sir James Paget, Bart., £10 10s.; Sir W. W. Gull, £10 10s.; Sir H. Thompson, £10 10s.; R. Quain, Esq., £10 10s.; J. E. Erichsen, Esq., £10 10s.; Dr. Russell Reynolds, £10 10s.; Dr. Hermann Weber, £10 10s.; Dr. C. J. Hare, £10 10s.; Dr. Bucknill, £10 10s.; Dr. Wilson Fox, £10 10s.; Dr. W. H. O. Sankey, £10 10s.; T. E. Harrison, Esq., £10 10s.; Dr. Philip Frank, £10; Dr. Sharpey, £5 5s.; Dr. Burdon Sanderson, £5 5s.; Henry A. Palmer, Esq., £5 5s.; Dr. Sieveking, £5 5s.; Dr. George Buchanan, £5 5s.; Mr. and Mrs. S. Worsley, £5 5s.; Dr. Carr (Blackheath), £5 5s.; R. B. Smart, Esq. (Manchester), £5 5s.; Dr. Corfield, £5 5s.; Miss Florence Nightingale, £5; Dr. F. Mouat, £5; Miss A. Parkes, £5; Dr. Graily Hewitt, £3 3s.; Christepher Heath, Esq., £3 3s.; Berkeley Hill, Esq., £3 3s.; Mrs. John Rickards, £2 2s.; Dr. Guy, £2 2s.; The Rev. G. C. Bell, £2 2s.; Dr. Charlton Bastian, £2 2s.; Dr. Aitken (Netley), £2 2s.; Professor Rollestone, F.R.S., £2 2s.; Professor Hayter Lewis, F.A.S.; £2 2s.; Dr. W. W. Carr (Blackheath), £2 2s.; J. C. Gooden, Esq., £2 2s.; Dr. F. T. Roberts, £2 2s.; Dr. Gowers, £2 2s.; Professor Fleming Jenkin, £2 2s.; Dr. John Williams, £2 2s.; Marcus Beck, Esq., £2 2s.; Dr. T. D. Griffiths (Swansea), £2 2s.; Dr. Poore, £2 2s.; Dr. De Chaumont, £1 1s.; Dr. Wilks, £1 1s.; Dr. Topham, £1 1s.; Edward Milner, Esq., £1 1s.; The Rev. Jno. Meek Clarke, £1 1s.; Dr. Du Pasquier, £1 1s. Subscriptions may be paid to the Treasurer, Mr. Erichsen, 6 Cavendish Place, W., or to either of the Secretaries. Cheques to be crossed "Union Bank. Post-office orders payable at Vere Street.

On Wednesday last Dr. Risdon Bennett, President of the Royal College of Physicians, presented the prizes to the successful candidates, the principal recipients of which were: For the Entrance Science Scholarships: Mr. H. A. H. Fenton, £60, and Mr. T. D. Savill, £40. First-year's Students: Mr. T. D. Savill, Tite scholarship and certificate of honour; A. Newsholme, College prize (£20) and certificate of honour; J. Shaw, college prize (£15) and certificate of honour. Second-year's Students: C. E. Sheppard, college prize (£15) and certificate; S. J. Taylor, Musgrove scholarship (40 guineas) and certificate; J. Shaw, college prize (£20) and certificate. Third-year's Students: Mr. C. B. Longstaff, college prize (£20) and certificate; C. E. Sheppard, £15 and certificate.

Seaford Convalescent Hospital.—The annual report of this institution has just been issued. The hospital has been established about sixteen years, proving of immense value to the cases which have been sent there. Last year the number of cases treated was 453, of whom 241 were males and 212 females. The number of monthly orders issued since the foundation of the society is to this date 5,550. There had been a falling-off in donations of £506 17s. 5d., and in annual subscriptions of £37 6s.; and as the committee have had to meet the outlay of £4,096 19s. 8d. for increased hospital accommodation and equipment by sale of the residue of the society's investment, viz. £1,738 16s. 4d. of India Five per Cent. Stock, they naturally regret that their funds do not permit them even to contemplate an indoor supply of sea-water on a comprehensive scale.

NOTICES TO CORRESPONDENTS.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the **Medical Press and Circular**, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Mr. J. B. B. will find his communication noticed in another column.

Mr. Warner is thanked for his courteous note.

Dr. Wilson.—The local paper to which you refer has not come to hand; we are, therefore, unable to refer to the subject.

Vivisectionist.—1. Originally in the *Spectator*. 2 The same journal referred to the leader in the **Med. Press** on the 1st inst., but did not attempt to refute our arguments.

Dr. Hawtrey Benson has been appointed Medical Referee for Dublin to the Alliance British and Foreign Life Assurance Company, in the place of the late Dr. John Hamilton.

Postal Anomalies.—Dr. Carey, of Taunton, Somersetshire, writes us that by accident there was no postage stamp on the last number of his Journal when it arrived, the authorities in consequence mulcted him of quadruple postage. When the reason of this strange proceeding was demanded, the postal reply was that "the paper was not registered for transmission abroad, and it was therefore charged as a book packet."

[What foreign registration can have to do with any town in Great Britain or Ireland we are at a loss to understand, unless, as our correspondent pertinently puts it, "Taunton being so unlike any other place, it is considered by the authorities as out of the kingdom." However this may be, the said authorities *have received the registration fee* from us for nearly forty years, and on the title page of every number is printed in black type "Registered for Transmission Abroad." Our correspondent does not complain at having to pay the paltry amount, the principle is what he cannot understand, and we regret our inability to enlighten him. We would, however, ask our subscribers who may by accident receive an unpaid copy, to refuse it rather than submit to such a demand. A post card to our office will at any time ensure the transmission of a second copy free of cost.—**Ed.**]

Advertising a Doctor.—A correspondent of the *Melbourne Medical Record*, writing from a town much frequented by Chinese, writes:—"We have a prescribing chemist here who will cure everything while the patient's money lasts, and a doctor who, much to the disgust of the chemist, makes up the medicines he prescribes. Naturally they hate each other, and, as the Chinese element is strong here, both try to monopolise John Chinaman. The doctor, on the strength of knowing a few Chinese words, determined to have a sign-post put up, stating that "Here lives the best doctor in all these colonies: he never kills, but speaks Chinese like a native of Canton." The chemist seeing what was going on, bribed the artist, a Chinaman, with a good dose of opium and money enough to carry him to the new diggings, to write, 'He kills every Chinaman who consults him and then eats him. Go to Dr. ——, the chemist opposite." It was some days before the doctor discovered to his disgust what the Chinamen were laughing at as they passed."

M.R.C.S.—Your communication shall appear in an early number.

A Student.—We must decline your offer.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Elements of Pharmacy. By F. H. Lescher. Fifth Edition. London: J. and A. Churchill.

Human Vivisection. By Hy. McCormac, M.D.

Part II of Heath's Course of Operative Surgery.

The Appointment Dial. Designed by Horace Dobell, M.D.

Royal London Ophthalmic Hospital Reports. Vol VII.

How to Use the Ophthalmoscope. By E. A. Browne, M.R.C.S. London: Trübner and Co.

The Nurses' Companion. By C. J. Cullingworth, M.R.C.S. London: J. and A. Churchill.

Thyrotomy in Prolapse of the Larynx. By G. M. Lefferts, M.D.

Fox's Atlas of Skin Diseases. Part X.

Bentley and Trimen's Medicinal Plants. Part X.

Urinary and Renal Diseases. By Wm. Roberts, M.D. Third Edition. London: Smith, Elder and Co.

Diseases of the Skin. By H. G. Piffard, M.D., New York. Macmillan and Co.

Handbook of Therapeutics. By Sydney Ringer, M.D. London: H. K. Lewis.

Epilepsy. By F. Goodchild, M.D.

A Guide to the Examination of the Urine. By J. W. Legg, M.D. London: H. K. Lewis.

Operative Treatment of Finger Contraction. By Dr. O. W. Madelung.

A Manual of General Pathology. By E. Wagner, M.D. New York: Wood and Co. London: Sampson Low and Co.

The Extension of the Contagious Diseases Acts to Liverpool considered by F. W. Lowndes, M.R.C.S.

Remarks on the Treatment of Congenital Club-foot. By W. J. Little, M.D.

The Veterinary Journal. Obstetrical Journal. The Practitioner. Students' Journal. New York Medical Record. Le Progrès Medical. La Presse Medicale. Indian Medical Gazette. Pharmaceutical Journal. Le Paris Medical. Allgemeine Weiner Medizinische Zeitung. L'Année Medicale, &c., &c.

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VACANCIES.

Manchester Eye Hospital. House Surgeon and Secretary. Salary £70, with board. Address the Chairman of the Board.

Keighley Board of Health. Medical Officer. Salary £100. Applicants must address the Chairman of the Sanitary Board.

Festiniog Union. Medical Officer. Salary £60, with fees extra. Endorsed applications to the Clerk of the Guardians.

Amersham Union. Medical Officer. Salary £50, with fees extra. Address the Clerk to the Guardian.

East London Hospital for Children, Ratcliff. Resident Medical Officer. Salary £60, with board, &c. Apply to Mr. Ashton Warner, Secretary. (See Advt.)

Woolwich Union. Assistant Medical Officer. Salary £60, with board. Apply to the Clerk of the Guardians, Woolwich, Kent.

Wolverhampton Hospital. House Physician. Salary £100, with board, &c. Testimonials to the Chairman of the Medical Committee.

Birmingham General Hospital. Resident Medical Officer. Salary £130, with board, &c. Applications under cover to the House Governor.

Newcastle-on-Tyne Infirmary. Senior House-Surgeon. Salary £100, with board, &c. Full particulars of the Secretary.

Glin Union. Shanagolden Dispensary District. Medical Officer. Salary £120 with fees extra. (See Advt.)

Middleton Union. Walshtownmore Dispensary District. Medical and Sanitary Officer. Salary £125, with fees extra. (see Advt.)

Carlow County Infirmary. Surgeon. (See Advt.)

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APPOINTMENTS.

Deeley, A. W., L.K.Q.C.P.I., a District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.

Duffin, Dr. A. B., Lecturer on Pathology at King's College.

Evans, A. G., M.R.C.S.E., Medical Officer of Health for the Towcester Rural Sanitary District.

Gemmill, W., M.B., C.M., Medical Officer for the Parish of Kirkmaiden, Wigtownshire.

Hayes, T., M.D., M.R.C.S.E., Medical Officer to the Workhouse, Rathkeale Union, co. Limerick, and Consulting Sanitary Officer to the Rathkeale Rural Sanitary Authority.

Kerr, D., M.D., M.R.C.S.E., Consulting Surgeon to the Royal Infirmary, Aberdeen, on resigning as Surgeon.

Pritchard, Dr. U., Aural Surgeon to King's College Hospital.

Sharkey, Dr. S. J., Resident Assistant-Physician to St. Thomas's Hospital.

Tatham, G. G., L.R.C.S.Ed., Medical Officer to Salford Fever Hospital.

Thomson, W., M.D., Medical Officer of Health for the Peterborough Rural Sanitary District.

Warnock, Dr. H., Medical Officer to the Workhouse, Clogher Union, co. Tyrone.

Williamson, J. M., M.D., Resident Medical Officer to the St. Marylebone General Dispensary, London.

Wills, W., M.R.C.S.E., L.S.A.L., Medical Officer for the Torquay District of the Newton Abbott Union.

Young, A. H., Demonstrator and Assistant-Lecturer on Anatomy at the Owens College, Manchester.

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Birth.

Church.—On the 15th inst., at Harley Street, London, the wife of W. S. Church, M.D., of a daughter.

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Marriages.

Crean—Blake.—At Clonbur, co. Galway, Charles Edward Crean, M.D., to Fanny Margaret, only daughter of Joseph S. Blake, J.P., Carrick Clonbur, co. Galway.

Clark—Ihler.—On the 12th inst., at Childwall parish church, John Barclay Clark, M.D., C.M., Litherland Park, to Eleonora Elizabeth, third daughter of George James Ihler, Gateacre.

Moore—Campbell.—On June 29th, at Glasgow, Ayres Moore, L.R.C.S.I., &c., Collooney, co. Sligo, to Jessie, only daughter of the late Duncan Campbell, Burnbank Gardens, Glasgow.

Vincent—Bullen.—On the 12th inst., at St. Mary's Church, Islington, Emile Vincent, son of Martin A. Vincent, M.D., Paris, to Jane Faulkner, second daughter of the late George Bullen, M.R.C.S., of Ipswich.

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Deaths.

Adey.—On the 2nd of July, at Battersea-park Road, Frederick C. Adey, L.K.Q.C.P.I., aged 25.

Brewer.—On the 4th of July, at Stow Hill, Newport, Monmouthshire, Jehoida Brewer, F.R.C.S.E., aged 74.

Broadbent.—On the 6th of July, at Everton, Liverpool, James Charles Broadbent, L.K.Q.C.P.I., aged 39.

Downes.—On the 2nd of July, at St. Leonard's-on-Sea, Ezra Thomas Downes, M.R.C.S.E., late Surgeon-Major Bengal Army, and Assay Master at the Mint, Calcutta, aged 71.

Eyre.—On the 1st of July, at the College, Epsom, Stratford Alfred Eyre, M.R.C.S.E., aged 81.

Henry.—On the 14th of July, at Dalkey Lodge, Dalkey, co. Dublin, of paralysis, after a short illness, James Henry, M.D. Dub., F.K.Q.C.P. in his 7 th year.

Lucy.—On May 19, at Dunmarklyn Lodge, Cotham Road, Bristol, William Lucy, M.R.C.S., L.S.A., aged 61.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 26, 1876.

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ON PROTRACTED MERCURIAL SALIVATION.

By Rawdon Macnamara, F.R.C.S.I., M.D. (Hon. Causâ) Univ. Dub.,
Surgeon to the Meath Hospital and to the Westmoreland Lock Hospital, &c.

Cases of protracted, long-continued mercurial ptyalism have become in modern terms of such very rare occurrence that but few living practitioners have ever witnessed [illegible] of them, and it is therefore but little wonder that many eminent authorities should look upon as being apocryphal the reports we read in the writings of the [illegible] surgeons of well-marked, and in many cases startling instances of such events. Thus we find Linnæus, in his "Flora Succica," recording a very remarkable case of a patient who had been subjected to a course of mercury administered after a most imprudent fashion, where the resulting salivation continued more than a year. Swédiaur states that he had witnessed several cases of inveterate mercurial ptyalism which remained for years unamenable to treatment, and which eventually terminated in death resulting on exhaustion.

[illegible], in his "Recherches sur l'Action du Mercure," alluding to these cases, states that he had himself under his care in the surgical wards of the Maison Royale de Santé a wretched man suffering under a most severe mercurial salivation, which, at the time he saw the patient, [illegible] intermission for six years. During [illegible] unfortunate man had derived no [illegible] after a fruitless sojourn in the [illegible] duration, he quitted it in a [illegible] no hope of cure. To give [illegible] of such records the student of [illegible] to recall to mind not only the [illegible] associated with the therapeutic history of mercury, but also the recklessness with which this mineral, as potent for evil as for good, was administered in times gone by, and the then all but universally entertained opinion, insisted upon by Boerhave amongst others, that a salivation to be "a good and efficient one" should produce a flow of saliva to the extent at least of two or three quarts a day.

That a system thus thoroughly saturated with mercury might require a very protracted lapse of time for the elimination of the mineral may, therefore, be well credited, and that during this long period its continued influence might be palpably evidenced over one of the systems of emunctories by which mercury is undoubtedly discharged from the constitution need not excite any great amount of surprise; but that such an occurrence should take place now-a-days—when our practice in the administration of mercury is marked with such extreme caution—is, to say the least of it, worthy of note, and, consequently, I am induced to place on record a case which I recently met with in the discharge of my duties as Surgeon to the Westmoreland Lock Hospital in this city.

Upon visiting my wards on the morning of the 5th April of this year, my attention was attracted by a poor creature from whose mouth saliva was pouring into a vessel placed in a convenient position for its reception. When I say "pouring," I use the term advisedly, for the saliva was flowing out in what may be described as being *pleno rivo*, the amount eliminated in the past twenty-four hours exceeding a quart in quantity. On examination, I found scattered throughout the buccal cavity several small superficial ulcers, and her breath bore the unmistakable mercurial fœtor. Having but that morning come on duty in the hospital, I naturally concluded that her present condition was due to the exhibition of mercury at some very recent antecedent period, but in this surmise I quickly found that I was mistaken, as I was informed that she had laboured under her present symptoms without any intermission, at all events from the 2nd of June in the preceding year—a period of fully ten months' duration—she having been admitted into the hospital on that date, suffering under symptoms precisely similar to those she now exhibited. During this long period every effort had been made, not only by the able and experienced surgeons of the Lock Hospital to arrest the disease, but also by several other medical men in this city, to whom she had from time to time applied, but all in vain. Her sufferings and the remarkable character of her disease so interested me that I made a careful study of her case, and, as a preliminary to the adoption of any plan of treatment, I entered fully into her history, and inquired minutely into the treatment hitherto ineffectually tried. The results as to her history, so far as the hospital statistics go, are embodied in the following tabular statement. I may state that her age when she came under my observation was twenty-seven years:—

	Admitted.	Discharged.	Days in Hospital.	Disease.
1872	Dec. 16	Dec. 21	5	Sore at labium.
1874	Jan. 19	Jan. 22	4	Double iritis.
1874	Feb. 17	March 11	23	Papular rash; iritis.
1874	Aug. 31	Sept. 25	26	Ulceration of throat and of back.
1875	Jan. 12	Jan. 22	11	Patches in mouth and vulva.
1875	March 1	March 19	19	Extensive ulcer on vulva.
1875	June 2	June 22	21	Stomatitis (severe).
1875	June 23	July 8	16	Profuse salivation.
1875	Aug. 2	Aug. 19	18	Ulcerated throat; abscess in axilla.
1875	Oct. 4	Nov. 12	40	Severe ulceration and salivation.
1876	Feb. 7	Feb. 16	10	Ulcerated mouth and throat (patchy).
1876	April 3	May 6	33	Salivation.
1876	June 9	June 20	12	Gonorrhœa; bubos.

A simple perusal of this table must give rise to many melancholy considerations. It is simply deplorable to find that one so young should have led so wretched a life—a life as full of disease as it was of sin. To understand the table fully, a few words of comment are necessary. When first admitted, she appears on our books as being a married woman—aged but twenty-three years—Of the fact of her being married, there can be no doubt, as, by the rules of the institution, to be admitted as such, she must produce her marriage certificate. Between December 1872 and January 1874 we have no record of her having been under treatment, at the Lock Hospital at all events—then comes the history of secondary contamination—and of fresh infection. From March the 1st to March the 19th she was under treatment for an "extensive ulcer on the vulva," the treatment as appears from our books being local and constitutional, the latter consisting principally of tonics, opium, and good diet. She then leaves the hospital, and, as we collect from her own statement, during the period which elapsed between the 19th March and the 2nd of June, she is put on mercurial treatment elsewhere, and returns to us with the first appearance of what subsequently proved so intractable a form of ptyalism. From that date to the 22nd June every effort was made by appropriate treatment to check the salivation, but to no avail, and she leaves the hospital on that date, but only to return next day; her motive in acting thus was to get under the care of the other surgeon to the hospital, in which she succeeded, and remained under his treatment until the 8th of July, when, finding herself no better, she left the hospital to seek relief elsewhere, but to no avail, returning to the hospital in as wretched a state as before on the 2nd August; here she remained until the 19th of the month, her sufferings on this occasion being aggravated by an abscess in the axilla. From this date until the 4th October, she accounted for herself by stating that she in vain sought for relief elsewhere, when we find her returning to hospital, if possible, worse than ever, "severe ulceration and salivation," where she remained until the 12th November, during which long period (40 days) a great variety of treatment was had recourse to, but again all in vain. She then in despair went elsewhere to seek relief, equally ineffectually, returning to hospital on the 7th February, 1876, salivation still persistent, and "ulcerated mouth and throat (patchy);" upon this occasion she remained but ten days, leaving the hospital on the 16th February, to seek for aid in some other institution. On the 3rd of April, hearing that another surgeon had been appointed to the institution, to the vacancy consequent upon the death of Dr. Morgan, she again sought readmission, and thereby came under my care. Here I may be permitted to pause to place on record my humble tribute to this gentleman's memory—to state how earnestly I mourned in him the loss of a colleague endeared to me by many genial associations, by pleasant memories, but, beyond all, by high professional bearing, united with an earnest desire to advance surgical science by strict adherence to everything that should characterise its votary—zeal, learning, intelligence, humanity, truth. Well as I thought that I knew him, it remained for me, when compiling the facts for this short paper, to learn what our art has lost by his premature death.

After this brief *résumé* of the history of this poor creature's medical life, it remains for me but to give a short summary of the various treatments to which previous to coming under my care she had been subjected with a view of giving her some relief to her sufferings. To enumerate all the various medicaments employed would be but to emulate in prolixity the catalogue of ships in dear old Homer. Locally and constitutionally every approved plan of treatment seemed to have been exhausted, hygiene had been equally appealed to, and yet all had proved ineffectual. Doctors had been changed, hospitals also, and yet the salivation continued, and it seemed as if her case was to rival that already alluded to as occurring in the practice of M. Colson. Upon a careful review of all that had been tried, I found that but one remedy remained unappealed to, and that was acetate of lead. Years since, while still serving my time to the late Sir Philip Crampton, I overheard my highly esteemed friend and colleague Mr. Wharton alluding, in a conversation he had with the late Mr. Smyly, to the value of this salt when administered internally in the treatment of severe salivation. I believe that to Mr. Daniell the suggestion is originally due. From that time, now many years since, I never had met with a case such as this, giving me an opportunity of practically testing the value of this plan of treatment. I determined to place this poor woman on a steady course of acetate of lead, combined with the pharmacopœial solution of acetate of morphia. The treatment was continued for twenty-seven days, and at last I had the satisfaction of seeing her leaving the hospital on the 6th May, completely not only relieved, but cured of her long continued, troublesome, and disgusting complaint; that the sugar of lead was the principal factor in her cure, that the morphia had but little, if anything, to say to it, was demonstrated to my mind by the fact that opium and morphia had been previously ineffectually employed on several occasions in the treatment of her case. In addition to the constitutional treatment, local means were also employed; that these assisted in effecting the cure may be admitted, but that they were the important elements cannot be granted, for the local means had recourse to were only such as had previously been repeatedly tried without curative result; and I can ascribe the cure to no other agent than the acetate of lead. That the cure was permanent, was proved on her re-admission on the 9th June, suffering from gonorrhœa, but not from any sign or symptom of salivation.

I think that it must be admitted that in all such cases of protracted salivation, the occurrence must be attributed to some idiosyncrasy existing in the patient, which determines the developement of this most untoward symptom. Large and long continued mercurial courses in days gone by were the rule, yet this result was the exception; so we cannot ascribe it to this cause. Again, unusual susceptibility of the salivating properties of mercury may exist in the individual, and yet we do not in such cases find that the sialogogue effects continue any undue length of time. Many most remarkable instances of exceptional susceptibility of the sialogogue powers of mercury have been placed on record, but none more remarkable than the following, for the truth of which I can personally vouch. A young gentleman contracted syphilis, for the treatment of which he was placed upon mercury. There was nothing noteworthy in the case, so far as he was concerned. In due course he was salivated, having during the entire period of his mercurial treatment been confined to his bed-room. After several days his brother called to see him, and sat in the room with him for a couple of hours, and on leaving, perceived an unmistakeable mercurial taste in his mouth; next day he was salivated, and the ptyalism lasted for several days, not severely, but unmistakably. Both these gentlemen are still alive. In this instance we have most unusual susceptibility, but by no means unusual continuance, of the sialogogue effect of mercury, so that I feel myself justified in not looking upon these two conditions in the light of cause and effect. M. Colson mentions some cases analogous to, but not as remarkable, as this one in his "Recherches sur l'Action du Mercure."

That several other medicines as well as mercury may produce salivation is well known, but I believe that in such cases the ptyalism is never of the persistent character here recorded. That salivation may arise from local causes (carious teeth, foreign bodies in the ear, &c.), and that it is occasionally a symptom in pregnancy, is also well known, but I believe that in all such cases the maxim holds good, "Sublatâ causâ, tollitur effectus." But that salivation may occasionally occur as an idiopathic affection, and prove equally obstinate as when of mercurial origin is probably not so generally known. Such, however, is the fact, and scattered throughout our literature cases of the kind are to be met with. Graves, amongst other writers, having recorded in his Lectures on the Practice of Medicine a remarkable example of this disease. (Second Edition, vol. ii., p. 478, *et seq.*)

To allude, in its social bearing, to the table in which I have recorded the number of times this wretched woman was in the hospital, would be quite foreign to my object in penning these lines; yet I may be permitted incidentally to observe that an inspection of this table, which may well be termed the calendar of a prostitute, must give rise to grave consideration in the minds of every thoughtful man.

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THE PHYSIOLOGICAL FUNCTION AND ANATOMY OF THE CRYSTALLINE LENS

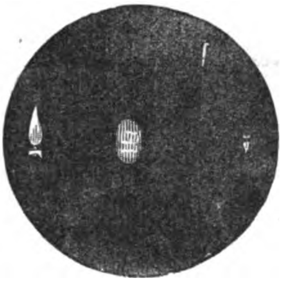
A LECTURE DELIVERED TO STUDENTS.

By Archibald Hamilton Jacob, M.D. Dublin, F.R.C.S.,
Surgeon to the Dublin Eye and Ear Infirmary; formerly Ophthalmic and Aural Surgeon of the City of Dublin Hospital.

(Continued from page 44).

Without following further the many hypotheses which were put forth to account for accommodation, it is sufficient for me to say that it has been conclusively proved that the lens is the essential agent, and I will proceed to explain to you how this has been shown to be the fact, what the changes are which it undergoes, and by what agency they are produced. As far back as the year 1801 Thomas Young published, in the "Philosophical Transactions," a paper in which he attributed the accommodative power of the eye to a change of curvature, and, therefore, of refractive power of the lens, which, however, he wrongly attributed to a contractile power in the lens fibres. Until 1849 Young's experiments remained unproductive and his theory neglected, at which time Langenbeck brought to bear a practical proof of the truth of Young's theory and a conclusive evidence that the lens does actually change its curvature for the purpose of accommodation. Probably the theory of Young received less attention than it deserved, because he himself and all physiologists of his day were ignorant of the existence of muscular elements in action within the eye, and he was obliged to support his theory by a hypotheses that the lens fibres were contractile in their nature. It was to Langenbeck that first occurred the method of actually demonstrating the changes in the lens in accommodation, though it remained for Cramer and Helmholts to attach to the observations their due significance. It had been discovered by Purkinje as early as 1823, that if a light were thrown obliquely upon the point of the eye and its reflection received by the eye of an observer, it would produce three reflected images, although these images can be accurately observed only by an instrument specially made for the purpose. Any person can observe them for himself by seating a patient at a table and directing him to look straight forward. Then placing a strong light on a perfect level with the pupil and at an angle of 30 degrees from the axis of the patient's eye and seating himself at the side of the patient opposite to the light, and with his eye at exactly the same level as the lamp and at exactly the same angular distance from the axis of the patient's vision, the observer will recognise apparently in the pupil three reflected images as depicted in Figure 1.

Fig. 1.



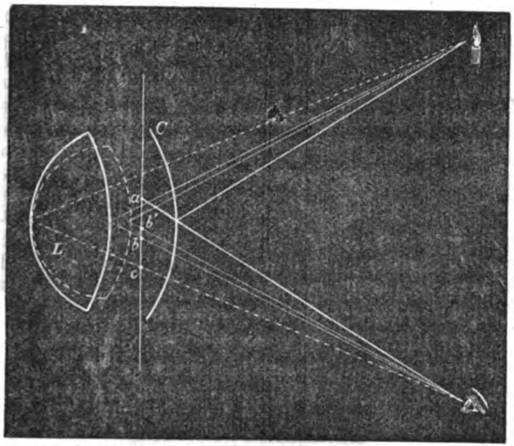
Let me explain how these images are formed and what they show. We know that a convex mirror will produce a diminished erect image *behind* it and a concave mirror a similar diminished image *in front* and inverted. Without entering into the optical causes of these reflections, it is sufficient to say that they may be well seen by observing the images of a candle thrown from an ordinary double convex spectacle glass in a dark room. It will be seen that the front or convex surface of the spectacle glass produces a diminished erect image behind, and that the back of the lens produces from its front or concave surface an inverted image in front of the lens. These reflections from the curved surface within the eye are as depicted above. The flame thrown upon the surface of the cornea in the position I have above described is reflected by three mirrors, the anterior convex surface of the cornea, the anterior convex surface of the lens, and the posterior concave surface of the lens. It produces thus an erect bright image from the corneal surface, a second erect image from the anterior convex surface of the lens, this image being, however, very dull, because the mirror surface of the lens is, so to speak, backed with pellucid material, and a third inverted image from the anterior concavity of the back curvature of the lens.

The thick line of the pencil proceeding from the flame represents the ray reflected from the convex corneal mirror b it produces an erect image behind the cornea which appears to the observer's eye to be situated at A, and is represented in Figure 1 by the small flame. The intermediate thin lines represent the path of the rays reflected from the front corneal mirror during accommodation for distance and for near objects. These rays also produce erect but dull images which appear to be situated at b′ and b′ according to the position of the reflecting lenticular surface.

The external dotted lines represent the path of the ray which strikes the concavity of the back of the lens, and it produces an inverted diminished image in front of the reflecting surface, appearing to the observer to come from the point c. The patient being in position is directed to look straight forward at a distant object, and the appearance seen by the observer is, as we have said, represented in Figure 1.

The accompanying diagram will explain the position of these images.

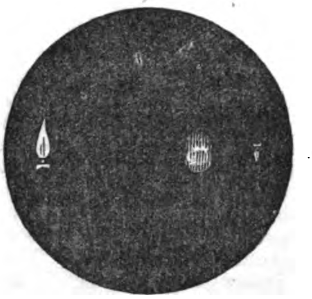
FIG. 2.



The left-hand large flame is the corneal reflexion, the spot in the centre the anterior reflexion of the lens; the small inverted flame at the right hand is the posterior lenticular image. The patient is then directed to concentrate his vision on a near object, and immediately the blurred intermediate image is seen to move towards the inverted image. And the images assumes the position represented in Figure 3.

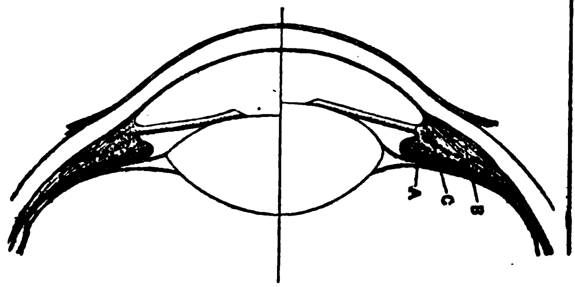
In other words the image c, appears to move to c, because the reflecting surfaces, *i. e.*, the front of cornea and front of lens come closer together. It was therefore concluded that the lens become thicker, as shown by the dotted lines in the diagram Figure 2, when the eye was accommodated to near objects.

FIG. 3.



The change which is believed to occur is properly represented in the accompanying sectional diagram, in which the left-hand half A shows the condition of the lens iris and ciliary muscle when the eye is in a state of rest, *i.e.*, accommodated for distances, and that on the right (B) when accommodated for near objects. It will be observed that the lens is conceived to undergo in the act of near accommodation an alteration of shape, increasing in thickness, and presumably shrinking in diameter, and that the iris at the same moment contracts, thus confining the rays to a still smaller area of the lens surface. That such a change appears visible to observation I have already shown and Cramer and Helmholtz have, assisted by Bowman's examination of the ciliary muscle, and by Græfe's clinical observations, produced an explanation of the act of accommodation which coincides closely with the phenomena which are observed in certain pathological conditions of the eye.

A FIG. 4. B



To appreciate this explanation, a reference to the anatomical structure of the parts which are presumed to react upon the lens is necessary.

The lens fibres are enclosed in a strong cartilaginous bag called the capsule, the special attribute of which is its elasticity, which is quite obvious to a superficial observer. This capsule and its contents occupy, when detached from the influence of its connexion, the thicker form which it takes on near accommodation and which is represented above at B, and the entire lens, if subjected to a gentle antero-posterior squeeze, will yield and become thinner, and when released will resume the thicker form and higher refractive power.

It is thus evident, that if the lens were—when at rest within the eye—free to adopt its own shape, the eye would be always accommodated for near objects and would be useless for the ordinary purposes of life, and it is necessarily presumed that the periphery of the lens is continually under tension, which flattens its form and maintains it in that condition. This tension cannot be muscular in its origin, because to conceive it so, we should suppose the muscular spasm to be constant and unremitting—a condition which cannot exist—and because it has been conclusively demonstrated that muscular relaxation is accompanied not by a shortening of sight (*i.e.*, by a thickening of the lens), but by the contrary condition, and we therefore seek for the cause of this tension in the passive elasticity of the structure attached to its circumference, and we assume that the muscular effort of near accommodation takes effect by counteracting this elasticity, and thus relieving the lens capsule of the force which prevents its assuming its natural curvature. The lens is maintained in its position by the suspensory ligament known as the Zonule of Zinn. This attachment seems to be simply a thickened expansion of the hyaloid membrane, which encloses the vitreous humour, and it takes its origin from the margin of that body, just where the retina terminates, close to the posterior limit of the ciliary muscle. It is highly elastic, and its elasticity and strength are increased by the interweaving of radiating fibres of elastic tissue. It lies between the ciliary processes and the lens, and is attached to the anterior capsule, leaving between itself and the vitreous a space about the twelfth of an inch wide, immediately abutting on the edge of the lens known as the canal of Petit, within which the edge of the lens is supposed to advance and recede during the changes of its form which take place in accommodation. To account for the continuous flattening of the lens, this suspensory ligament is presumed to keep up an elastic pull upon the capsule. Outside, or rather in front of it, are placed two structures, which are depicted in the foregoing illustration A the ciliary processes, and B—C, the ciliary muscle. The former of these is not proved to have much to say to the accommodation function, although it has been stated by Ch. Rouget that the annular fibres of the ciliary muscle by contracting compress the irido-choroid venous trunks, and thus forcing all the blood to pass through the ciliary processes, give rise to erection or rigidity of these organs, and he asserts that while thus erect the organs become fitted to transmit to the crystalline lens, in a modified form, the pressure exercised by the ciliary muscle. The ciliary muscle (B—C in diagram), now universally admitted to be the active agent in accommodation, was long ago known as the ciliary ligament, having received that name in consequence of the white ligamentous appearance which it presents when the sclerotic is stripped off it and off the choroid. It was first proved to be muscular in its nature by Bowman, and it was divided by Von Reeken and Müller into two parts, into a longitudinal (B) and a circular (A) muscle. This organ takes its origin from the angle between the membrane of aqueous humour, or membrane of Descanet, and the iris; the longitudinal from the former, and the circular from the latter structure. The longitudinal fibres (B) pass backwards just within the sclerotic, and are attached into the connective tissue of the choroid just where the retina ends, and where the Zonule of Zinn takes its origin. The circular fibres (A) are wider in their meshes, and spread out upon the ciliary processes, being, as I have said, supposed to constrict the venous trunks, and thus erect the corpus ciliare.

The actual mechanism of accommodation, so far as it is yet best known, may thus be recapitulated as follows:—

a. The baccillar or Jacob's layer of the retina becomes conscious of the confusion of the image produced by a near object upon the retina, and reacts (as is supposed through the ciliary ganglion) upon the brain, the stimulus being reflected through the ciliary nerves to the ciliary muscle.

b. The ciliary muscle contracts. By its circular fibres it is presumed to constrict the venous trunks, thus preventing the return of the blood from the iris and corpus ciliare to the vasa vorticosa of the choroid, and producing erection of the ciliary body. By its longitudinal fibres it draws together the anterior limit of the choroid, and the posterior margin of the back layer of the cornea.

c. The posterior attachment of the suspensory ligament of the lens being thus drawn forwards, the elastic tension of that ligament is counteracted, and the lens is left free to assume its natural shape.

d. Thus relieved of control, the elasticity of the capsule causes the lens to become thicker. The back of the lens being firmly attached to the vitreons scarcely alters at all. The apex of the front advances towards the cornea pushing the iris before it, and the periphery of the lens recedes slightly within the canal of Petit.

(*To be continued.*)

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THE CONSERVATIVE TREATMENT OF PARONYCHIA OSTEOSA.

By Frank Thorpe Porter, L.R.C.S.I.,
Demonstrator, Ledwich School.

Of the many surgical diseases to which the human frame is prone, none claim more attention at the hands of the surgeon than paronychia osteosa, whether it be viewed in relation to the present suffering induced by it or to the subsequent disfigurement which too often follows in its track.

It is a subject which, viewed from a conservative aspect, has not received the notice at the hands of surgeons to which it is entitled. My object in approaching the subject is to endeavour to place on record the advantage of resection as opposed to the more usual treatment by amputation in such cases.

I shall briefly state the particulars of four well-marked cases with a view to illustrate the mode of treatment followed up by me.

Case No. 1.—The patient, an old woman, came under my observation as far back as January 1874, at which time she had been suffering from the disease for a period of three weeks. The entire of the ungual and the distal end of the proximal phalanx of the left thumb were in an advanced stage of necrosis. I removed the diseased portion of bone by twisting with an incisor tooth forceps, preserving the soft parts, including the nail; the parts were dressed with lotio nigra, and healed in ten days. The patient has much power of movement of the thumb, it differing from that of right side by its diminished length only.

Case No. 2.—A middle-aged woman came under my notice in March, 1874. The details of the case were precisely similiar to No. 1, with the exception of the circumstance that the bones were subsequently regenerated.

Case No. 3.—A woman aged 40 came under my notice on the 9th of January last. In this case the right index finger was the part implicated, and must have been the seat of severe inflammation for several days previous to the patient consulting me. I made free incision along the palmar aspect of both ungual and middle phalanx, finding however that very little pus was present; the tendons were softened, and the entire ungual phalanx and distal end of the middle extensively necrosed. On questioning the patient I ascertained that she suffered from *dull nocturnal* pain for several weeks before any swelling set in in the finger, a circumstance which is a sure diagnostic sign of the existence of the osseous form of paronychia. The diseased portions of bone were removed as soon as I ascertained them to be loose. The parts took three weeks to heal, and would have healed sooner, perhaps, were it not for the weak constitution of the patient, who has now considerable power over the finger, although it cannot as yet be completely extended.

Case No. 4.—The patient, a middle aged-man, by occupation a butler, came under my charge in the middle of last April. The right index was also affected in this case, and nocturnal pain was present for *three weeks* before the appearance of any swelling. Free incision disclosed destruction of the entire middle phalanx and base of the ungual. An hospital surgeon who saw the case advised immediate amputation of the entire finger, to which operation the patient refused to submit. I subsequently removed the whole of the diseased bone by an incision from behind with the aid of a forceps and elevator. The distal extremity of the ungual phalanx together with the soft parts including the nail were left. The soft parts healed, however, very slowly, in consequence of the time required to fill up by granulation the great space (the patient has very large hands) occupied by the middle phalanx, which was considerably over the average size. The patient can now use the finger remarkably well, and can hold a moderate weight, wield a stick, sweep with a brush, &c. There is no disfigurement save a slight depression. The causes assigned by the patients in the above four cases were—in No. 1, a prod of a fish-bone; No. 2, do., of a needle; No. 3, matter from a boil which the patient was dressing for a friend getting into a "chap" or "abrasion" on the finger; No. 4, the irritation of some plate-powder which the man was using when suffering from "chaps" on the hand. With reference to the precise *nature* of the disease, I am not in a position to hazard an opinion further than to remark that the fact of its being essentially a non-contagious and non-infectious disease clearly proves that it is not an erysipelatous affection as is frequently assumed. No surgeon would have the least dread of erysipelas following an operation because there was a patient suffering from paronychia in a neighbouring bed. I also consider it a mistake to suppose that true paronychia osteosa begins in the soft parts. From long observation I have arrived at the conclusion that the bone is necrosed long before there is any inflammation in the soft parts. Necrosis as a rule is antecedent to changes in soft parts; there is no reason why the phalanges should follow a different rule from other bones; the changes in the tendons and other soft parts are the result of an effort of nature to get rid of a bone that is primarily diseased.

The treatment which I follow has the following advantages, viz.—1. A moderately useful finger is preserved; 2. The symmetry and appearance of the hand is not as much altered as in amputation. 3. By retaining the pacinian corpuscles the tactile function is intact, a matter of importance in the following of many pursuits in life. The great disadvantage is the length of time the parts take to granulate.

Each mode of treatment has its advocates, there being such a differenee of opinion, even between authorities of the greatest eminence, that one knows not what course to steer in the face of the confusing fog of contending genius. Writing on the subject of paronychia, Mr. Syme states: "When the tendons or bones are destroyed, *amputation must be performed*, (a) as the finger, even though it might be healed, could not be of any service to the patient" (*vide* Syme's "Principles of Surgery," page 431, London, 1856). Hear another opinion on the same subject from the pen of Gross: "Dead bone is removed as soon as it is easily separable, the periosteum being as little interfered with as possible, and *amputation always avoided*, (a) experience having shown that a new phalanx is sometimes formed, and even when this does not happen the boneless finger will be both useful and sufficiently seemly" (Gross's "System of Surgery," vol. ii., page 1134, Philadelphia, 1859). My own experience favours the latter opinion.

In conclusion, I will say that it will afford me pleasure to contribute the notes of any fresh cases which may come under my observation.

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ANIMAL VACCINATION.

THE VACCINAL STATE INSTITUTE OF BRUSSELS, CREATED BY ROYAL DECREE OF JULY 11, 1868.

Under the direction of Docteur **Warlomont**, Membre Titulaire of the Royal Academy of Medicine of Brussels.

(Translated at his request by Dr. C. R. **Drysdale**, of London.)

(Continued from page 48.)

In Belgium, during the epidemic of 1870-71, which raged especially on account of a rigorous winter, the institutes of human vaccine did everything in their power to procure vaccinifers; but we should have an idea of the insufficiency in which the service of re-vaccinations would have found itself, if we had not possessed the Vaccinal Institute of the State, when it is known that this establishment has distributed, during more than six months, animal vaccination for more than 500 vaccinations *daily!* Thanks to the existence of the institute, vaccine lymph never was wanting one instant, in spite of the prodigious quantity of demands to which it has to reply. Ninety-nine times in a hundred the emissions were made, as they still are, by return of post, so that, put in the post before the last evening collection, they arrived at their destination in every corner of the country, transmitted by night trains, in the morning of next day. The service has never been interrupted for an hour, nor has the practitioner had more than twenty-four hours to wait. With the same eagerness and the same punctuality we have satisfied numerous demands made from abroad.

The Vaccinal State Institute is installed in the Zoological Garden of Brussels, where the society has built a *locale* for this purpose, which it leases to the Government. It is composed of a waiting-room for the richer class which may come to be vaccinated there, of a great waiting-hall for the poorer classes, of a study, and of another room provided with the necessary furniture. It is in this room, which is in communication with a little stable large enough to hold six calves, that the animals are brought, to be placed on tables which can be moved, where they are solidly fixed during the whole time necessary for the operations which require at one time the insertion on some of them of the lymph, and at another time the collection of the product obtained, at another of the vaccinations. (a) This little stable communicates with the farm of the Zoological Garden, and it is by this communication that the animals are introduced, nourished, cared for, and their cowhouse kept in the state of cleanliness required. The calves are brought regularly as they are required by a butcher, who hires them to the establishment for seven days; after this time, they are restored to their proprietors, after having served for vaccination and the harvest of lymph, and without having undergone, from these, any sensible depreciation: they are fed on eggs and milk. In ordinary times two calves a week are enough; during the epidemic of 1870-71 one at least was vaccinated every day.

The day when the animal is to be vaccinated, or rather the evening before, for we must not leave the hair time to grow again, it is fixed on the movable table and shaved, a laborious operation which is abandoned to a labouring man: the surface to be shaved ought to be about equivalent to that of the crown of a hat, and should extend from the inguino-mammary region in the direction of the umbilicus. It is on the surface that the insertions should be made, by the deposits of liquid vaccine, borrowed in the same place from the vaccinifer calf which is fixed on a second movable table, into incisions which scarcely cut more than the epidermis, and of the length of about a centimetre.

These incisions ought to be made in the direction of the axis of the animal, in order that, further on, when the pustules are utilised, the clamps fixed upon them may not be removed by the movements which annoyance or pain causes the animal to make, and which elongate the longitudinal axis at the expense of the bilateral axis. The incisions are about two centimetres distant from each other. The animal being extended on one side, when the operation is finished, they seem like a series of ladders situated side by side and distant two centimetres from each other, the distance which is that also separating the steps from each other. In order to leave entire liberty to the growth of the vesicles, it is well that the steps of the two neighbouring series should be contrary to each other. In some forty-eight hours, if the inoculation is to succeed, each incision is already surrounded by a slight red border, which, in twenty-four hours further on, rests on an induration the volume of which rapidly augments, and ends, at the end of the fourth or fifth day, according to climate and season, in vaccinal vesicles.

These vesicles have the form of a coffee-bean, with longitudinal cicatricial depression, surrounded by a zone, silver-white and transparent, itself encased in another red zone. The little tumour developes itself still further during the seventh and eighth day; the transparent zone takes on a white, chalk-like, and then yellowish colour; on the following days, the pustule becomes purulent, and then dries up, and is transformed into a blackish crust, which hardly falls before the fifteenth or twentieth day.

The contents of the vaccinal tumours thus obtained is scarcely serviceable except during twenty-four hours; in order to avail ourselves of it with advantage for vaccination and for collection of lymph, we must choose the opportune moment. Now this moment, which experience alone teaches to recognise well, and which is that wherein the whitish areola has its transparent appearance and silvery colour, varies according to the temperature: in summer it generally occurs in the course of the fifth day, in winter in that of the sixth. There may thus be twenty-four hours of margin, during which the matter is preserved; we must not count upon this: the most favourable moment is that most near the one where the silvery areola has commenced to appear, under the form of a small white border parallel to the incision, or rather to the scar which replaces it.

(a) Italics are mine.

(a) The Vaccinal State Institute is only destined, by virtue of its statutes, to the culture and harvesting of animal lymph. It is by exension and from pure philanthropy that the direction also makes it serve for vaccination, which is gratuitous for the poor.

In the vesicles of human vaccine, the fluid matter is distributed in such a way in the parenchyma of the little tumour, that it transudes from it in the form of transparent drops as soon as it is slightly punctured by a lancet or a needle through the external envelope. In those of animal vaccine, this is not so, and we may transpierce even extensively the external cuticle without seeing the smallest drop of pus come forth. We must here, then, as well for vaccinating as for collecting the lymph, make the latter issue forth by compression of the tumour. We have constructed for this purpose a curved forceps, exercising a pressure which is kept up by means of a ring. This forceps must be placed so that its convex extremity may constrict the base of the tumour and not the tissues seated beyond, in case of calling forth inert liquids; the upper part of the forceps limit the tumour itself on each side, and equally prevent the liquids to escape by the sides. It is then the escape of vaccine lymph alone which is promoted. At the moment when the forceps are pressed together by the ring, we usually rub, gently but quickly, the surface of the pustule with the handkerchief, which rapidly removes the cicatricial crust and drop of blood which at first presents itself. This done, the parenchyma of the tumour is made free and gives up its contents, limpid and free from all foreign particles, either to the lancet or to the ivory point which is to remove the desired matter.

For vaccination we make use of a grooved needle, or any other appropriate instrument. A simple insertion beneath the epidermis suffices when we act with living vaccine. When preserved vaccine is used, whether human or animal, we must open for the entrance of the lymph a larger orifice, open to the air, as we shall describe further on.

For the collection, we employ two methods—the preservation in a liquid state in tubes, that of a dry state on ivory points.

A. In order to collect the animal lymph in tubes, we must take it as follows: we place in a porcelain capsule the contents of a certain number of vesicles expressed by means of the forceps constructed for this purpose, and which has been collected with some sort of curette. In the liquid thus collected, a few drops of distilled water, with glycerine in it, are thrown; this is mixed, and the detritus is separated, the residuum or coagulum, which is carefully compressed, and which contains blood globules, fragments of epithelium, &c., and we pass into the tubes the liquid, which, thus cleansed and freed from its coagulating principles, enters and is well preserved without being exposed to coagulate again, as takes place when introduced into the tubes without undergoing this preparation, as has with truth been urged against it.

The tubes we now make use of are cylindrical, without any median swelling, and tapering at their ends, in order to be more easily occluded; it suffices, indeed, to put them to the flame of a candle to see them immediately get red and thus give the guarantee of being exactly closed. The other means of occlusion, sealing-wax, &c., are far from beng equally faithful.

Animal vaccine thus prepared is preserved relatively pretty well, but much less time, however, than human vaccine collected directly in tubes. We can hardly count on them longer than a week; and it is the more certain as it is employed to the moment which is the nearest to that in which it was obtained.

It is because of this inconstancy of the activity of fluid vaccine that we much prefer the following method:—

B. *Vaccine* (*Animal*) *on Points.*—The points we employ are ivory plates, square at one end, pointed at the other, five centimetres long, seven millimetres wide, of the thickness of an English playing card. When the compressing forceps are applied, we plunge the point in the matter which presents itself at the surface of the pustule, so that it becomes covered with lymph on its two faces, and for an extent of one or two centimetres, commencing from its point. It is then placed on the bottom of a plate turned upside down, the base resting on the circular ledge which it has, and the point directed towards the centre of the plate: thus inclined, it is towards the point that the liquid flows which has just been received; thirty or forty are thus disposed in a radiating manner, one beside the other, on the bottom of the plate, and these are exposed either to a hot sun or to the radiation from a fire giving a heat of the same intensity. In a quarter of an hour, the deposited lymph is dry by evaporation of its liquid part, and the point is fit for use. We have, however, the custom to dip it again, either the same day or on the morrow, a second time, and thus clothe it with a second coat like the first, and even with a third, if the materials and the time admit of it. We even take care, in order to avoid lest the lymph of the first coating be lost from the porosity of the ivory, to plunge it for a shorter or longer time beforehand in a solution of gum arabic, which thus coats it with a preservative varnish, which is allowed to dry well.

Thus prepared, our vaccine points preserve all their power for weeks, months, and even years, which is explained by this—that the liquid part having removed by the evaporation from the solid parts or granulations of vaccine those elements which promote putrefaction.

In order to make use of the points, we must open a gate of entry for the lymph larger than punctures make, and for this purpose we must act as follows:—

Deposit on one of the faces of the ivory plate, and then on the other, one drop of *tepid* water, which is left there until the lymph is well softened. Then make, at one millimetre from each other, two or three scarifications of about four millimetres long, only cutting through the epidermis, or, better still, one circular incision by means of the *vaccinating trephine*. If a little blood flow, let it dry; then draw over the wound, when quite staunched, for some time, and on its flat side, the plate charged with well-softened animal vaccine. If any blood has been mixed with it, collect all on the incisions and let it dry there.

Vaccination by scarification still meets with a few opponents. They reproach it with being painful and difficult, with giving place to hæmorrhages and over-large vesicles, as well as of frightening the infants and their friends.

The employment of the *vaccinating trephine* meets all these accusations. It is composed of a circular plate of two millemetres in diameter, enclosed in a case of cylindrical form. A movement of rotation is administered to this by the play of an interior spiral. Closely applied to the skin made tense, it suffices to press rapidly with the end of the index on the button to put the plate into action, which traces with the quickness of lightning a round furrow of depth proportionate to the projection given to the plate—a projection which is increased or diminished by turning up or down the protecting screw. The incision once made, the lymph is applied as usual. (*a*)

Persons have said that animal vaccine ought to have less power than human lymph, since it has required a new process to introduce it. This is an error. The vaccination by scarification is no new process; it has for many years been made use of in England and in Belgium. On the other hand, it has not been invented solely in view of the use of animal vaccine; all vaccinations with *preserved* lymph ought to be made largely and open to the air, if we wish to assure its success.

We have completely abandoned the mode of preserving vaccine between plates of glass, which the blindest routine can alone still keep up: if we wish by this means to have liquid vaccine, we only can do so by taking precautions which demand much time and care: we must preserve the matter from contact with the air, if we expect to succeed, by surrounding with the greatest care the edges of the plates with lead or tin foil, which is perfectly illusory, or

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(*a*) The instrument is made by M. Denis, rue du Marché aux Herbes, 79, à Brussels, price 20 francs.

preserve its freshness by surrounding with leaves of freshly-cut plants, or placing them in cool and damp places, &c. And when we have done all this, we have obtained nothing comparable with the lymph of tubes. Do we desire to have dry vaccine in store? Well, then, the difficulty is still greater: the liquid parts having been only very slowly removed, have permitted a putrid alteration to ensue, and the *quelque chose de sec* which is then found between the plates so carefully filled is absolutely inert. What a number of misfortunes we thus arrange for ourselves, what loss of time, what difficulties in sending to a distance. In place of this, our tubes placed in wooden cases, our points affixed to a paper of instructions which accompanies each emission, the one and the other introduced into a common envelope, and dropped into the post, arrive without injury, without difficulty—with the rapidity and facility of an ordinary letter—to the most distant destination.

These data justify the considerations which we have made to prevail when we proposed, in 1868, to the Minister of the Interior of Belgium, the creation of a central establishment of vaccine founded upon animal vaccination. And in paying attention to us, the Government of Belgium has been the first and only one, we think, until now, to offer to public hygiene this precious resource, the value of which is more and more being appreciated every day.

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Clinical Records.

METROPOLITAN FREE HOSPITAL.

Cases seen by Dr. CHARLES DRYSDALE.

CASE I.—*Syphilitic Epilepsy.*

A YOUNG woman, Mary P., aged 23, came to the Metropolitan Free Hospital, on July 4th, complaining of severe fits, which had supervened some six months before. Patient had had six fits, during each of which she fell down, was convulsed, (as she was informed), during a longer or shorter period of unconsciousness, bit her tongue, and frothed at the mouth. Her first fit appeared after the birth of her second child. The first child was still-born. The second was born at full time, but it was soon covered with eruptions, snuffled, and died in some two or three weeks greatly emaciated. About three weeks after her last confinement patient had her first fit, which was a rather severe one. No fit had ever been experienced by her in her previous history, either in childhood or at or after puberty. On interrogation, it appeared that when in the fit her left arm and left leg alone were violently convulsed, and her mouth was seen to be violently drawn to one side.

Remarks.—Syphilitic epilepsy is constantly misunderstood. There can be no doubt that when an adult, male or female, suddenly becomes affected with epileptic seizures in the midst of health, syphilis is in most cases the hidden cause of the seizure. In this case the history of syphilitic children was, of course, a great guide, but the mother had had herself but scanty symptoms of the disease which had destroyed her offspring, with the exception of a few cervical enlarged glands; there were but few marks of any poison having entered her system. The treatment recommended was ten-grain doses of iodide of potassium thrice daily.

CASE II.—*Smoker's Tongue.*

A man, aged 66, Daniel Sibourn, a seafaring man, came to the Metropolitan Free Hospital on June 30th, 1876. More than seven years before being seen he had noticed a *blister* on his tongue, which he had at that time put down to his smoking coarse tobacco. He has been a *very great* smoker of tobacco. For thirty years past he had used at least an ounce of shag tobacco daily. Having lived a rough seafaring life, he had kept good health all the time. He had smoked a little since the age of fifteen, but latterly much more. Patient observed that he had often fits of great dyspepsia and dimness of sight after smoking a little more than usual. *The tongue* was seen to be small, reddish, and fissured at the tip; covered over the whole of the dorsum with an opalescent pellicle. A similar patch of opalescent appearance was seen to exist on each side of his mouth, at the commissures of the lips, extending over the inside of the lips for some half-an-inch.

CASE III.—*Salicylic Acid in Acute Rheumatism.*

A young man, Charles Dedman, aged 25, barman, was admitted into the wards under Dr. Drysdale's care on May 19th, 1876. Taken ill a week with headache, pain in limbs—vomited on admission. No previous attack. Father reported to be rheumatic. Temperature, 7 p.m., 102·4. On May 20th, at 10.30 a.m., patient had a temperature of 103·1, pulse 104, and respiration 30; tongue furred, rather dry. There was pain with swelling of ankles and knees, pain in hips, and a little in the left elbow; a little in shoulders and left wrist. He was put on low diet, with two pints of milk, and had forty grains of bicarbonate of potash every second hour. On the same day, at 8 p.m., he perspired freely, and his temperature, was 103·6, with a pulse of 128.

On May 21 he had passed a restless night, dozing at intervals after taking ten grains of Dover's powders. Perspires freely. Has pain in ankles and knees, also in right arm and fingers of right hand; pain in loins also. At 1 p.m. on that day his temperature was 103·2; it fell to 102·6 at night.

The treatment with bicarbonate of potash was continued until June 9, and the morning temperatures were as follows: May 22, 102·6; May 23, 102·3; May 24, 102·4; May 25, 102; May 26, 104·4; May 27, 103·6; May 28, 103·4 (on this day a systolic murmur at apex was first heard); May 29, 102·2; May 30, 101; June 1, 100; June 2, 100; June 3, 100; June 4, 101·6; June 5, 101·6; June 7, 101; June 8, 100; June 9, 100·6; June 10, 100·5; June 11, 100 (sharp pain at lower part of sternum); June 12, 101·5; June 13, 102·2.

On June 14th the morning temperature was 101·1, and the evening was 102·4. He perspired very freely. *Salicylic acid was now* administered first in one dose of 20 grains, then in four doses of ten grains, then 20 grains about 9.15 p.m. At 6 p.m. the temperature was 101·9.

On June 15th the morning temperature fell to 99·2, and the evening to 99. In the afternoon *salicin* was given in ten-grain doses, the last about 9.40 p.m. The temperature rose to 100·6 June 16th, temperature 99·5. During the day he had ten grains of salicin every two hours; but on the 17th the morning temperature rose to 100·1, and the evening to 101·1 Accordingly *salicylic acid* was given again in the evening in a twenty-grain dose at 7.10. He sweated greatly after this; at 8.35 he had another dose, and at 10.20 he was drenched in perspiration, with a temperature of 99·8. On the 18th he felt better; there was less pain, but his appetite was bad. About 5 p.m. he had twenty grains of salicylic acid, and this was repeated every hour up to 8 p.m. At 10.15 p.m. he was drenched with sweat, and had a temperature of 99·3. On the 19th the temperature was 99.6. On the 20th, 21st, and 22nd about 100. On the 23rd the evening temperature was 99·6. On the 24th it was 99·1; after 4 p.m on this day he had three doses of ten grains of salicylic acid in the evening. On the 25th the temperature was 100; salicylic acid was given in ten-grain doses every second hour. On the 26th the temperature was 101; and on the 27th it was 100. After this the patient's health declined, and on July 6th he was seized with pericarditis with effusion, which carried him off.

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Literature.

ELECTRICITY IN MEDICINE AND SURGERY. (a)

DR. POORE has produced that which was needed by the profession, a compact and yet thoroughly useful treatise on a subject of increasing importance. Some of the larger treatises were too large for the general readers and the smaller works were insufficient.

He adheres to the usual nomenclature, employing the terms Galvanism, Faradism, and Franklinism for the three kinds of medical electricity. The three first chapters contain the elementary matters, the principles and laws of electricity, descriptions of the more useful forms of apparatus; the author confines himself (and relieves the reader by doing so) to noticing such batteries and coils as are now most approved. The physiology of the subject is rendered in a practical manner.

(a) "Electricity in Medicine and Surgery." By G. Vivian Poore, M.D. Lond., M.R.C.P., Assistant Physician to University College Hospital, &c. London: Smith, Elder, and Co. 1876.

The author favours the Leclanché element, which is now made in a very compact form, a square cell about 1½ inch square by 4 inches high, divided by a porous septum placed diagonally, and covered in at the top, apertures being left for putting fluid in, and for the escape of gas. The zinc rod is placed in one compartment in a saturated solution of sal ammoniac, and the carbon rod is placed in the other surrounded by mixed carbon and peroxide of manganese.

This wonderful combination requires no attention for years, except the occasional addition of some fluid; it does not waste when out of use; but the current begins to flow directly the conductors are applied or the circuit closed. Unfortunately the necessarily good construction, and the fact of the battery being patented, cause the apparatus to be expensive. And the expense of the battery will be a lasting obstacle to the use of the continuous current.

The difference of action of galvanic and faradic currents is briefly but clearly given in the physiological chapter, which also contains much that is interesting on the subject which Dr. Poore has thrown new light upon—viz., fatigue of muscle removable by the continuous current. In order to represent this numerically, Dr. Poore employs a dynamometer which records the "squeezing" force of the hand—having made a number of trials of the patient's strength unaided—the author applies rheophores to the median nerve at two points in the upper arm, and causes a second series of trials with the dynamometer to be made. The averages of the sets of experiments with and without galvanism are then compared. In an experiment on himself, the author found that the galvanic current enabled him on the average to exert 11lbs. more squeezing force than he could apply without help. This chapter ends with a notice of Dr. Radcliffe's "positive charge."

The next chapter ("Methods of Using Electricity") is most practical, and contains several hints which the practitioner will value; among these the author describes an American rheophore, which has its conical piece of sponge fixed by its base to the wooden handle (without any metal cup).

There is a simple experiment by which it is possible to exhibit the production of electrotonus, and at the same time to disprove the prevalent idea that the *descending* current has greatest influence in stimulating motor nerves. "Place the positive pole in the axilla, and the negative over the ulnar nerve; we stimulate the ulnar nerve and get contraction of the muscles supplied by it. If we reverse the current (the negative pole in the axilla) we get much more movement—all three cords of the brachial plexus are stimulated, the arm is flexed, the hand supinated." Of course this does not prove that the ascending current is *stronger*, but its physiological action in this instance makes its muscular stimulation more extensive.

This chapter on Diagnosis is comprehensive, and should convince all who read it of the value of electrical apparatus in the *investigation* of disease.

The medical uses of this agent are described under the heads of Stimulation and Sedative Action. Very necessary cautions are given against employing galvanism or faradism in cases of recent central lesions, and other cases are indicated in which it is best not to use electricity. Illustrative cases of traumatic, infantile, and facial paralysis are given, to show the mode of using galvanism in these affections, the perseverance often needed, and the amount of success to be expected. We can confirm the author's statements as to the beneficial effects of galvanism in "rheumatic" paralysis.

Some interesting cases of local paralysis (*e.g.*, palsy of serratus magnus), of syphilitic and hysterical paralysis, rheumatic gout, amenorrhœa, skin disease, diabetes &c., are found in this part of the work, which is thereby rendered more readable than is often the case with chapters on electrical therapeutics.

The late Dr. Anstie's opinions on the use of galvanism in neuralgia are largely quoted in the chapter on Electricity as a Sedative.

Occipital neuralgia yields reluctantly, but costal neuralgia, periodic headache, lumbago and brachialgia, seem to be often rapidly cured by the continuous current.

The best passage in the whole book is that which relates to the pathology and treatment of fatigue diseases, writer's cramp serving as a typical form. After discussing the causes of *fatigue*, such as "monotonous repetitions of the same act," "prolonged and sustained muscular effort," "prolonging our periods of tension at the expense of the periods of relaxation," &c., the author gives the opinions of distinguished observers as to the nature of writer's cramp, those of Dr. Zaradelli of Pavia being the most elaborate. Dr. Poore analyses the act of writing, showing how complex it is, and therefore at how many points the writer may break down—the break-down may occur where it will—if only the first dorsal inter-osseous muscle fails, the act of writing immediately ceases to be automatic. "The patient becomes conscious of his troubles, and the disease is sure to spread rapidly." After giving directions for the examination of the patient, by touch, sight and electricity, the author describes his mode of treatment, which consists briefly of abstinence from writing, rhythmical exercise, and galvanism. Cases of torticollis and chorea successfully treated by galvanism conclude this section.

"Electricity as a Caustic" "as a Cautery," and "in the Treatment of Internal Aneurisms," form the subject-matter of the last three chapters. The peculiar apparatus needed for these applications of the galvanic current are described, and cases of aneurism with good and bad details are given.

All things considered, this is the best work on the subject that we have yet seen; the title-page well says that it is for "students and practitioners." Good illustrations are introduced where they are required.

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THE LATE DR. E. A. PARKES.

On the 18th inst. a public meeting in aid of the memorial fund was, by permission of the Council, held at University College, Gower Street. Sir William Jenner presided, and among those present were Mr. Erichsen, Dr. Reynolds, Dr. Sieveking, Dr. Sibson, Dr. Wilson Fox, Dr. Hare, Dr. G. Hewett, Mr. J. Marshall, Mr. Berkeley Hill, &c. The chairman, in opening the proceedings, called attention to the meeting held on the 10th of April at the residence of Mr. Erichsen, at which it was resolved "to establish at University College, London, a permanent memorial of the late Dr. Parkes, in such a form as to aid scientific investigation and practical study in the subjects to which Dr. Parkes's life was specially devoted." The memory of Dr. Parkes was, he said, too deeply engraven on the hearts of those who knew him to require any momorial, but they were anxious to show those to come the high appreciation in which he was held. It was therefore proposed to establish a memorial to him, and to have it in University College, where his education was altogether effected, where he made himself known to the world, and so distinguished himself as to be selected for the posts which he subsequently held [member of the Medical School and of the Senate of the University of London; Professor of Hygiene in the Army Medical School, Netley; Professor of Clinical Medicine at University College, London; and Physician to University College Hospital]. With reference to the form which the memorial should take, he again quoted from the above-mentioned resolution, and observed that Dr. Parkes's life, although not long, was devoted to several subjects, but particularly to two, clinical medicine and hygiene. The foundation of his hygienic knowledge was in clinical medicine, and, therefore, it would be proper to establish a memorial connected with clinical medicine. He thought, however, it was felt by others—and he shared the feeling—that, although Dr. Parkes devoted a considerable part of his life to clinical medicine, the crowning labours of his life were devoted to hygiene, he feeling more and more, with growing experience as they all did, its value and its importance in preventing disease, to which object he brought all his vast knowledge of clinical medicine. Quoting from the circular which has been sent out, he said it was hoped a sufficient sum might be collected "to establish a museum and laboratory of hygiene similar to those now existing in the Army Medical School, Netley;" but he thought part of the hope—as regarded the laboratory—was fulfilled to some extent by the large laboratory attached to the College. As to the museum it would contain all the materials connected with the progress of hygiene. An objection had been made to the establishment of such a museum, and it had been said that medicine was especially the centre of hygiene; but he was in favour of the museum, which he thought would be a very useful adjunct to the College, and a most valuable memorial to Dr. Parkes. In order that it might be a permanent memorial, however, it must be endowed. otherwise it would be perfectly worthless, and he should be absolutely opposed to establishing anything like a museum unless a sufficient amount were collected. Dr. W. R. Gowers then traced the origin of the movement, and after reading letters from Miss Florence Nightingale, Dr. Aitkin, Sir William Gull, &c., in its favour, he announced, amid cheers, subscriptions amounting to £675. Dr. Poore then detailed information he had acquired at Netley and Brussels relative to museums of hygiene. On the motion of Dr. Reynolds, seconded by Dr. Corfield, it was resolved that the memorial should take the form of a museum of hygiene. Dr. Sieveking, in moving the appointment of an executive committee, spoke of the importance of rendering the science of hygiene a permanent subject in the course of study of educated physicians. Mr. Symonds, of Oxford, seconded the resolution, which was carried, unanimously, Sir William Jenner being appointed chairman. The proceedings then terminated with a vote of thanks to the Chairman.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 26, 1876.

MR. GLADSTONE ON MEDICINE.

THE admirable speech which Mr. Gladstone has recently delivered at the London Hospital on Medical Education is remarkable for the complimentary tone in which he spoke of the medical profession, as well as for the original and philosophic view he took of the aims and aspirations of modern medicine. It is at all times gratifying to us to receive the approbation of those who, free from the prejudices and the complacencies by which most professional men are apt to be biased, can view from a more elevated standpoint the work we do, the means at our disposal, and the obstacles which lie in our path; and we feel the compliment all the more when it comes from a man whose experience of men and things is as great as his learning is extensive and his judgment matured.

Mr. Gladstone illustrates his opinion of the state of medical science at the present day by referring to a passage in "Gil Blas" with which most of our readers are no doubt familiar. He was not afraid, he said, to measure the change which had taken place in the position of the medical profession to remind them of one of the many excellent jests in one of the most entertaining of novels namely, where Gil Blas, arriving at a provincial town, fell seriously ill, but happily, the place was so small that it could not support a physician, and therefore he rapidly recovered. That, of course, was a joke, and a parody of the real state of things at that time. But what, adds Mr. Gladstone, would they think of a novelist who put such a jest into his book nowadays? Why they would say that unless the rest of the novel was made of much better materials than the sentence that contained that joke, the sooner he gave up novel-writing the better. In truth, though this profession was so ancient, and its use so vital, it was only in times comparatively modern and recent that it had made its way to general confidence. It had made its way to that confidence not by having mastered the secrets of disease . . . but because the world was well aware that the very highest of human abilities were addressed, and addressed in ample quantity, to the business of this profession, and that these abilities were addressed to it with all the zeal and all the judgment which they could expect from human capacity and assiduity in any of the pursuits of life."

It is quite certain from this and other passages in his speech, that Mr. Gladstone does not look forward to that advanced state of medical science, and that improved condition of the public health so sanguinely expected by what we may, for the want of a better term, call the hygienic school of medicine; and it is only in this respect that we shall venture to differ from the opinions which he has expressed in his otherwise unexceptionable speech, and to hope that the picture which he gives us of the future of medicine and of public health will not, when realised, be quite so gloomy as he forecasts. The mastering of the secrets of disease is a progressive work, and for his own part, Mr. Gladstone believed that it never would reach that point; and that probably, in the future experience of society, as we detected disease in one form and one development, new forms and new developments would arise which would continually baffle our efforts in the way of making advances. He "was impressed with the belief that, as the organisation of society and the structure of life had become in modern times greatly more complex than they were, so the process of evolution would continue, and from generation to generation the probability was that life would become still more complex, and its griefs and enjoyments would be still more multiplied. Man's subserviency to luxuries and pleasures would also increase, together with its attendant difficulties, and man's dependence on the help that the physician could afford would likewise grow. In proportion as man's enjoyments increased, so would his sufferings and the necessity for help to assuage them."

Now, although we would not go so far as to subscribe the optimist views of some eminent hygienists, we certainly have a more cheerful prospect of the future state of medical science, and of the physical and moral welfare of future generations of mankind, than that implied in the opinions which we have just quoted. No doubt, there are diseases in the intimate nature of which we shall never thoroughly comprehend. The cry that is even now being raised against one of the most beneficent prophylactic discoveries of modern medicine forbids us to look forward to the time when the good sense and the self-command of society will allow it to take full advantage of the benefits which science has placed in its hands; while a still longer time must elapse before we shall see the last of the many diseases that depend upon the habits, the desires, the appetites, and the passions of mankind.

But, on the other hand, the history of medicine, in fact, all history, tells us we may presume to rest our claims upon the confidence of the public, upon even better grounds than upon the "high abilities" which are addressed to the duties of our profession; while, at the same time, it gives us little reason for supposing that the human race will be harassed by new forms of disease as fast as old forms disappear, or that the trials and the miseries of life will be more complex and more multiplied in proportion as its luxuries and its enjoyments increase.

The history of medicine, like many other great histories, is by no means such as we can look back to with unmingled satisfaction. It has been a very chequered history, and has been marred by an amount of ignorance and superstition which we cannot now contemplate without a feeling akin to shame. But for all that, a retrospect of the last two hundred years shows that our knowledge of the principles and practice of medicine has made rapid and substantial progress; and that in every department of that science, in diagnostics, in pathology, in therapeutics, in hygiene, we both know, and can do more now than ever we knew or could do fifty years ago. We need not enlarge upon this fact, inasmuch as it is one that is very generally admitted, and our only reason for stating it is, that it offers the strongest grounds for believing that in the course of time still more may be accomplished, and, that this very advancement may be, in the hands of Providence, one means by which the future comfort and welfare of mankind will be proportionately advanced. When hundreds of years ago great minds did not despair when they looked into the future, surely we can still be more hopeful in an age so richly endowed with knowledge, and in an age when the comforts and arts of life are so immeasurably greater than they were in former times. More than 2000 years ago that dreadful disease epilepsy was looked upon in the most civilised portions of the then known world as a direct visitation of the gods, against which it was useless, and even impious, for man to contend. But the immortal Hippocrates was neither so blinded by superstition, nor so distrustful as to the power of his art, as to share in the opinions of his countrymen. A glimmer of light appeared to him in the distant horizon, which he thought would one day grow brighter and dispel the darkness in which the nature and treatment of that disease were in his time enveloped. He fearlessly asserted that epilepsy was no more a divine affection than any other, that it arose from causes which would one day be revealed, and was amenable to remedies that would be discovered in the course of time. We pass over a few centuries, and we come upon another undaunted spirit—the immortal Harvey, who, like the father of medicine, found himself confronted with a problem which he almost thought to be incapable of solution. "Devoting myself," he says, "to discover the use and utility of the movement of the heart in animals, in a great number of vivisections, I found the subject so full of difficulties that I thought for a long time, with Fracastor, that the secret was known to God alone. . . Finally, from redoubted care and attention, by multiplying and varying my experiments, and by comparing the various results, I believed I had put my finger upon the truth, and commenced unravelling the labyrinth." Since that time many other secrets have been arrested from nature. We have placed our finger upon many truths, and made discoveries which have had a marked effect in investigating human suffering and in prolonging life. And who can at present gauge the limits of medical discovery, or the limits which Nature has assigned to the physical and social well-being of the human race? If pain has in many instances been abolished, if we can now cure diseases which were formerly regarded as incurable, if we can now restore to her family the mother who was, not so long ago, devoted to an early grave, if one of the greatest scourges of mankind is now but seldom heard of, if certain epidemics are as now all but under our complete control, and if in many places the average mortality is far below what it formerly was, while human longevity is on the whole increased—what may we not hope for if we only look far enough into the future. And at all events have we much reason to fear that the secrets of diseases which are now obscure will never be unravelled, that disease and misery will keep pace with "the increase of man's estate," and that man will become more and more dependent upon the help that physicians can bestow. Rather may we say with an eminent living writer: "Products of the mighty past, we forefeel dimly, as it were, the mighty future of humanity."

Space will scarcely allow us to notice the other subjects on which Mr. Gladstone so eloquently discoursed, suffice it to say, that his remarks should receive the closest attention of all who are about to enter the profession. Especially valuable are his observations upon that "besetting danger of this age—specialism," and upon the influence which the wise and philosophic physician may have over the speculative thought of the present day. "In this activity of speculative thought," said Mr. Gladstone, "which had undoubtedly reached a point in this age which they were not aware of in former times, he could not help seeing that an opportunity was given to the medical profession to exercise increased influence, and assume a greater share in the leadership of thought at large." We believe we shall not be far wrong in saying that the profession has already accepted this responsibility, and that it has already diverted the current of speculative, especially metaphysical, thought into a wider and more useful channel. The peculiar nature of their studies, and the discipline which their mind has received from a scientific education, have led medical men to repose little confidence in theories that are unsupported by facts, and to conduct their investigations on the most approved principles of the inductive philosophy.

THE VIVISECTION BILL.

It was currently reported during the week that Government had positively decided upon the withdrawal of the "Vivisection Bill," but we gather from the Prime Minister's answer to Mr. Lowe, and also from the Home Secretarys' reply to a deputation that this is not exactly the case. If, however, Mr. Cross is sincere in his statement, that the Government are in no way likely to be influenced by passionate appeals, but would act from a common sense view and without prejudice, it scarcely admits of a doubt, that the Bill will at once give way to a number of other Bills of far more importance to the country. Why should this crude and ill-considered bantling, framed at the bidding of a set of unreasonable and sentimental fanatics, be allowed to drag on with the annoyance of a painful uncertainty about its existence, and simply to be abandoned with a bad grace a week or two hence? The Government must be convinced that it was a grave mistake to have introduced a Bill which has brought them into difficulties and made them far more enemies than friends. No good can come of hurried legislation on a subject which requires delicacy of handling and careful consideration. If, unhappily the Government should be still induced to listen to the unwise solicitations of unreasonable people, who have hitherto shown themselves miserably deficient in argument and totally unable to understand the question at issue, then it only remains for Mr. Lowe and other members to make a resolute effort to throw out a Bill which Mr. Lowe very rightly says gives "any person the right to inflict any pain short of torture on any domestic animal, and any torture he pleases in any non-domestic animal; and it is a gross insult to the medical profession to single out as the only exception to these general rules."

A meeting of the Metropolitan Counties Branch of the British Medical Association is convened for this evening, at 8 p.m., at the Medical Society's Rooms, Chandos Street, at which the following resolutions will be proposed:—

1. "That this meeting, although fully recognising the improvements effected in Lord Carnarvon's Bill in its latest form, is still strongly of opinion that should it become law the progress of science will be most seriously hindered, and the interests both of animals and of men much prejudiced.

2. "That this meeting would urge upon the promoters of the Bill that legislation on this subject should be abandoned for the present session.

3. "That, in the event of its being thought necessary to propose legislation on this subject in the future, this meeting would suggest as alternative measures—(1) an Act of simple registration of persons licensed, as on the plan of Dr. Lyon Playfair's proposal; or (2), which would be preferable, an Act in extension of Martin's Act, applicable to cruelty of all forms to all animals, but exempting, under certain conditions and regulations, experiments performed solely for the advancement of science."

At a special meeting of the College of Physicians of London last week the Bill was discussed and the president and censors were appointed to wait upon the Home Secretary and to express the great objections of the College to the Bill. A memorial has also been presented to the House of Lords by the University of Edinburgh, in which it is conclusively shown that the Government Bill would foster rather than check cruelty; and that to "crib, cabin, and confine" the labours of physiologists to a few licensed places would be to cripple and stop all scientific investigation, for very many of the most valuable experiments have been performed by men who were not professed physiologists. Surely it will not be considered politic for the British legislature to dictate to the profession how it shall acquire the knowledge of curing disease.

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THE CONTAGIOUS DISEASES ACT.

The nation (and notably the ladies who insisted on forcing themselves into the gallery of the House) have been edified by the annual discussion of the Bill for the propagation of syphilis and gonorrhœa, known in Parliamentary parlance as the Contagious Diseases Act Repeal Bill, and we sincerely trust that the nasty and unprofitable controversy may be considered as got rid of for twelve months at least. The result of some years experience of the working of the Act and of the benefits derived from it, has been to narrow the debate to a contest between puritanism and expediency, for, in spite of the clamorous assertions of the Anti-Contagious Diseases Act fanatics, it may now be taken as proved beyond any reasonable doubt that the outcome of the present law has been a great and lasting gain to the public services and to the community. The opponents of the present system have, indeed, utterly failed to disprove or to account for the immunity of the army and navy from venereal diseases which has ensued since the Act came into operation, and the attempts they have made to do so have only served to strengthen the conclusion that the supervision of prostitution in camps and garrison towns has produced, and may be expected to continue to produce, the best results upon both the health and the morals of soldiers and sailors, and of those classes of the civil community with whom they are associated. Appropriate to the discussion of this question we publish to-day, in a communication on Salivation by Dr. Rawdon Macnamara, of Dublin, Surgeon to the Lock Hospital, what may be called the calendar of a prostitute, and which we reproduce for more public observation here. Speaking of the subject of his treatment Dr. Macnamara says:—

The results as to her history, so far as the hospital statistics go, are embodied in the following tabular statement. I may state that her age when she came under my observation was twenty-seven years.

	Admitted.	Discharged.	Days in Hospital.	Disease.
1872	Dec. 16	Dec. 21	5	Sore at labium.
1874	Jan. 19	Jan. 22	4	Double iritis.
1874	Feb. 17	March 11	23	Papular rash; iritis.
1874	Aug. 31	Sept. 25	26	Ulceration of throat and of back.
1875	Jan. 12	Jan. 22	11	Patches in mouth and vulva.
1875	March 1	March 19	19	Extensive ulcer on vulva.
1875	June 2	June 22	21	Stomatitis (severe).
1875	June 23	July 8	16	Profuse salivation.
1875	Aug. 2	Aug. 19	18	Ulcerated throat; abscess in axilla.
1875	Oct. 4	Nov. 12	40	Severe ulceration and salivation.
1876	Feb. 7	Feb. 16	10	Ulcerated mouth and throat (patch).
1876	April 3	May 6	33	Salivation.
1876	June 9	June 20	12	Gonorrhœa; bubos.

A simple perusal of this table must give rise to many melancholy considerations. It is simply deplorable to find that one so young should have led so wretched a life—a life as full of disease as it was of sin. To understand the table fully, a few words of comment are necessary. When first admitted, she appears on our books as being a married woman—aged but twenty-three years. Of the fact of her being married, there can be no doubt, as, by the rules of the institution, to be admitted as such, she must produce her marriage certificate. Between December, 1872, and January, 1874, we have no record of her having been under treatment, at the Lock Hospital, at all events—then comes the history of secondary contamination—and of fresh infection. From March the 1st to March the 19th she was under treatment for an "extensive ulcer on the vulva," the treatment as appears from our books being local and constitutional, the latter consisting principally of tonics, opium, and good diet. She then leaves the hospital, and, as we collect from her own statement, during the period which elapsed between the 19th March and the 2nd of June, she is put on mercurial treatment elsewhere, and returns to us with the first appearance of what subsequently proved so intractable a form of ptyalism.

It will be seen that this woman in three-and-half years of her life of prostitution was in and out of hospital thirteen times, during which period she spent 238 days under treatment, or one-fifth of the whole time. During the remaining four-fifths of the time she was doubtless engaged in the assiduous dissemination of chancres and bubos, many of which will have probably been passed on to innocent recipients and to families of unborn children. The fanatics who oppose the enactments which have been framed to protect the innocent community from the effects of so horrible a trade, will be sanguine indeed if they entertain any real hope that they will persuade deep thinkers that such a traffic should be permitted to proceed without check or control simply because in their opinion it is better not to pretend to know of its existence or to recognise the class of persons who are engaged in it. The Anti-Contagious Diseases Act advocates have not the discernment to distinguish between practical morality and stupid puritanism, nor the common sense to bend their tightly strained notions of right and religion to meet the crying necessities of the community.

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SURGICAL AID FOR THE TURKISH WAR.

It appears from a communication to the *Standard* from Mr. C. Roberts, surgeon, that since his publication in that paper of a letter on the above subject, he has been overwhelmed with offers of surgical assistance, but that he has received few expressions of sympathy outside the profession. Mr. Roberts advises those of his correspondents who do not object, to give their services to the League in Aid of the Christians in Turkey, who have within the last few days established a Servian Hospital Fund. They must bear in mind, however, that they will be liable to share the fate of rebels if they fall into the hands of the Turks. The League's Hospital Fund may serve to relieve the immediate wants of the Servians, to which public attention was first called by one of our foreign correspondents. But Mr. Roberts remarks that the political sympathies of this country are too greatly divided to give it much support : that the revival of the Red Cross Society, which would distribute aid to the wounded irrespective of creed or race, would alone meet the present emergency ; and that there is just now a large number of surgeons and dressers ready at any moment to give their services to either Christians or Turks.

This is not holding out a very charming prospect to those younger members of our profession whose enthusiasm might lead them to risk their lives in what might probably turn out an unprofitable and thankless service. "To be liable to share the fate of rebels if they fall into the hands of the Turks" is no trifling matter. It might mean being butchered by a class of men little better than savages. An English surgeon is never wanting in the courage and bravery belonging to his race. To die sword in hand, and fighting in a good cause—to die in the heat and excitement of battle—is one thing ; to have your throat cut while quietly practising a humane and charitable profession, is quite another matter. During the Crimean War, we had the opportunity of accompanying a regiment of Bashi-Bazouks, and of making a personal acquaintance with some of those irregular troops by which both the Servian and Turkish armies are so largely recruited, and a more untrustworthy and desperate set of men we have never seen, so that we are not at all surprised at the atrocities which are now said to be committed by them in Bulgaria, and which, although possibly exaggerated, we do not for a moment hesitate to believe in. We must, however, own that in Turkey, as in most semi-civilised countries, the surgeon is treated by those who know him with great reverence and respect, and even when living amongst these Bashis—these half soldiers, half banditti—we believe they would at any time have risked their lives for us. If, therefore, the Red Cross Society could be revived in that now distracted country, and its position and objects duly recognised by both parties irrespective of creed or race, much might be done to mitigate the horrors of a war carried on in such a half-civilised country as Turkey. Besides, it is not merely against the ferocity and fanaticism of the Servians or the Turks that the young surgeon would have to contend, but against obstacles arising from a probable scarcity of all those surgical appliances, medicine ambulance, medical comforts, &c., without which his services could neither be advantageous to the wounded nor profitable to himself.

We are therefore inclined to suggest to surgeons intending to set out for Turkey that they should carefully consider the step they are taking.

While writing the above, we hear that two English surgeons—Mr. Baker and Mr. Collingridge—arrived at Belgrade last Wednesday, and left soon afterwards for the army before Novi-Bazar. All we can say is that we shall be glad to hear of their safe return, and that in the meantime they will not fall into the hands of our old friends, the Bashi-Bazouks.

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Notes on Current Topics.

Butter Manufacture and Adulteration.

The head of the Chemical Laboratory of the Board of Inland Revenue reports on a series of butter analyses lately made by him, that of the 107 samples examined and tested, only a very few were very poor in quality. The great bulk examined were found to possess considerable uniformity of composition, the principal variations being apparently due to a difference in the method of manufacture, the different seasons of the year when made, and the various modes of feeding. As might be expected, some of the poorest butters were produced by, and obtained from, small farmers in Ireland, at a time when there was very little grass and food was scarce. It was also noticed that the butter was relatively poorer in its essential constituents when the food was chiefly cotton and oil-cake, than was the case when roots and grass formed the staple food. A noticeable feature in the results recorded is the great variation in the quantity of water in the different butters, the lowest being 4·15 per cent. and the highest 20·75 per cent. The Devon and Dorset butters, which usually stand so high in the market, were found to contain in nearly all cases a high percentage of water, and one which was procured from the dairy of a private gentleman contained as much as 16·99 per cent., and a second sample, recently obtained from the same source, contained 15·70 per cent. Another point of interest was in some measure elucidated, and which has reference to the deterioration which certain butters undergo when kept in small quantities in glass or earthenware vessels. It was found that whilst some of the finest and best prepared butters undergo little or no change, there is in others a gradual disappearance of the characteristic principles of butter, and a consequent assimilation to the constitution of an ordinary animal fat. This change, which appears to be due to an incipient fermentation, and is generally accompanied by the development of fungi, is probably caused either by the use of sour cream or by insufficient care in making butter.

The Plague.

DR. THOLOZAN informs us that various sanitary measures have recently been adopted by the Turkish and Persian Governments with reference to the outbreak of plague, which commenced in Mesopotamia in the early part of the year. Since the beginning of March a sanitary *cordon* has been established on the north of the invaded territory, on the most frequented route of Kurdistan and Syria, between Tecrit and Kifri. On the south a quarantine of fifteen days is obligatory since April 1 on all vessels sailing on the Tigris and the Euphrates. It is at Kourna, at the confluence of these rivers. The ports of the Persian Gulf are protected by a quarantine which vessels from infected localities have to undergo at the island of Kezzer, formed by a junction of the Chotel Aral and the Karoun. Since April 10 all communications by land between Persia and Mesopotamia are subject to a quarantine of fifteen days. For three years, it may be added, all pilgrimages into the infected country by Persian subjects have been interdicted. To fully comprehend this system of protection it should be remembered that on the west and north-west, for an extent of three degrees of latitude, no artificial barrier has been or can be established against the plague; but there are, happily, natural obstacles, which prove much more efficacious, the infected region being there bounded by the deserts of Syria and Mesopotamia. The greater rarity of communications there renders restrictive measures, on the arriving caravans, easier. Judging from past outbreaks of plague, it was anticipated that the present would decline in June (after reaching its *acmé* in the end of May), and disappear from Mesopotamia in July. But it may send offshoots to Bussora, Bouchêre, and Arabistan, and a still greater danger is the introduction of germs of the plague into the high plateaux of Anatolia, Kurdistan, and Persia. It is stated upon reliable authority that the disease is rapidly decreasing; but there cannot be the slightest doubt that at Bagdad they have had a visitation of the true plague in its worst form.

Royal Hospital for Diseases of the Chest.

THE authorities of this hospital were fortunate in enlisting the sympathy of H.R.H. the Princess Louise, who so graciously undertook the duty of laying the foundation stone of a new wing on Wednesday last. It is not generally known that this institution, which is situated in the midst of one of the most densely populated districts of London—that of Clerkenwell—was the first in the United Kingdom, if not in Christendom, especially founded for the study of pulmonary diseases, and the reception of patients suffering therefrom. In performing the ceremony last week, which, when the work is completed, will give the medical staff sixty beds extra, H.R.H. was surrounded by a brilliant company, and the purses presented were both numerous and valuable. After going through the wards, under the conduct of the medical staff, a prayer for the success of the undertaking was offered in one of the spacious tents erected for the occasion, and the stone duly laid. Shortly after H.R.H. took her departure amidst every manifestation of loyalty and gratitude for the act performed.

The Simon Memorial.

THERE appears to be a rush of testimonials and memorials to members of the profession, or to deceased ones just now, which we think both unwise and unfortunate, inasmuch as one necessarily interferes with the success of another, and neither receives that measure of support to which its individual claims entitles it, and which it would undoubtedly receive were it *alone* under the notice of the profession. Thus we have at present the Parkes memorial, the Harvey memorial, the Hassall testimonial, the memorial to Sir J. Cordy Burrows, and now it is proposed to start a Testimonial Fund to Mr. Simon, C.B., F.R.S., late medical officer of health to the Privy Council and the Local Government Board, in recognition of his eminent services in sanitary science. In furtherance of this object, a committee of medical officers and others has been formed, and the co-operation of persons interested in sanitary work is invited. It is proposed that the testimonial shall take the form of a Scholarship and Medal; but suggestions on this point are invited of subscribers. Mr. Alfred Haviland, medical officer of health for Northampton, has undertaken to act as hon. secretary to the committee.

The Social Science Congress of 1876.

THE annual meeting of the Social Science Association will be held at Liverpool in October next, at which the following special questions for discussion in the health department will be introduced:

1. What is the best mode of making provision for the supply and storage of water (1) in large towns, such as Liverpool and Manchester; (2) in groups of urban communities of lesser size, such as exist in the manufacturing districts of Lancashire and Yorkshire?

2. What further legal enactments, if any, are required with a view to arrest the spread of infectious fevers, and

how far national and municipal registration is desirable as a means thereto, and if so, what should be the nature of such registration?

3. What amendments are required in the legislation necessary to prevent the evils arising from noxious vapours and smoke.

Mason *v.* Fergusson and others.

THE late trial, Mason *v.* Fergusson and others, the object of which was to overthrow a will on the ground of insanity, the plaintiff's Christian name was Francis. Not unnaturally the profession and the public supposed the plaintiff to be Mr. Francis Mason, of St. Thomas's Hospital, and formerly assistant-surgeon to King's College Hospital, and colleague of Sir Wm. Fergusson.

The mistake has given rise to some considerable annoyance to our *confrère*, and it is our desire to make it generally known that he (the plaintiff) referred to, though bearing the same name, are unknown to each other, and in no way related.

Eau de Vie.

MESSRS. HENRY BRETT and Co. have introduced a spirit in imitation of the best French brandy, just as London gin is an imitation of Schiedam Hollands. It is made with rectified spirit, and contains therefore no objectionable taste or essential oil, whilst it is well known that many of the compounds sold as brandy in London contain essential oils, which produce headache and restlessness, and otherwise interfere with the digestive functions. The London gin is now perhaps the most frequently used of all the spirits, notwithstanding that it is an imitation, often an injurious one, of a genuine spirit. It is our principle to advise abstinence from all spirits except when prescribed therapeutically, but we suggest that when people are about to purchase the cheaper compounds known as brandy, many of which contain injurious matters—they will do well to obtain instead this eau de vie, the purity of which is guaranteed.

The Metropolitan Water Supply.

DR. FRANKLAND reports that his chemical examination of the water supplied to the metropolis during the month of June show it to be of an improved quality. That from the Thames and Lea has now assumed its summer quality, and contains only about one-fourth as much organic matter as it did during the worst winter floods. The water was all delivered in an efficiently filtered condition, except that of the Southwark Company, which was slightly turbid and contained numerous moving organisms. The Kent Company's water was clear, brilliant, and wholesome. The highest temperature of the Thames water taken at Seething Wells was 69°, and the lowest 56°, while the highest temperature of the air at the same place was 83°, and the lowest 56°. The Kent Company have extended the constant supply in their district in pursuance of the provisions of the Metropolis Water Act, 1871, and are now giving constant supply to a considerable portion of their districts. The New River Company is, it appears, engaged in the sinking of a new well into the chalk formation at Turnford, to obtain at that place a fresh supply of [illegible] a large boring into the lower green sand. This [illegible] was commenced at the beginning of 1874, and it has now reached a depth of 740 feet from the surface. To provide for the increasing demands of their district, the Company are making additions to their distributory works, to effect the separation of the very different levels of their service into convenient zones, and to add to the power and means of communication by which their different stations are enabled to assist one another.

Sir Wm. Gull and the Bravo Case.

THE profession and the public will have followed the details of this mysterious case of poisoning with much interest, and many points have arisen which put to the test cardinal rules of action for medical men and friends when under circumstances in which the possibility of poisoning by accident or otherwise may have to be reviewed without much time for deliberation. Taking the very careful report which appears in the *Times* of July 15, it would appear that Sir William Gull is about to establish a new precedent for the conduct of consultees. The precedent, moreover, is one which we think will not meet with the sanction of the profession generally, and will not be conducive to the public interest if followed by other consulting physicians. Quoting from the *Times* of July 15, we find the following report:—

"I found the gentleman in bed, pulseless, but quite mentally coherent. After examining him a minute or two I said to him, 'This is not disease,' or words to that effect, 'you are poisoned,' or 'dying of poison,' I would not be sure which—'pray tell me how you came by it?' . . . I then urged him as solemnly as I could to tell us, &c., &c."

Subsequently, under cross-examination by Mr. Gorst, Sir William explains:—

"I think," added Sir William, "that the Court should know that in a case like this, in which I, without retiring to consult my colleagues, upon my own responsibility entirely, told the dying man at once that he was poisoned and was dying, I took upon myself a grave responsibility, and under such important circumstances things may be said or done which may escape the notice of one so engaged as I was. You must remember, too, that I was taken to see a man in disease, and I found, not a case of disease, but a case of poison, &c."

Now, when we recall the fact that in addition to Mr. Royes Bell and other gentlemen engaged in the case, Dr. George Johnson was actually standing by the bedside, it is difficult to see how a course so extraordinary as this can be justified on the part of one of our leading consulting physicians. Not only is the precedent thus set by Sir William in direct violation of the bye-laws regulating the conduct of members of the Royal College of Physicians, not only was there no instant urgency to justify such a violation in this particular case, but the precedent is one which, we venture to say, would, if followed by other consultees, destroy that concert and that working harmony which is necessary for the correction of hasty impressions on the part of a consultee, and is indispensable to the welfare of the sick. Not the least extraordinary part of the narrative is the complacent egotism which makes Sir William appear to be unconscious of the unusual character of the course which he thus dilates upon. The whole thing is very much like the exhibition which Erskine, the great advocate, once made of himself when he appeared in the witness-box to give evidence on a matter of fact.

Local Treatment of Chronic Dysentery.

The following is an abstract of an interesting case noticed in the *Melbourne Medical Record*, but which originally appeared in the *New York Medical Journal*. The patient was a woman who had been suffering from chronic dysentery for five years, with occasional acute attacks excited by any indiscretions in diet or unusual fatigue. The smallest number of dejections daily during the whole period was eight, but it was not unusual for twenty-seven or more to occur. She had been under the care of many physicians and under various plans of treatment, and at the time the local treatment was begun she was in a "desperate condition of debility." Dr. T. Gaillard Thomas placed the patient in the left lateral position, and under an anæsthetic, and with the aid of a long duck-bill speculum and a retractor explored the whole of the rectum. On washing the mucous membrane it was seen "swollen, œdematous, hanging in hæmorrhoidal masses, and studded with deep ulcers with greyish bottoms, and it was of a deep red, almost violet hue." At a subsequent examination all the ulcers were lightly touched with commercial nitric acid by means of a swab of wet cotton on a whalebone rod, the cauterisation being so graduated as to avoid the possibility of any sloughing taking place. Only a little pain was experienced on recovery from the anæsthetic, and the patient declared afterwards that this treatment gave her the first real respite she had had for five years. Two other similar applications were made at the interval of a week each, and soon after she returned home, declaring herself well. Rest and milk diet were insisted on during the treatment.

This treatment originated with Dr. R. B. Maury, of Memphis, Tenn., who had treated twelve cases, eleven of which recovered. The caustic he used, however, was nitrate of silver, in strength from the solid stick to that of a solution of a drachm to an ounce of water. But with care to avoid such cauterisations as to produce sloughing, Dr. T. thinks there is no danger of rectal stricture from the use of nitric acid. In such cases caustic is beneficial not only in stimulating the healing of the ulcers, but in blunting the sensibility of the irritable rectum, thus restoring quiet to the whole intestinal tract.

Commission on Noxious Fumes.

We are glad to hear that in the House of Commons last Tuesday, Mr. Cross informed Mr. S. Lloyd that it was intended to appoint a commission to inquire into the effect of the emission of noxious fumes from certain manufactories, and a formal announcement of it would appear in that night's *Gazette*. It would be constituted as follows: Lord Aberdare (chairman), Earl Percy, Viscount Middleton, Mr. W. Egerton, Mr. Stevenson, Professor Abel, Professor Williamson, Mr. Roscoe, and Retired Vice-Admiral Hornby.

There cannot be a greater proof of the anxious attention that is now beng paid to the hygienic condition of manufacturing towns than the attempts that have been made from time to time to obviate the evil effects arising from the various operations carried on in many of our great manufactories. We look forward to a time when the health and comfort of those working or living in the neighbourhood of these establishments will be little short of that to be found in any other place.

The Vivisection Question.

Some of the correspondence which has recently appeared on this subject is well worthy of notice. "A Student of Medicine" writes to the *Times* to show, from his own personal knowledge, what care is taken at the hospitals not only to thoroughly narcotise the animal to be experimented upon, but to keep up the influence of the anæsthetic until the experiment is concluded or up to the time that the animal dies. His letter is well calculated to show "how utterly unfounded is the popular belief in the prevalence of cruelty in vivisection," but we are afraid it may give his readers the impression that this method of experiment or of demonstration is carried on in our hospitals to a much greater extent than it really is.

Much more telling are some of the remarks Mr. Erasmus Wilson has made in a letter which appears in the same paper. In reference to the observations of a previous correspondent, Bishop Claughton, he says :—"We are perfect as men, but—and here is the sting of the arrow—we are not to be trusted. We are trusted, universally trusted, and most unhesitatingly so, with the accidents of the birth, the health, and the decay of our fellow-men; but we are not to be trusted with the lives of the few animals required by our science for the attainment of that knowledge which is the source of the trust and faith reposed in us in our professional capacity. We have already been rudely handled by an authority which represents force; we are threatened with the inquisition of the Government policeman, or, in its mildest shape, with that of a Home Secretary who must be a very foreigner to the requirements of our craft. These are the matters of which we most justly complain; we ask to be left alone, and we protest against an interference which can only bring upon us humiliation and annoyance. But if, indeed, there be anything in our proceedings that may seem to require modification or alteration, we feel that we have earned a title to be consulted in such matters, and if consulted like men deserving of consideration and respect, I am sure I may answer for my brethren of the profession that we shall not be found unreasonable.

The Metropolis Water-Supply Act.

It is not generally known that this Act provides power to compel all the Companies to give constant supply as and when the public authorities may see fit to demand; and any district may insist upon a constant supply when and so soon as four-fifths of the district are provided with the proper fittings, in accordance with the Regulations made under the above-mentioned Act. We have never altered our opinion as to the value of a continuous against an intermittent supply; and in the present excessive heat it is all the more incumbent that water for drinking purposes should not be stored in cisterns, which are often in a filthy state, loaded with organic accumulations and infusorial life. Medical Officers of Health know too well that the lower classes are, as a whole, perfectly indifferent in these matters; it is for the profession and the thinking public to take the initiative; the law is in their hands, they must insist upon its proper execution.

Mercurial Poisoning from Tinned Meats.

At a recent meeting of the chemical section of the New York Academy of Sciences, Professor Falke stated that, on opening a can of cooked corn beef, put up by a company in Chicago, he noticed some bright metallic globules, which proved to be metallic mercury. Besides these, a considerable quantity of combined mercury was present in the form of albuminate of mercury. How the poison came in the meat is a mystery; but a member suggested that, inasmuch as thermometers are employed to regulate the temperature when canning, the mercury may have come from a broken thermometer. It may be interesting to note that a case of poisoning has been reported in Boston from eating canned cooked corn beef.

The Traffic in Quack Medicines.

An amusing case, yet one illustrative of the pseudo-medical system which obtains in the English provinces, has been tried at Stamford a fortnight since. The contest was to try the liability of an attorney at Gravesend to pay for the printer's puffing of the "Okamatuty Cough Lozenges," which were declared to be a medicament celebrated in the Stamford locality. It appeared that one, Fenwick, purchased the Apothecaries' Hall Company in Stamford for £1,000. Having no money of his own, he got £150 as a loan from the attorney in question, and gave a bill for £879 more, which, being dishonoured, was taken up by the attorney. The trade not paying, was shut up by the legal proprietor, who paid all the debts (thus incurring a loss of £1,000), except the printer's bill for puffs of the "Okamatuty," which he averred belonged to the druggist. Eventually the attorney had to pay this also, and the druggist has established himself as a dentist at Southend. Is there not something acutely British in the whole transaction? Could the system be matched in the whole world? The attorney in Gravesend "running" the druggist's shop in Stamford; the yokels of Stamford buying, and presumably eating, the "Okamatuty;" and, finally, the druggist in Stamford being transformed by bankruptcy into a practising dentist at Southend.

Vivisection in Germany.

Professor von E. Cyon has recently published the first portion of a very excellent Handbook for the Physiological Laboratory (*Methodik der physiologischen Experimente und Vivisectionen*), in which there are one or two passages which will show that Continental physiologists are not the brutes which some of our friends in this country have made them out to be. In the first chapter of the work we have several rules laid down for the performance of experiments on animals, two of which are as follows:—"1st. Never proceed to a vivisection without having first proved the impossibility of attaining the desired object (especially in demonstration) in any other way. 2nd. When not altogether inconsistent with the nature of the experiment, always produce a preliminary narcotization." The author concludes his excellent advice by saying: "Always operate on animals as if after the vivisection they were to be kept alive under the best possible conditions."

Another Miracle.

Under the above title the *Bordeaux Médical* tells a strange story, which shows how easy it is to get up a miracle:—About eighteen months ago a girl was admitted into the Hospital Saint André, at Bordeaux, for necrosis of the femur. From other complications that occurred the case did not turn out very satisfactorily, and chronic arthritis was gradually developed in the knee. An immovable apparatus was applied, and in four months' time the patient had so far recovered as to be able to walk about with the splints, and to perform the duties of a nurse. The splints were then removed, but occasionally reapplied, and in the course of four more months she was able to walk about the ward. About this time she got permission to visit some of her friends near Bordeaux, the surgeon thinking that she was nearly well, and would soon be able to leave off her splints. But instead of doing this, she goes to Lourdes; where, as she said on her return to the hospital, she felt herself suddenly cured. On further inquiry it was found that on her departure she had taken with her some crutches which she had formerly used, and that just before arriving at that celebrated place she threw them away, exclaiming that she was cured. Immediately there was great excitement among the pilgrims, cries of "A miracle! a miracle!" and in short, all the usual accompaniments of such religious revivals.

Indignant at the deception that had been practised, the surgeon of the hospital immediately dismissed the girl from his service. But the matter did not end here. The surgeon was accused of impiety, and of denying the facts of the miracle. The pretended miracle was published in a Roman Catholic review of this town (Bordeaux), and copied into a daily journal. The report spread everywhere, and now in all the departments they are speaking of nothing but of this new miracle. And what was at the bottom of all this imposture and credulity? A chronic arthritis of the knee-joint, cured by ordinary means, with anchylosis after eight months' treatment, and a miserable comedy played by an ignorant girl.

We may add that this artful hussy had, in order to carry out her designs, taken care to get cured before she left the hospital, and that, thanks to her lymphatic temperament, to the circumstances attending her illness, and to the occasional fits of syncope to which she was liable, this girl had all the qualities requisite to act the religious impostor. The whole affair is a caution to those who in this part of the world take in hand similar cases.

One and a quarter million gallons of cod-liver oil have been made in Newfoundland this season. It is worth on the spot about 3s. per gallon, and is shipped principally to England.

International Medical Congress at Philadelphia.

THE *New York Medical Record* mentions the following delegates among others:—From the Medical Society of Copenhagen, Drs. Edmund Hansen (President), Carl Lange, and S. Englested; from the Pathological Society of Dublin, Mr. Joliffe Tufnell and Mr. Wm. Stokes; from the Obstetrical Society of Edinburgh, Drs. Alexander R. Simpson (President), and Finlay. The following gentlemen are also expected:—H. Power, of London, J. A. Estlander, of Heslingfors, and Alfred Haviland, of London.

The following have been appointed to act as delegates of the Medical Society of London: Mr. William Adams, F.R.C.S., President; Mr. Richard Davy, F.R.C.S. Senior Secretary; and Dr. T. Lauder Brunton, F.R.S.

Injury to Health from School Flogging.

WE are unfortunatefy too often pained by the disagreeable frequency with whihh irate and inhuman teachers seem to wish to enforce their lessons upon weak and delicate children, mistaking the slowness induced by a natural delicacy of constitution for stupidity. A cry comes to us from a Board School at Chelsea of a little child's hand being severely injured by the cuts from a schoolmistress's cane, but then she was excused from any inhumanity because the little one happened to be "a delicate child, suffering from poorness of blood;" notwithstanding she was obliged to be put under medical treatment.

Another case reported in the newspapers is that of the Rev. Mr. Snowden, of Richmond Grammar School, Yorkshire, who inflicts a brutal flogging upon a small boy for the venal act of "cribbing," and being forced into telling an untruth. Master Thomas Wanless it appears could not accomplish his Latin without the aid of his stepmother; and she at once acknowledged her error, but this did not excuse the boy, for the rev. gentleman saw at once an additional reason why the sins of the parent should be visited on the child; and after having expended his wrath upon him, and turned a deaf ear to the boys cries for mercy, he nevertheless thought himself a merciful man because the "flogging was not administered nearly so hard as he could if he had only tried." As it was, the poor boy after a time went home, "faint, crying, and nervous," nearly frightened to death, and was for some days obliged to be placed under medical treatment. Nevertheless the Head Master is said to be a merciful man, he does not probably practice vivisection upon lower animals, but the law permits him to do so upon human beings. If, however, Head Masters and those paid to teach will persistently ignore their responsibilities and leave teaching to be done at home, they must expect small boys, in difficulties over passages in Cicero, to "crib" and get help from their mothers, but this is no justification for worrying them the next morning into prevarication, flogging them brutally, and degrading them before the whole school. Such proclivities must be checked by bringing schoolmasters and mistresses into courts of law.

A CERTAIN Mr. Pearce, of Andover, was fined last week for the twenty-third time for non-compliance with the Vaccination Act.

AT Grantham, Lincolnshire, last week, a householder named Cammack was fined £5 12s. for sending a domestic servant in a public conveyance whilst suffering from scarlet fever.

OF the 147 candidates for the primary pass in anatomy and physiology at the Royal College of Surgeons, England, during the past few days, more than one-third were referred to their studies for three months.

AT Chesterfield Police Court, on Saturday, Arthur Slater, chemist, of New Whittington, was fined £2 10s. and costs, under the Sale of Food and Drugs Act, for having, when making up medicine from a written prescription, put in an improper quantity of one of the ingredients. He had exceeded by 50 per cent. the quantity prescribed of iodide of potassium.

AT the annual meeting for the suppression of vice, it was stated by the secretary that they had successfully prosecuted three quack doctors for circulating in the London streets hand-bills giving descriptions of and offering medical advice in certain diseases, and that in consequence the nuisance had much abated. Thanks to this society, the practice is much less general; there are, however, plenty offenders to be looked up, whom we hope the society will promptly deal with.

ANOTHER proof, if one were wanted, as to the value of vaccination may be found in the report of the Medical Department of Jamaica. The large public institutions where it was enforced escaped almost entirely the ravages of small-pox, whilst the epidemics amongst the native population who resist vaccination are both frequent and severe. The chief medical officer expresses it as his opinion that the disease would have been extirpated in its early stage but for the obstinate resistance of the coloured population.

MR. GIBSON'S Bill to throw open the Irish County Infirmary surgeoncies to all duly qualified medical men, and to place on the Register the diploma in state medicine of the University of Dublin, has passed. The Irish College of Surgeons, which has hitherto possessed a monopoly of the Infirmary appointments, offered no opposition to the bill, feeling that its provisions were just. It is to be regretted, however, that many similar monopolies continue to exist in England which there are no means of reaching, as they are not maintained under authority of Act of Parliament.

The Medical Defence Association wishes to amend the penal clause of the Medical Act to the following effect:—"Any person whose name is not on the Medical Register who shall take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, master of surgery, bachelor of surgery, surgeon, general practitioner, or apothecary, or any name or title, or addition, implying that he is qualified to practise medicine or surgery, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds."

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MEDICAL OFFICERS OF THE MILITIA.

A Royal Warrant, dated July 12, accompanied by the Secretary of State's instructions thereon, has just been issued, containing important regulations with regard to the pay of medical officers of the Militia Auxiliary Force, and other matters affecting their position. It is intimated that medical officers of the militia who do not, before December 31 next, signify their wish to be placed on a departmental list, shall not be entitled to any of the advantages specified in the present warrant. It is also announced that no further first appointments ef medical officers will be made, after the date of this warrant to the militia, but that militia medical duties shall be thenceforth performed under the orders of the Director-General of the Medical Department of the Army. The names of such medical officers of the militia as shall elect to serve under the direct supervision of the Director-General of the Army Medical Department are to be placed on a departmental list, and the following rules have been established for their future guidance :—

1. Medical officers of the militia who elect to be placed on a departmental list shall only be required to perform army medical duties during the embodiment of their regiment, or during training, or when present during preliminary drill. or recruit drill, or when ordered by competent authority to perform during the non-training period other medical duties connected with the militia, at the place where their regiment is stationed, or where such regiment recruits.

2. Those who held the ranks of surgeon and assistant-surgeon on or before March 1, 1873, shall be commissioned as surgeon-major and surgeon respectively from that date.

3. Those who have been appointed to the rank of assistant-surgeon, or promoted to the rank of surgeon between the 1st March, 1873, and the date of our present warrant, shall be commissioned as surgeon and surgeon-major respectively, from the date of such appointment or promotion.

4. Medical officers of the militia promoted to the rank of surgeon under our present warrant shall, on the completion of twelve years' service from the date of first appointment, be eligible for promotion to the rank of surgeon-major.

5. Surgeons-major and surgeons promoted to those ranks as aforesaid, shall take rank with medical officers of our regular forces as juniors of such ranks in the manner following :—

(a) A surgeon-major shall rank as major, according to the date of his commission; and after twenty years' service as surgeon and surgeon-major he shall rank as lieutenant-colonel, but junior of the latter rank. (b) A surgeon shall rank as lieutenant, according to the date of his commission; and after six years' service, as captain, according to the date of the completion of such service.

6. The rates of pay of the medical officers of the militia during embodiment, preliminary drill, or training, shall be as follow: Surgeon-major, £1 daily; surgeon, 13s. 8d. Their quarters and allowances shall be regulated by their relative rank, as defined in Article 5.

7. Medical officers of the militia who, when performing any of the duties enumerated in Article 1, are in receipt of the full pay and allowances of their rank, shall be liable to be called upon to examine recruits for our regular forces without being entiled to claim any additional pay or remuneration.

8. The allowance to medical officers of the militia for medicines shall not be granted during the training of a militia regiment at a brigade depot, or at a station where there is a military hospital from which medicine can be furnished.

9. The allowances granted to medical officers of the militia for the expenses of necessary medicines and attendance for the non-commissioned officers and men of the permanent staff, and for their wives and families, while the militia regiment is not out for training, shall not be granted when the head-quarters of the regiment are at a brigade depot.

10. Nothing contained in our present warrant shall be held as giving to any medical officer of the militia a claim to any pension or retiring allowance granted to medical officers of our regular forces.

The following are the Secretary of State's instructions on the Warrant:

1. In all cases were battalions of militia are called out for training they will be under the general administration of the principal medical officer of the district. The medical officer of the militia battalion will, under all circumstances, be in immediate charge of his battalion.

2. The medical administration of the brigade depot or other army hospital will, during the training of the militia, remain in the hands of the army medical officer in charge, without reference to seniority of rank.

3. There shall be only one medical officer upon the establishment of a battalion of militia during disembodiment, and supernumaerary officers shall be absorbed as vacancies occur.

4. When a battalion of a militia requires the services of a second medical officer, the Army Medical Department will provide such officer.

5. Militia recruits will be examined by an army medical officer whenever available, at or near the place of enlistment. When not available, the examination will be made by the militia medical officer, or the nearest civil practitioner who is registered for the examination of recruits, preference being given to the former when equally accessible.

6. The medical officers of the militia will also attend the permanent staff of the militia and their families during the non-training period, according to the rules prescribed by existing regulations, when the headquarters are not at the brigade depot; but when the headquarters are at the brigade depot the permanent staff and their families will be attended by the medical officers of the brigade depot.

7. Militia recruits, when trained at a brigade depot or at an army station will be under the medical charge of the army medical officer.

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Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Licentiates :—

Batchelor, Henry Thomas, Worcester, Cape of Gd. Hope.
Bowen, Alfred Longmore, Guy's Hospital.
Buckell, Leonard Martin, Romsey.
Collenette, Frank de Beauchamp, Guernsey.
Fisher, Stephen Henry, London Hospital.
Footner, John Bulkley, Bethlem Hospital.
Gibbes, Cuthbert Chapman, Surbiton.
Hames, George Henry, St Bartholomew's Hospital.
Hancock, John Gatchell, Downshire Hill.
Harvey, William Yeo, Stanhope Street.
Hayes, Francis George, Cathcart Road.
Jackson, Robert Alexander, Notting-hill Square.
Kirtikar, Kanoba Ranchoddas, Euston Square.
Lang, Henry Charles, Berners Street.
Makuna, Manikji Dosabhai, Prince of Wales Road, N.W.
Morshead, Ernest Garstin Anderson, Salcombe Regis.
Perry, Edward Verdon, St. George's Hospital.
Pronger, Charles Ernest, Crawley, Sussex.
Rees, David Valentine, London Hospital.
Ritchie, John Lichtenstein, St. Thomas's Hospital.
Sawtell, Tom Henry, River Street.
Sellon, John William Gore, Budleigh Salterton.
Upton, Alfred, Halton Road.
Vernon, Mark Henry H., St. Bartholomew's Hospital.
Verrall, Thomas Jenner, Dane's Inn.
Walker, George, jun., Cottenham, Wimbledon.
Williams, William Henry, Grafton St., Fitzroy Square.
Woodward, Fredk. Edwd., St. Bartholomew's Hospital.

The following candidates having passed in Medicine and Midwifery, will receive the College Licence on obtaining a qualification in Surgery recognised by this College :—

Eve, Frederic Samuel, Lady Margaret Road.
Lithgow, Thomas George, Kensington Park Road.

Royal College of Surgeons of England.—The following gentlemen passed the Primary Examination in Anatomy and Physiology, at meetings of the Board of Examiners on July 10th, 11th, 12th, 14th, 17th, and 18th :—

H. Evans and A. M. Kavanagh, Dublin; J. Holmes, J. L. Denison, A. N. Young, T. Bushby, P. Canavan, W. T. Clegg, W. A. Beckett, A. Faulkner, and T. W. O. Pugh, Liverpool; A. Harding, King's College; W. H. Wheeler, T. A. Colt, and G. M. Smith, Bristol; F. W. French, W. Muir, W. J.

Pegge, J. Sutcliffe, C. P. Mitchell, and J. H. Thompson, Manchester; H. H. White and W. Bourke, Edinburgh; T. Millar and J. H. Allard, Glasgow; W. H. Cheetham, F. W. Story, W. H. Brown, and G. H. Rowe, Leeds; F. J. Waldo, Cambridge; H. Barron, Liverpool and University College; W. Dales and S. F. Beard, Sheffield; W. L. Lory, R. T. E. Davies, N. S. Witney, and C. B. Hill, University College; F. Spurgin, W. A. Phillips, and F. B. J. Baldwin, Guy's Hospital; R. S. Hawks, C. J. Lathbury, J. E. Nicholson, and J. S. Walker, St. Bartholomew's Hospital; H. W. Thomson, Charing-cross Hospital; W. E. Dixon, Middlesex Hospital; J. S. Fallon and T. G. Munyard, Westminster Hospital; G. J. C. Thompson and A. E. R. Bowen, St. Thomas's Hospital; E. S. Vachell, London Hospital; and T. A. Bertolacci, St. George's Hospital.

Vital Statistics.—From the Registrar-General's return we learn that during last week 5,531 births and 3,290 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 21 deaths annually in every 1000 persons living. The annual death-rate was 19 per 1000 in Edinburgh, 22 in London, 17 in Glasgow, and 17 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 19, Hull 18, Leicester 19, Portsmouth 26, Newcastle-upon-Tyne 22, Birmingham 19, Brighton 20, Leeds 22, Wolverhampton 22, Bradford 21, Sheffield 24, Plymouth 30, Bristol 20, Oldham 29, Manchester 25, Salford 23, Nottingham 15, Sunderland 18, and Liverpool 24. The annual death-rate from the seven principal zymotic diseases averaged 4·8 per 1000 in these towns, and ranged from 0·8 and 1·1 in Newcastle-upon-Tyne and Nottingham, to 5·6 and 7·1 in Portsmouth. Scarlet fever again showed fatal prevalence in Portsmouth. Seven more fatal cases of small-pox were registered in Manchester and Salford in addition to one in the Monsall Hospital. In Liverpool the deaths from small-pox were 20 against 17 and 7 in the two preceding weeks; 3 were unvaccinated cases, and 17 were "not stated" as to vaccination; 2 deaths only occurred from small-pox in London. The deaths from diarrhœa in these towns which in the two previous weeks had been equal to 88 and 188, further rose to 352 last week; the annual death rate from this disease was equal to 3·7 per 1000 in London and to 1·6 in the nineteen provincial towns. No deaths were referred to diarrhœa either in Nottingham or Plymouth, whereas the death rate from this disease was equal to 2·9 in Leeds and Oldham, and to 3·7 in Leicester. In London, the 12 deaths referred to fever were 26 below the corrected weekly average; one was certified as typhus, 10 as enteric or typhoid, and one as simple continued fever.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

SURGEONS FOR THE ARMY.—In our advertising columns of to-day there appears an official announcement of 50 vacancies for competition in the Army Medical Department, and as there seems to be a disposition on the part of the Government of the day to act more liberally to army surgeons than some of its predecessors we are glad to draw attention to the fact. The salary is now increased to £250, with allowances in addition, and after ten years' service they will be allowed to retire if desired, and be entitled to receive £1000 in lieu of pension. Saturday, August 5th, is the latest date for receiving the names of candidates. Full particulars will be found on reference to our advertisement columns.

THE MEDICAL DEFENCE ASSOCIATION.—Just as we are going to press we are informed that a conviction was obtained at the Wandsworth Police Court on Monday against a chemist of the name of Witherington, residing at 410 Wandsworth Road, S.W., for falsely using the style and title of "Dr." and "Surgeon." The defendant was fined £15 and costs, and in default of distress 21 days' imprisonment.

THE PUBLIC HEALTH (IRELAND) BILL.—The Government announced in the House of Commons yesterday that it would be unable to proceed further with this measure until next session.

THE POLLUTION OF RIVERS BILL will, we fear, be amongst the general "Slaughter of Innocents" Bills this session.

COMMUNICATIONS, Enclosures, &c., have been received from Dr. Pavy, London. Dr. Billing, London. Dr. Pierson, Scarborough. Dr. G. V. Poore, London. Dr. Bernard Kelly, Rotherhithe. Dr. Eberle Easingwold. Mr. Meadows, Hastings. The Secretary of the National Health Society. Mr. Powell, Leeds. Dr. Booth, Chesterfield. Mr. Palmer, St. Thomas's Hospital, Mr. Fowke, British Medical Association. Mr. Kershaw, London Hospital. Dr. Alexander Leadman, Headingley, Leeds. Dr. D. Moore, Walsall. The Secretary of the Charity Voting Reform Association. Prof. Tichborne, Dublin. Dr. Alfred Powell, Newington. Dr. Allschull, London. Dr. Maul, Southampton. Mr. Biddle, Kingsten-on-Thames. Dr. H. Hughes, Bethesda. Mr. Ashenden, Hastings. Dr. Satchell, Kensington. Mr. F. W. Lowndes, Liverpool. Mr. Thomas, Falmouth. Dr. Whiteside Hime, Sheffield. Dr. Tyner, Downpatrick. Dr. Bodkin, Tuam. Dr. Hanrahan, Cappeduff. Dr. Scott, Ballina. Dr. Davys. Dr. Leatham. Dr. Spence, Belfast. Dr. Heeney, Belfast. Dr. Allen, Gorey. Dr. Roche, Fermoy. Dr. Massey, Tubbercurry. Dr. O'Farrell, Dublin. Dr. Rowan, Castlewellon. Dr. Hegarty, Ballinspittle. Dr. Mayne, Ballybrock. Dr. McDermott, Belgarriffe. Dr. Johnston, Westport. Dr. Jalentian, Portarlington. Dr. Scraggs, Clogher. Dr. O'Reilly, Kellishandra. Dr. Maguire, Castleknock. Dr. Mollan, Dublin. Dr. J. Lawrence, Birmingham. Dr. Carey, Taunton. Mr. Blackett, Society for the Relief of Widows of Medical Men. Dr. W. J. Little, London. Mr. Horace Green, Seaford. Dr. Wilson. Vivisectionist. Dr. Langley. Mr. Squire, London. Dr. Martin, Portlaw. Mr. Stuart, &c., &c.

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VACANCIES.

Royal Hospital for Diseases of the Chest, London. Physician, Honorary. Testimonials to the Secretary. (See Advt.)

East London Hospital for Children, Ratcliff. Resident Medical Officer. Salary £60, with board, &c. Apply to Mr. Ashton Warner, Secretary. (See Advt.)

Birmingham General Hospital. Resident Medical Officer. Salary £130, with board, &c. Applications under cover to the House Governor.

Birmingham Eye Hospital. Dispenser. Salary £70, with partial board. Applications to the Secretary.

Birmingham Free Hospital for Sick Children. Two Physicians for the Out-patient Department, to each of which an honorarium of £60 per annum is attached. Applications to the Medical Committee.

Birmingham Queen's College. Medical Tutor. For information apply to Dr Hinds, at the College.

Newcastle-on-Tyne Infirmary. Senior House-Surgeon. Salary £100, with board, &c. Full particulars of the Secretary.

Wolverhampton Hospital. House Physician. Salary £100, with board, &c. Testimonials to the Chairman of the Medical Committee.

Liverpool Dispensaries. Resident Assistant House-Surgeon. Salary commencing at £108. Applications to the Secretary.

Manchester Royal Infirmary. Pathological Registrar. Salary £100, with permission to practise. Applications to the Resident Medical Officer.

London Hospital. Superintendant of Practical Anatomy. Particulars of the Secretary.

Royal London Ophthalmic Hospital. Resident Assistant House-Surgeon. Applications to the Secretary.

Alcester Union. Medical Officer for the Inkberrow district. Salary £60, with fees extra. Applications to the Clerk of the Guardians.

Braintree Union. Medical Officer. Salary £50, with fees extra. Applications to Mr. F. Smoothy, Braintree, Essex.

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APPOINTMENTS.

BRUCE, A. C., M.A., F.C.S., Professor of Chemistry at Queen's College, Birmingham.

DAVISON, F., L.R.C.P.Ed. and L.M., L.R.C.S.Ed., Medical Officer for the No. 1 Tottington District of the Bury Union, Lancashire.

DIXON, H. E., L.R.C.P.L., M.R.C.S.E., Medical Officer for the Workhouse and Nos. 2 and 4 Districts of the Abingdon Union.

EAGAR, Dr. R., Medical Officer of Health for the Stourbridge Urban Sanitary District.

FOSBROOKE, F. J. R., L.R.C.P.Ed., Resident House-Surgeon to the newly-established Dewsbury Hospital and Dispensary.

GIBBS, R., L.R.C.P.Ed., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Coolock, co. Dublin.

GORNALL, J. H., M.R.C.S.E., Medical Officer of Health for the Warrington Rural Sanitary District.

HOULBROOK, E., M.R.C.S.E., an Assistant Resident Medical Officer to the Leeds General Infirmary.

HUTCHINGS, R. L., M.R.C.S.E., an Assistant Medical to the Lancashire Lunatic Asylum, Prestwich.

JENKINSON, Mr. A., an Assistant Resident Medical Officer to the Leeds General Infirmary.

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Birth.

MOORHEAD.—On the 16th inst., at Benburb, co. Tyrone, the wife of W. R. Moorhead, M.D., of a daughter.

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Marriages.

MOORE—DOBBS.—On the 13th inst., at St. George's Church, Dublin, Frederick F Moore, L.R.C.S.I., and L.R.C.P. Edin., second son of Rev. Wm. Prior Moore, M.A., Cavan, to Harriet, second daughter of Major-General Dobbs, of Dublin.

RYAN—CLARKSON.—On the 20th inst., at St. Saviour's, South Hempstead, John Aston Key, eldest son of M. Ryan, M.D., F.R.C.S.E., of Dublin, to Anne Smale, daughter of the late Thomas Clarkson, of Thirsk House, St. John's Wood, London.

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Death.

WIMBERLEY.—On the 13th inst., F. W. Wimberley, M.R.C.S., late of Brinklow, Warwickshire, aged 33.

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

THE PRESENT WORKING OF THE SANITARY ACTS IN IRELAND.

To the Editor of the "Medical Press and Circular."

Sir,—The Public Health (Ireland) Act has now been in force—I will not say operation—for over a year—a time sufficiently long to enable medical men to judge how it works. Encouraged by the good a former letter which you, Sir, kindly inserted in your journal, has done in this union (it has removed the most objectionable class of wardens—viz., publicans, to their very great indignation), I venture again to trespass on your columns, hoping that this letter may be of some such service as the last. I unhesitatingly affirm that the whole Act is a regular farce. Report after report have I sent in, and, with the exception of some houses being whitewashed after the removal of fever patients, and the little town I live in occasionally getting a dose of whitewash, nothing has been done (oh! I forgot, I beg the guardians' pardon, after a good deal of trouble they mended the handle of the village pump also). Report after report have I sent in as to a supply of water which is badly wanting in a neighbouring village. There is not a drop of water nearer than the river at this time—oily from sheep-washing, and very often in winter yellow with floods. Three hundred children attend the schools, and have no other water than what is collected in half-rotten barrels. Typhoid fever was rife, especially amongst the children, a year ago. In fact, I do not exaggerate when I say that I have no cases now, simply because there are no more to get it. Now, Sir, can it be believed that an unfailing supply of the purest water could be carried into the centre of the village at a cost of ½d. additional to the local rates, and yet the farmers at one side of the river rose in a body against it? I did my best, God knows. If it was a weak work, it was an earnest work. My reports were pooh-poohed at the Board of Guardians. They were referred to the L.·G. B. The L. G. B. sent it to the committee; the committee pooh-poohed it, and sent it back to the Board of Guardians. The workhouse medical officer, I heard, said it was not typhoid fever at all; so the matter dropped.

Now, Sir, the whole thing is in a muddle. The medical officers are generally underpaid. The sanitary sub-officers would be better off if they had not the post at all. My sanitary sub-officer has eleven electoral divisions to look after. He has five small towns and villages to look after, he has five dispensaries to attend, and also the Board. He is supposed to see after the health of the people in a district, the extreme length of which is *nearlg twenty miles*. He was a baker, and had for a village a good connection. He has lost it through reporting nuisances. For his sanitary duties he receives the magnificent salary of £2 10s. per annum! Altogether he receives £27 10s. per annum. How can any man be expected to do his duty as he ought with such a salary? Where can a man fit for the position be got at such a pittance? Loss of connection in his private capacity, shunned by his friends as one who reports, or ought to report, their cesspools and dung-heaps, cold water thrown on his efforts by those who ought to be the first to aid him, left to battle out prosecutions by himself (as happens in this case) against three or four sharp attorneys, who of course all fought against any unprofessional man usurping their right to plead, and for £2 10s.! I need not say what has been the result.

The means authorised by the Act for the prevention of the spread of contagion are totally inadequate. Until persons with fever attended on a red ticket are, if removable, *compelled* to go to hospital, fever will not in the least degree be lessened. I have seen this suggested before by one of the registrars in the Registrar-General's quarterly report. That a pauper should be left at will to spread fever to his family and neighbours is *the most dangerous nuisance of all*, and until this part of the Act is remedied the sanitary laws are, as far as regards the prevention of spread of disease, a dead letter. Again, suppose a pauper anxious to go to hospital, and sent in, say, on Monday, the Board does not meet until Thursday. The sanitary officer sends in his report to the Board, the Board sends its orders to the relieving officer, and in all probability the house is not disinfected until the following Saturday. The circumlocution office is in full swing, and the result generally is that two or three more of the family catch fever before the place is properly purified. Would it not be shorter and better to give the sanitary sub-officers authority to do the thing off-hand, instead of turning the whole matter into a kind of "House that Jack Built"? This is the patient who had the fever, who went into hospital, who infected the house, which the sanitary officer reported to the Board of Guardians, and who gave an order to the sanitary sub-officer, who went out and served it on the occupiers, who refused to carry out the order, and who were reported in a week to the Board, who issued a summons for the occupiers to appear at the Petty Sessions a week after, and when the case was called on there were no appearances, as the rest of the family had gone into hospital, having the fever also, &c.

Another serious obstacle to the proper working of the Act comes—I am sorry to have to say it—from members of the profession, indirectly surely, but still the effect is the same. Dr. Pillbox, of the union, finds it beneficial to depreciate Dr. Scalpel of such a dispensary. He gets private practice by it, and injures the medical character of his opponent. Ah, Sir! these things are so easily done—a pout of the lips, a shake of the head, the use of one term for the disease for another synonymous. Dr. Scalpel sends in a case as fever; it is pneumonia, Dr. Pillbox says, and *vice versa*.

Many of my English readers will think that such things cannot take place. Let them inquire into the relations between union and dispensary medical officers, and they will believe me. I know of a union officer who sent out a case of mild typhoid fever, because the patient had, he said, nothing but *a red tongue.* He never, I believe, uses a thermometer, sent the man staggering out about the road, sent him home to his family, and five or six of the family got it afterwards—nay, sent out a sister of the man as well (he acknowledged hers to be a case of fever), with a temperature of 103°, and a pulse of over 100. I know a medical officer of a union hospital who came behind a dispensary doctor's back, asserted that the girl had simple fever, when the girl's belly was covered with enteric spots—I say covered; the medical man who attended never saw so many. All this grovelling for money, this depreciation of one's medical brethren, to add a few pounds to previous gains. This blasting of young men's characters with a shake of the head tells fearfully against the proper working of the Act. A man with a great name, a large practice, and the union hospital to back and advertise him, thinks it worth his while for the sake of earning a few pounds extra to contradict the diagnosis of a young dispensary doctor. The result is that the young man is not believed. Cases which he pronounces to be fever are left for days sleeping with the rest of the family, and it is only when the whole family are down, and an outcry is raised among the neighbours, that the dispensary doctor is believed. Thus it was that my efforts to get the water so badly wanted failed, because many of my cases of fever were stated not to be fever at all; certainly not typhoid. Why? Listen, physicians,—because there was no diarrhœa!

I say nothing of the opposition offered by the individual guardians and chairmen of Boards to any improvements which cost money. That obstacle is so well known that it would be waste of time to do more than allude to it. I do not wish to enter into the discussion of other parts of the Act which fail of their object. Witness the limits of the powers regarding common lodging-houses to towns of 3,000 inhabitants or upwards. Why, Sir, I know twenty persons to have slept in four beds so closely packed together that the bottom of one touched the head of another in the village I now write in; and, oh! shades of every statesman who ever drew up a law, did anyone ever read anything so ridiculous as the application of 14, 15 V., c. 28, sec. 11-14, to lodging houses in small villages? The lodgers only come at night, are mostly tramps and vagrants, are off by cock-crow in the morning, having communicated to each other, besides the usual compliments in the way of pediculi, itch, scarlet fever, measles, perhaps the seeds of ochlotic fever. How can lodging-house keepers report people who are off next morning perhaps twenty miles? How can a sanitary sub-officer stand sentry to see how many people sleep in the house? To be sure he may make occasional raids. But even if he does, I do not see he has any power in small towns and villages. Is the law-maker so simple as to think the keeper will furnish reports of persons resorting to the house? and that often, even if the keeper had the desire, would have the ability? Why not put villages with less than 3,000 under the Towns Improvements Act? Is fever less contagious in a small village than in a large town? Are there not as bad lodging-houses—nay, worse, in a village than in a large town? Why have not the police power to prevent over-crowding in country lodging-houses? Hoping that I have not trespassed too far on your space,

I remain, Sir,
Your obedient servant,
A DISPENSARY DOCTOR.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JULY 15, 1876.

Total registered deaths in Dublin and suburbs* ...	105	
Ten years average of same week	117	
Decrease of mortality below average	12	
Ratio of deaths, suburb of Rathmines ...	17	per 1,000,
„ „ „ Donnybrook†	14	„
„ „ „ Blackrock ...	14	„
„ „ „ Kingstown ...	17	„
„ „ Entire Dublin district ...	17·4	„
COMPARATIVE RATIOS—London	22	„
„ „ Glasgow... ...	17	„
„ „ Edinburgh ...	15	„

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTHS OF MAY AND JUNE, 1876.

MAY.

MAY 10TH.—Peed, Robert Jephson, Wexford, Lic. R. Coll. Surg. Irel., 1867.

12TH.—Geoghegan, Charles Edward, 55 Stephen's Green, Dublin, Lic. R. Coll. Surg. Irel., Lic. 1876 and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

16th.—Warnock, Hugh, Aughadreenan House, Tintona, co. Tyrone, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

17th.—Curtin, Jeremiah O'Brien, Newcastle West, co. Limerick, Lic. R. Coll. Phys. Edin. 1876, Lic. R. Coll. Surg. Edin. 1876.

18th.—Grier, George Robert Macminn, 2 Charleston Terrace, Rathmines, co. Dublin, Lic. R. Coll. Phys. Edin. 1876, Lic. R. Coll. Surg. Edin. 1876.

22nd.—MacPherson, Francis Alexander, 57 Great James Street, Londonderry, Lic. R. Coll. Phys. 1876, Lic. R. Coll. Surg. Edin. 1876.

JUNE.

JUNE 7th.—Searancke, George, Prestatyn, North Wales, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1876.

10th.—Nicolls, Arthur George, Ballinalee, Edgeworthstown, co. Longford, Lic. R. Coll. Surg. Irel. 1874, Lic. R. Coll. Phys. Edin. 1876.

10th.—Burke, Andrew Joseph, 3 Eblana Terrace, N. Circular Road, Dublin, Lic. R. Coll. Surg. Irel. 1875.

13th.—Boyle, Thomas, Maghera, co. Derry, Lic. R. Coll. Phys. Edin. 1876, Lic. R. Coll. Surg. Edin. 1876.

14th.—Inglis, James, 61 Broad Street, Aberdeen, N.B., Lic. R. Coll. Phys. Edin. 1876, Lic R. Coll. Surg. Edin. 1876.

15th.—Cosgrave, Ephraim MacDowel, 73 Eccles Street, Dublin, M.B. 1876, and Lic. Surg. 1876, Univ. Dub., Lic. 1876, and Lic. Mid. 1876, R. Coll. Surg. Irel.

15th.—Irvine, George Edward, Poyntz Pass, co. Armagh, Lic. R. Coll. Surg. Irel. 1876.

16th.—Johnston, Arthur Alma, Riversdale Midleton, co. Cork, Lic. 1875, and Lic. Mid. 1875, K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Edin. 1876.

26th.—Hoops, Samuel Evans, Kiltubride, Rectory, Carrick-on-Shannon, co. Leitrim, Lic. R. Coll. Surg. Irel. 1874, Lic. 1875, and Lic. Mid. 1875, K. Q. Coll. Phys. Irel.

26th.—O'Connor, Denis Charles, jun., 2 Camden Place, Cork, Lic. R. Coll. Phys. Edin. 1875, Lic. R. Coll. Surg. Edin. 1876.

27th.—MacDonnell, Mark Anthony, Rock Lodge, Newcastle, Galway, M.D. 1876, and M.Ch. 1876, Q. Univ. Irel.

27th.—Connell, Jephson, J., View Ville, Sunday's Well, Cork, M.D. 1876, and M.Ch. 1876, Q. Univ. Irel.

27th.—Williamson, Wm. Cotter, Glenbrook Place Passage West, Cork, M.D. 1876, and M.Ch. 1876, Q. Univ. Irel.

27th.—Murphy, Francis H. S., South Infirmary, Cork, M.D. 1876, and M.Ch. 1876, Q. Univ. Irel.

27th.—Gunning, Robert Cardwell, Enniskillen, co. Tyrone, Lic. R. Coll. Surg. Irel. 1876, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

28th.—Coyne, Francis Kennedy, Urlingford, co. Kilkenny, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, and Lic Mid. 1876, K. Q. Coll. Phys. Irel.

30th.—McAfee, William, Ballymoney, co. Antrim, M.D. 1876, and M.Ch. 1876, Q. Univ. Irel.

LONDONDERRY UNION.

REGISTRAR FOR GLENDERMOTT DISPENSARY DISTRICT.

The Clerk said he had received two communications, one from the Registrar-General and the other from the Local Government Board, regarding the vacancy in the situation of registrar of births, marriages, and deaths, for the Glendermott Dispensary District.

It will be remembered that the Derry Board appointed to the situation, but the Registrar-General refused to sanction the appointment on the ground of the candidate's bad hand-writing. Subsequently the Board nominated the dispensary doctor of the district, Dr. Elliot, to the vacancy. The present letter from the Assistant-Registrar-General, dated 10th inst., refused also to sanction Dr. Elliot's appointment, and adding that as fourteen days had elapsed from the occurrence of the vacancy, the appointment had now become vested in the Lord-Lieutenant, under the provisions of the 26th Vic., cap., 11, sec. 25. The communication from the Local Government Board, referring to the proceedings of the Derry Board of Guardians at their meeting of the 8th inst., when they had recommended the appointment of Dr. Elliot as registrar for the Glendermott District, said the minutes of proceedings of that meeting had been forwarded to the Registrar-General, with an accompanying suggestion strongly recommending that Dr. Elliot be chosen to fill the vacancy.

A general conversation ensued the guardians being unanimous in expressing their hope that Dr. Elliot would be appointed.

Mr. Hamilton said he had written to the Local Government Board to say that very great inconvenience arose from not having the offices of vaccinator and registrar combined in the one person. The guardians concurred with Mr. Hamilton,

The Chairman remarking that not to have the two offices vested in the one person would be really punishing the people, who would have so much extra trouble from having to go go to different places for vaccination and registration.

DOCTORS' FEES—DR. BERNARD'S APPLICATION.

An order under the hand and seal of the justices was received for payment of a fee of one guinea to Dr. David J. Browne, on account of examining a lunatic named Margaret Mullen. The examination had been made on the 19th of May, when Dr. Browne was acting as dispensary doctor for Dr. Elliot in the Glendermott Dispensary district. Payment of the fee was ordered.

With reference to the application made to the Board by Dr. Walter Bernard for a fee of five guineas for his attendance in a difficult midwifery case.

The Clerk read a communication which he had received on the subject, containing a recommendation from the Derry Dispensary Committee.

The Committee recommended that Dr. Bernard be paid £2 2s under all the circumstances, Dr. Corbett having certified that a second medical officer was absolutely necessary, but, added the committee, "in future, for the sake of regularity, the order of the Relieving Officer must first be obtained."

The Clerk then read a communication on the matter from Dr. Corbett, medical officer of Derry Dispensary District No. 2, in which he stated that between eight and nine o'clock in the evening of the 28th June, he was sent for by the dispensary nurse to visit a woman in labour residing at the Rock. He hastened to the house and found that Dr. Barnard had arrived there about ten minutes previously. The woman was working in violent convulsions. He remained to give all the assistance he could to Dr. Bernard as he believed her life was in great danger. Had he been there before Dr. Bernard he would at once have applied for additional aid through the Relieving Officer. Dr. Corbett expressed his opinion that, from the extreme urgency of the case, Dr. Bernard, although through some irregularity having been called in, was entitled to some remuneration.

Some of the guardians felt that they had no power to allow Dr. Bernard any fee, from the irregularity in the matter, and others of the Board held the doctor should be allowed some remuneration. They were all willing to do what was fair, but many of them agreed with Mr. Joseph Alexander, that under the circumstances they could not give any fee.

After a short discussion generally,

Alderman Darcus proposed that the Board allow Dr. Bernard the usual fee of two guineas, provided their auditor would pass it.

It was moved, as an amendment, that the matter be referred back to the Derry dispensary committee, and that directions be given to have the lines produced that ordered the nurse-tender and the doctor to the woman.

An amendment was moved that under the circumstances the Board could not allow Dr. Bernard any fee.

The amendment was carried by a majority, after which the matter dropped.

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LIMERICK UNION.

THE DEPORTATION OF PAUPERS.

The Local Government Board wrote to say that they had employed solicitors in Warrington, to make the preliminary inquiries into the case of Mary Slattery, and requesting the guardians to give the necessary guarantee for the cost.

It was agreed to give the guarantee and to ask the Local Government Board to have the case of Ellen Slattery inquired into first, and that of the second sister after.

A letter was read from the Local Government Board stating that they had before them the resolution passed at the meeting of the Guardians on the 12th inst. on the subject of the employment of a medical practitioner temporararily in case of necessity to do the duty of either of the visiting medical officers of the Workhouse and in reference there to the Board request that the guardians would be so good as to refer to the 43rd Article of the General regulations to the following effect, "page 250 Irish Med. Directory," prescribing the course to be followed where a union officer is temporarily incapacitated from the discharge of his duty.

Article 43.—If any officer appointed to or holding any Office under this order, be at any time prevented by sickness or accident, or other sufficient reason, for the performance of his duties, the Guardians may appoint a fit person to act as his temporary substitute, and may, subject to the approval of the Commissioners, pay him a reasonable compensation for his services; and every such appointment shall be reported to the Commissioners by the Clerk to the Guardians as soon as the same shall have been made.

The resolution above referred to was at variance with the terms of the 43rd Article, and the proviso to it did not authorise the visiting medical officers to have their duties discharged under certain circumstances by the deputy, and without any special permission, and this ought not to be.

Alderman Myles said the resolution was passed on the last day because it was stated that there was great difficulty in getting a properly qualified person from outside to act as a substitute for any of the visiting physicians who may be absent.

Lord Clarina still thought it would be objectionable to allow the resident medical officer discharge increased duties. The visiting physicians could remain away a month if they liked, and if fever chanced to break out in the house, what a nice condition they would be in.

Chairman—One of the visiting physicians came here the other day and said he could not get a substitute outside because of the manner in which the guardians had treated the doctors.

Lord Clarina—In what respect do they complain?

Chairman—I thought the observation was most uncalled for.

Alderman Myles—The doctors would not come here to be snubbed by the guardians.

Chairman—I don't think they ought to take situations in this house if they are not prepared to hear any reasonable objections which the guardians may have to make as to the manner in which they discharge their duties.

Ald. Myles—The guardians are going rather far with them. They would allow no layman to interfere with them.

Lord Clarina—If the doctors object to the action of the Board they might retire and allow the guardians to appoint others in their place.

It was agreed to adjourn the consideration of the letter from the Local Government Board.

Post-mortem Kindness.—Dr. E. S. Gaillard, in the *American Medical Weekly*, says:

"I knew a physician who went through life with scarcely a word to cheer, encourage, and strengthen him. He was brave enough to endure in silence. He was accomplished, true, and skilful; charitable and kind; but no one ever told him so. He struggled bravely with poverty and adverse circumstances, but there was scarcely one to help him. Troubles thickened about him, but these were not told, and there were none who cared to inquire about them. He struggled always for the right, and to aid in maintaining what was just and true in his profession; but misunderstood, and his actions misinterpreted, he was frequently maligned and seldom supported. He toiled bravely on; a generous husband; a devoted father; a good neighbour; suffering from labour; worn with care; maintaining all the while his family, and adorning his profession; winning gradually a sure foothold and a reliable income. But suddenly he staggered under the load so long carried, and fell. After a brief illness he died. His brethren gathered at his funeral; they profusely decked his bier with the choicest flowers. They recorded before their profession and the public their appreciation of his talent and of his bravery. They praised his energy and devotion. They eulogised his endurance under trial, and his patience in his struggles. There was not a word of aspersion, of contumely, or of blame. Many spoke indignantly of the false charges that had been made against him, and of the unfair treatment that he had received. There was enough said and done then to have gladdened his whole life; to have blessed and made him contented and happy; to have rendered his rugged journey a living sweetness. There was enough of moral sunshine poured over that silent coffin to have made the inmate's life a bright and cloudless day. But it all came too late; the cold ear was now deaf; the once responsive eye for ever closed; the heart that could have been gladdened was still; the hand could no longer feel the friendly grasp and be warmed by it. All was too late. It was the saddest of all manifestations, post-mortem kindness."

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Population of District	Acreage of District 640 Acres to the square Mile	Date of Election	Distance of Dispensary from Railway Station.
Ballinasloe ..	Ahascragh	£57	£3	390	77	2,479	17,313	Aug. 8	Ballinasloe 7 m.
Mountbellew ..	Clonbrock	£135	£6	979	110	5,816	29,957	Aug. 7	Woodlawn 8 m.

◆

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, July 15th,* 1876; *the Total Number of* Births and Deaths *registered during the Week, with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, July 15th, 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births *registered.*	Total Deaths *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
Dublin . . .	10,050	314,666	17	155	105	20	24	...	..	4	...	1	4	4	4	3	26
Belfast . . .	20,687	182,082	17	107	61	11	11	...	...	...	...	1	1	4	...	...	14
Cork . . .	13,816	91,965	11	40	20	4	3	...	1	...	...	...	1	1	...	1	1
Limerick . . .	8,509	44,209	25	31	21	6	4	...	...	...	...	...	1	3	..	1	9
Londonderry . .	21,865	30,884	26	23	11	3	2	...	2	...	...	1	...	...	...	...	...
Waterford . .	17,209	30,626	8	18	5	1	...	...	...	...	...	...	...	...	1	1	...
Galway . . .	21,358	19,692	5	7	2	2	...	...	...	...	...	...	...	...	...	...	...
[illegible] . .	30,835	17,285	9	7	3	...	2	...	...	...	...	..	...	...	..	1	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 2, 1876.

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THE PHYSIOLOGICAL FUNCTION AND ANATOMY OF THE CRYSTALLINE LENS

A LECTURE DELIVERED TO STUDENTS.

By **Archibald Hamilton Jacob**, M.D. Dublin, F.R.C.S., Surgeon to the Dublin Eye and Ear Infirmary; formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital.

(Continued from page 67.)

I have in my last communication stated the actual physiology and mechanism of accommodation, so far as it is yet best known, as follows:—

a. The bacillar or Jacob's layer of the retina becomes conscious of the confusion of the image produced by a near object upon the retina when the eye is in a state of rest, and reacts (as is supposed through the ciliary ganglion) upon the brain, the stimulus being reflected through the ciliary nerves to the ciliary muscle.

b. The ciliary muscle contracts. By its circular fibres it is presumed to constrict the venous trunks, thus preventing the return of the blood from the iris and corpus ciliare to the vasa vorticosa of the choroid, and producing erection of the ciliary body. By its longitudinal fibres it draws close together its two attachments, the anterior limit of the choroid, and the posterior margin of the back layer of the cornea.

c. The posterior attachment of the suspensory ligament of the lens at the anterior limit of the choroid being thus drawn forwards, the elastic tension of that ligament is counteracted, and the lens is left free to assume its natural shape.

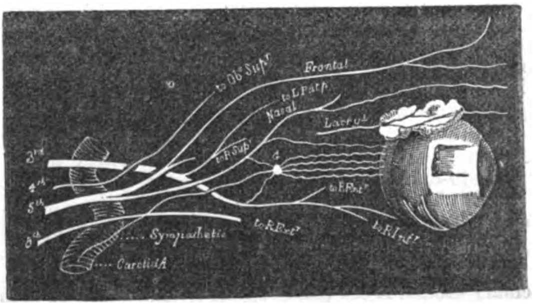
d. Thus relieved of control, the elasticity of the capsule causes the lens to become thicker. The back of the lens being firmly attached to the vitreous scarcely alters at all. The apex of the front advances towards the cornea pushing the iris before it, and the periphery of the lens recedes slightly within the canal of Petit.

The proofs that accommodation is effected by this sequence of physiological acts do not rest alone upon the physical signs demonstrated by Purkinje's experiments which I have already fully described. The theory is supported by other conclusive reasons.

The first of these is afforded by the action of atropia upon the eye with which every one is familar. If a solution of sulphate of atropia, say two grains to the ounce, is applied to the conjunctiva it will be absorbed, and in about twenty minutes will commence to produce a special paralysis of the sphincter fibres of the iris. These fibres derive their motor nerve supply in common with the ciliary muscle from the twig which the third or oculomotor nerve sends to the lenticular ganglion, as is proved by the extreme development of the nerve in those birds of prey in which the ciliary and iris muscles are in their full perfection.

As a comprehension of the nerve supply of the muscles which are involved in the accommodative act is important to an appreciation of the function of the lens, I append an outline illustration of the general nerve supply of the eye.

FIG. 1.



The oculo-motor nerve presided over the contraction of the pupil—the ciliary compression of the lens and the convergence of the eye, which is a necessary part of the accommodative act, and the paresis of the iris produced by the atropia solution which is visible by the enlargement of the pupil is, therefore, accompanied by a similar temporary paralysis of the ciliary muscle which is not visible to the observer, but produces well-defined changes of accommodation sensible to the patient. This change consists in a gradual loss of control over the accommodative function and a gradual lengthening of the distance of accurate vision until, when the process is complete and the pupil fully dilated the eye is accommodated for distant objects, *i.e.*, for parallel rays, and cannot by any effort be brought to focus a near object. The papillary dilatation is, of course, accompanied by dimness of vision, because the rays being admitted through the edges of the lens as well as through the centre, and striking the retina at the sides as well as at the axis of the eyeball, are unequally refracted and unequally discerned by the nerve elements of the retina. But if, by means of a diaphragm with a hole in the centre placed in front of the eye, the rays be confined to their natural path, it will be found that the patient can see distant objects quite distinctly, but is entirely incapable of reading small print or discerning small objects placed close to the eye.

The phenomena thus exhibited prove two facts: Firstly, that the inert relaxed state of the eye is one of accommodation for distance, and that the "thin" form of the crystalline lens is that which it would assume if entirely uninfluenced; secondly, that, inasmuch as this relaxation of the accommodative power is produced by paralysis of the iris and ciliary muscle, those organs must be the active agents in accommodation to near objects.

It may thus be taken as proved beyond reasonable doubt that accommodation is an act of the lens and that that act is consequent upon some influence of the ciliary muscle and iris.

Indeed, Dr. Knapp has decided the former of these statements by showing that when the lens is absent, after cataract removal, not the least trace of accommodative power remains, and he has calculated with apparent accuracy that the change of form of the lens is sufficient to account for the shortening of its focus without conceiving any assistance from other parts of the eye. It being acknowledged, therefore, that the iris and ciliary muscle produce accommodation of their action upon the lens, it remains to be shown in what way they act and which of them is the most important factor in the effect produced. The iris is undoubtedly capable of materially assisting in accommodation, and that it does contract when the eye is brought to bear on near objects any one can see and, in nearsighted persons the effort to accommodate the eye for distance by excluding the scattered rays by closing the lids is a mark of the myopic state. The iris exercises the focussing effect by confining the rays to the centre of the lens the refractive influence of which is much less than that of the periphery, but an observation of Von Græfe's made in the case of a patient whose entire iris had been torn out by accident, and in whom accommodation was, nevertheless, almost perfect proves that it is not an essential or even the principal agent in the focussing of near objects.

As I have said before, it has been stated by Rouget that the annular fibres of the ciliary muscle by contracting compress the irido-choroid venous trunks, and thus forcing all the blood to pass through the ciliary processes, give rise to erection or rigidity of these organs, and he asserts that while thus erect the organs become fitted to transmit to the crystalline lens, in a modified form, the pressure exercised by the ciliary muscle.

This view has been partially adopted in the anatomical section of Mr. Haynes Walton's last edition, in which Mr. Arthur Treherne Norton says—

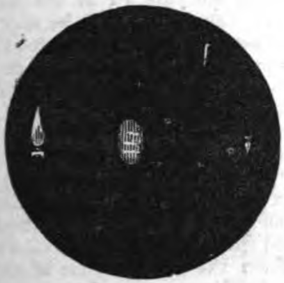
"It is a matter of anatomical deduction that, while the ciliary muscle is the motor power for the effect of accommodation, the ciliary processes are the agents through which the action is accomplished and that the *rapidity* of accommodation is due to the action of the iris. The blood-vessels of the ciliary processes pass through the ciliary muscle near to its apex. Contraction of the muscle, therefore, produces an erectile condition of the processes which in consequence overlap and compress the equator of the crystalline lens. By such compression the lens surfaces are rendered more convex, and the eye is focussed for near vision. Complete erection cannot be momentary, and to obtain rapidity of accommodation the iris comes into play. The plane of the iris is 1-20th of an inch in advance of its attachment. Pupillary narrowing, as is well known, is associated with the accommodation for near vision. When the sphincter pupillæ contracts and narrows the pupil it draws upon the line of attachment of the iris and throws the iris plane back upon the ciliary processes which in turn are pressed against the crystalline lens. If it be said that the iris pressure would rather flatten the processes than compress the lens the answer is that about two-thirds of the fibres of the ciliary muscle are inserted into the connective tissue of the processes, so that when the muscle contracts the processes are drawn towards it and rendered tense upon their contained vessels. No doubt the arrangement of the fibres of the ciliary muscle would enable accommodation to be carried on without the aid of the iris, an explanation of the well-known statement of Græfe to the effect that in one individual instances in which the iris was absent accommodation was not destroyed. That it was imperfect cannot be questioned, for the rapidity of action, a characteristic of the healthy eye, must have been absent."

Whatever truth there may be in this theory which, however ingenious, can hardly claim to be more than a theory, it is evident that not the iris but the ciliary muscle is the essential element in accommodation. This being granted, it is open to discussion how the ciliary muscle acts, and it is right to say, that the theory of the change of curvature of the lens which I have described at so great a length is not universally accepted. In an ably written paper by Dr. Dudgeon, of London, published in January, 1872, it was argued that the interpretation of Purkinje's experiment by Helmholtz and Donders is erroneous, and that exactly similar physical signs of accommodation might be produced by much more feasible means, without alteration of lens curvature.

To this theory Dr. Dudgeon opposes objections both theoretic and practical. He objects to it, in the first place, because he says it involves a supposition that the lens not only changes shape but actually increases in bulk, and he points out that Hensen and Volcker admit this proposition, and endeavour to explain it by a theory that water is actually pumped into the lenticular substance from the canal of Petit. Dr. Dudgeon very justly declines to accept so strained a supposition as this, when, as he thinks, a much simpler explanation of the phenomena is at hand, but I find nothing in the facts stated by Donders, Helmholtz or Cramer which justify the inference that an increase of the bulk of the lens is a part of their hypothesis. Such suppositions is quite unnecessary to their theory, because the assumption of the lens of a more globular form would produce all the refractive effect which is found to occur. Dr. Dudgeon suggests that the supposed receding of the edge of the lens within the canal of Petit does not occur, but both Otto Beeker, who is quoted by Mr. Soelberg Wells (page 501), and Coccius state that they have observed the phenomena in albinotic eyes, and in those in which iridectomy had been performed, and it seems to me that a change of shape observed under the difficulties inseparable from such cases might well be overlooked, even if searched for with the best instrumental aid. Dr. Dudgeon's argument however rests principally upon an observation made by himself:—

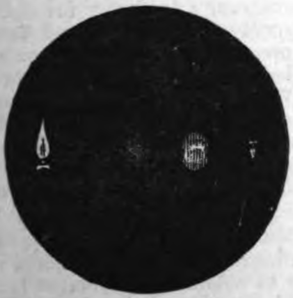
"In order to observe this movement with the greatest accuracy he says, I constructed an apparatus similar in principle to that used by Cramer for the same purpose, but modified in such a manner that I could at will observe the eye from either side, while the candle was placed on the opposite side. In this way I could see the three images of the candle as they were reflected respectively from the cornea, the anterior surface, and the posterior surface of the crystalline. In the figures that follow, representing the appearance of the candle flame in the pupil, the largest bright image is the reflection from the cornea, the large dim image that from the anterior surface of the crystalline, the small bright image that from the posterior surface of the crystalline. When seen through the microscope, all the figures are of course reversed, but I have drawn them in their proper position. When I observed the eye directed to a distant object from the nasal side, the light being on the opposite or external side, I found the dim ill-defined image reflected from the anterior surface of the crystalline occupying a place between the other two bright images reflected respectively from the cornea and posterior surface of the crystalline.

FIG. 2.



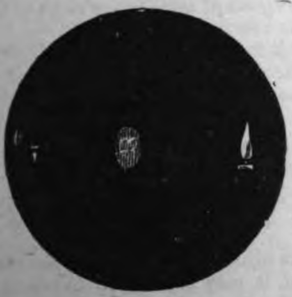
On causing the observed eye to look at a near object on the same line of vision, the dim image moved distinctly towards the large bright image reflected from the cornea (x), and it moved back to its former place as soon as the eye was fixed upon the distant object.

FIG. 3.



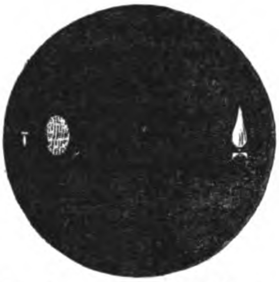
"I now observed the reflection from the external side, the light of the candle impinging on the eye from its nasal side. The three images were again seen nearly in their former positions when the observed eye was directed to the distant object.

FIG. 4.



On again causing the observed eye to look at a near object the dim image now moved through an appreciable space towards the small inverted image reflected by the posterior surface of the crystalline, as shown in the diagram,

FIG. 5.



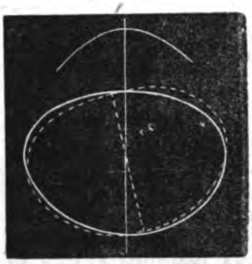
thus proving that the movement of the crystalline was in the same direction as in the former case. Had the anterior surface of the crystalline increased in convexity in adjustment to near vision, it is obvious that in both cases the image of the candle reflected from its surface would have appeared to move towards the apex of the convexity, to wit, the centre of the pupil, but, on the contrary, in both instances it moved towards the external edge of the pupil, showing that the change in the crystalline was merely a change in the aspect or slope of its anterior surface, and that this change consisted in a slight movement of rotation from without inwards.

"The figures given by Cramer distinctly agree with what I myself observed in looking at the eye from the nasal side. But the figures given by Donders, which I here reproduce, show conclusively that the motion of the crystalline is as I have stated it to be."

This is undoubtedly a very important observation, and one which the theory of increase of curvature of the lens does not sufficiently explain.

Dr. Dudgeon's theory is that the lens does not alter in curvature at all, but that it is rotated upon its vertical axis when accommodated to near vision, and that thus a greater thickness of lens is interposed in the optical axis and a corresponding increase of refraction produced. The following is the figure which begins the dotted line representing the supposed position of the lens in near vision :—

FIG. 6.



The peculiar ellipsoidal shape of the crystalline, he says, allows this tilting movement to take place with much less disturbance of parts than would occur were its surfaces spherical, and the increased refractive power is greater than in the case of spherical surfaces, owing to the greater convexity of the ellipsoid towards its circumference. This property of that geometrical figure will ensure a shortening of its focus by its mere inclination independently of an increased thickness of the refractive medium through which the rays of light have to pass (though this, too, occurs in a slight degree), which is the sole means by which the shortening of the focus is effected in the case of a lens with spherical surfaces."

Two obvious objections to Dr. Dudgeon's theory present themselves. Firstly, that rotation of the lens involves considerable aberration, and should be supposed to be attended with dimming of the sight. Secondly, that we know of no mechanism capable of producing such an effect on the position of the lens in the eye. He disposes of the first of these objections by conceiving that this aberration, like all other optical faults in the eye, is corrected by the closure of the pupil, and he is accurately correct in his appreciation of the effect of an optical diaphragm, for I believe that a reduction in the papillary aperture is quite capable of correcting much more powerful aberrative influences than that supposed by Dr. Dudgeon. In January, 1868, I communicated to the Surgical Society of Ireland a case (published in the MEDICAL PRESS of that date) in which an artificial iris had restored almost perfect vision to a man whose iris and lens had been completely torn away, and it is, therefore, conceivable that a slight degree of aberration might be enterely remedied by the concurrent contraction of the pupil which is acknowledged to take place.

It is the weak point of Dr. Dudgeon's theory that he is unable to form even a reasonable theory of the means by which the rotation is effected.

"With regard to the muscular power by which the motion of the crystalline lens I have described is produced," he says, "I am unable to say anything very definite. If I might be allowed to hazard an opinion, I would say that the action of the external fibres of the ciliary muscle on the zonula Zinnii might be competent to produce this tilting operation."

The firm connection between the lens and vitreous would also seem to render impossible any change of position such as he supposes.

His views certainly claim attention and consideration from the care and industry with which he has dealt with the subject, and if there are some difficulties in his theory which yet wait for solution, it seems, nevertheless, almost as reasonable a supposition as any which have yet been put forward.

(*To be continued.*)

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THE CHEMISTRY OF EVERY-DAY FOOD.

By H. C. BARTLETT, Ph.D., F.C.S.

IN dealing with the subject of the chemistry of every-day food it is necessary to explain that, however interesting in itself, the pure chemistry of food affords but small means of understanding how food is transformed into the bodily tissues, unless a knowledge of human physiology is presupposed.

Unless, indeed, the physiology of the human body is made popular, at least to the extent of explaining the intimate relationship of both the elements and proximate principles which compose alike the tissues and juices of the body, and also form the whole of the constituents of mixed food. The more important principles involved must be studied under the dual aspect of nutriment, assimilative or formative matter, and the formed substances proceeding through the various changes of tissue towards their ultimate elimination or decomposition.

Analysis shows perpetual change to be taking place at all times during the growth of food substance, and also in the bodily fabric after the nourishment has become assimilated; for this latter reason we are unable to state with definite accuracy how much soluble albuminoid matter, how much of the harder fibrinous portion of food, what quantity of hydrate of carbon, or fatty matter are required to make good the waste that has occurred during any stated period.

We have to take into account the effects of exertion, whether occasioned by gentle exercise, hard work, or over-exertion. To some extent we are also dependent upon the election of appetite predisposing the individual to accept with greater or less avidity foods of different flavours and textures.

The idiosyncrasies of different individuals must be consulted, the condition of health from time to time being an important factor in any estimation as to the relative value of different kinds of food during any experimental period. Climatic influence and even mental temperament must be taken into account before any just realisation of what is required to sustain the body in the highest type of health can be approximately ascertained.

If it is impossible to deal with individual requirements with any degree of certainty, the system of average which can be so admirably brought into play in feeding considerable numbers is well illustrated by the dietaries of the army and navy, of our prisons, workhouses, hospitals, and schools. We have fortunately tabulated for us various scales of dietaries, which have been found to range from those most economical, which have been proved to be somewhat less than perfectly efficient, such as the old scale of the Perth Gaol, to the somewhat superfluous apportionment of food still, with perfect justice, supplied to the Royal Navy.

If, on the one hand, a general decrease of weight in the Perth prisoners proves the amount of labour there exacted to have been more than the dietary would sustain without loss of muscular substance, so on the other, notwithstanding the hard work and pure air of the naval service, the appetites of our seamen appear to be very generally satisfied with the plentiful though coarse food accorded them. This, in some instances, may occasion a certain amount of waste, but I cannot for my own part esteem a superabundance of food to be altogether thrown away in the endeavour to secure plenty, or at least an assurance that none shall be actually under-fed.

For the purpose of arriving at the most reliable results derivable from the different systems of dietary adopted in the services and institutions above named, I, some time back, addressed particular inquiries to the medical officers in charge. From the general tenor of their remarks, as well as from the Government reports which were kindly collated and forwarded to me, I have little doubt but that these scales will afford a most efficient and economical general scheme of diet.

It is well to bear in mind, however, that the most practical and advantageous use of consulting a comprehensive tabular system of diet is to avoid the common dependence on haphazard selection. The ordinary every-day food of the general community is almost invariably purchased, cooked, and served without the slightest knowledge of the quantities or proportions of any of the proximate principles or ultimate elements required for the sustenance of the consumers. With a total of food substance sometimes superfluous, an inadequate constituent of fat or digestible albuminous matter may leave the meal little better than a mechanical appeaser of hunger, altogether incompetent to repair muscular or nervous waste or recruit exhausted energy.

Each individual may choose for his own personal requirements or tastes from a large number of various articles of food so as to obtain relief from undue monotony of flavour or texture, but the choice should be made so as to keep the proportions of the main constituent principles within certain relative limits, although these proportions do not by any means demand a hard and fast line to be laid down.

It may be stated that if the best theoretical economy of food be desired, the relative proportions of the nitrogenous substances to the fats and carbo-hydrates must be maintained, or starvation of some one or more of the body tissues will inevitably ensue.

To the flesh-forming nourishment derivable from the albuminous or nitrogenous substances and the proportion of fat, on the one hand, and starch, gum, and sugar on the other, may be centesimally represented as follows :—

Albuminates	22
Fat	13
Carbo-hydrates	65
	100

Or, taking the ultimate elements of the standard diet for an adult man, it may be roughly calculated as requiring 300 grains of nitrogen, 4,500 grains of carbon, and 450 grains of mineral matter; and in whatever way the diet may be made up of various different compounds, less than such an average in this proportion may be deemed insufficient to support hard work.

If the science of dietetics were habitually carried beyond the mere supervision of the medical profession during periods of ill health, so that a proper diet generally suitable must be modified to individual necessities, many diseases of mal-nutrition would probably be averted.

It may be, perhaps, too much to expect that popular education would include a sufficient insight into the principles involved to enable everyone to form such an estimate for himself. To accomplish the very desirable end of apportioning food so that it is neither wasted nor provided too sparingly in any of its essential components, we must first look forward hopefully towards the recognition of the importance of the science of dietetics, especially by those whose opportunities would enable them to compare the results of various dietaries, in studying the immediate and continued effects upon health of the different kinds of food.

◆

A COURSE OF PAPERS ON THERAPEUTICS: INCLUDING THE PHYSIOLOGICAL ACTION OF MEDICINES.

By W. Handsel Griffiths.

(Continued from page 595 in last Volume.)

ACIDUM HYDROCHLORICUM.

Hydrochloric acid exerts a feebler caustic action than nitric or sulphuric acids; it leaves a white stain on the skin which afterwards sloughs.

In tinia, itch, and psoriasis Pleuck suggests the use of ointments or lotions containing hydrochloric acid, and in frostbite also it has proved a useful application; warts and small fungous growths may be removed by it. In hospital gangrene, scrofulous ulcers, &c., its topical use has been attended with beneficial results. By Erichsen the internal administration of muriatic acid in chronic eczema has been found successful.

Given internally in small doses hydrochloric acid causes an agreeable warmth in the epigastrium, and combined with bitters may be given as a stomachic tonic: it should not be forgotten, however, that it tends to relax the bowels rather than to exert a stringent effect.

In the diluted form hydrochloric acid agrees better with the stomach than either dilute nitric or sulphuric acids. When given internally in a concentrated form it combines with the albumen and tissues of the stomach, and acts as a caustic irritant. On the supposition that hydrochloric acid is an ingredient of the gastric juice, it has been recommended in certain cases of indigestion, and has been found especially serviceable in those resulting from excesses of eating or drinking. In the writer's opinion, hydrochloric acid is far superior in the treatment of indigestion to all other acids, not excepting lactic, which has received a large mead of praise. The addition of pepsin aids the digestive action of the acids. It should never be forgotten that acids should be given *after* meals; if given before they will hinder rather than aid the digestive process. Alkalies, on the other hand, should be administered before meals, if given with a view of assisting digestion. The action of alkalies and of acids on secreting glands affords an explanation of these facts, for acids check the production of acid secretions from glands, while they promote the flow of alkaline secretions, and the reverse is the case with alkalies.

In pyrosis, characterised by acid eructations, hydrochloric acid given before meals will prove an effectual remedy, whereas in pyrosis with alkaline eructations the administration of an acid after meals will effect a cure. Ringer suggests that in pyrosis with alkaline eructations the administration of an alkali shortly before food would be productive of good, but he states that he has no experience of the use of alkalies in such cases. In one remarkable case of this kind the author has obtained remarkably successful results with the alkaline treatment. It is necessary to caution practitioners against the too long continued administration of acids in these affections of the stomach.

On the ground that hydrochloric acid forms an important constitutent of the gastric juice, and that it increases the efficacy of the assimilative process, and thus prevents the formation of lithic acid in excess, Dr. James F. Duncan recommended it in chronic forms of gout. *(a)* He gives a mixture of dilute hydrochloric acid, two drachms; compound tincture of cardamems, two drachms; bitter infusion, seven and a-half ounces; of this an ounce is given every three hours.

Acids lower the rapidity of the pulse in fever, owing to their diminishing the thirst, and thus lessening the restlessness. To relieve the thirst in fevers, Graves, of Dublin, recommended the administration of hydrochloric acid in infusion of cascarilla; it may also be given in barley water. In typhus and typhoid fevers hydrochloric acid has been recommended as a remedy by many authorities, and it is generally acknowledged that its efficacy in those cases is enhanced by combining it with quassia or cinchona, &c. It is supposed to act by neutralizing the excess of alkali in the blood. Huss states that in an epidemic of typhus fever in Stockholm, in 1841-2, hydrochloric acid was almost entirely relied upon, and especially in cases characterized by cerebral symptoms; bronchial and pulmonary congestions were the only complications which were regarded as contraindicating the administration of this remedy. Dr. McSherry speaks highly of the use of hydrochloric acid in scarlatina, in doses of from one to three drops well diluted.

Hydrochloric acid has been given as a tonic in phthisis, and Dr. Cotton especially recommends it for the relief of the dyspepsia and debility of this disease.

In diphtheria Bretonneau used a mixture of one part of the acid and two of honey as a topical application; if the pure acid be used for this purpose care should be taken to apply it only to the parts actually covered by the exudation. In cancrum oris and phagedenic ulcerations, &c., hydrochloric acid has also been applied, and in the different forms of stomatitis it may be advantageously used as a gargle or in the form of spray—a drachm or two of the acid being mixed with twelve ounces of water sweetened with honey. Panck recommends hydrochloric acid in hooping-cough in doses of ten minims several times daily.

In small doses hydrochloric acid promotes the flow of urine. In the phosphatic forms of stone and gravel, and in lithiasis it is extensively given. Prout prefers hydrochloric acid to all others in the treatment of oxalic acid diathesis; in this and in cystic oxide diathesis its use should be continued until lithate of ammonia or lithic acid begins to appear in the urine when it should be stopped.

Hydrochloric acid has been used in the treatment of diabetes in large doses; it causes a peculiar cerebral excitement, giving rise to a species of intoxication.

Piroleau was the first to call attention to the antisyphilitic virtues of hydrochloric acid, and among other authorities who have written favourably of it as a remedy in syphilis are Zeller, Rust, and Pearson. Rust considers that abstinence is an essential element of success in this treatment; he found that it invariably failed when a full diet was allowed. The formula used in the Vienna hospital was a drachm of the acid to two pints of barley water daily. In gangrenous ulceration of the genitals Van Swieten employed an application of the strong acid diluted with six parts of water with great success.

In poisoning by hydrochloric acid the most appropriate antidotes are magnesia and carbonate of soda; emollient drinks should also be freely administered. Chalk is objectionable as an antidote on account of the deleterious properties of the chloride of calcium which it forms with the acid.

(a) *Dub. Quart. Journ. of Medical Science.* May, 1865.

ROYAL SOCIETY.

RESEARCHES ILLUSTRATIVE OF THE PHYSICO-CHEMICAL THEORY OF FERMENTATION, AND OF THE CONDITIONS FAVOURING ARCHEBIOSIS IN PREVIOUSLY BOILED FLUIDS.

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THE author first calls attention to the fact that no previous investigator has professed to have seen well-marked fermentation set up in urine that had been boiled for a few minutes, if it has thereafter been guarded from contamination. The previous invariable barrenness of this fluid after boiling has been ascribed by germ-theorists to the fact that any organisms or germs of organisms which it may have contained were killed by raising it to the temperature of 212 degs. F. (100 degs. C.).

In executing some of the experiments with urine described in this communication, two chemical agents have been brought into operation under novel conditions, and an ordinary physical influence has been employed to an entirely new extent. In several respects, therefore, these new experiments differ much, as regards the conditions made use of, from those hitherto devised for throwing light upon the much-vexed question as to the possible origin of Fermentations independently of living organisms or germs, and as to the present occurrence or non-occurrence of archebiosis.

The chemical agents employed under new conditions in these experiments were *liquor potassæ* and *oxygen*—both of them being well known as stimulants, if not as promoters, of many fermentative processes.

It has been recognised by several investigators of late years that neutral or slightly alkaline organic fluids are rather more prone to undergo fermentation than slightly acid fluids. This fact may be easily demonstrated. As the author pointed out in 1870, if two portions of an acid infusion are exposed side by side at a temperature of 77 degs. F. (25 degs. C.) fermentation may be made to appear earlier and to make more rapid progress in either of them by the simple addition of a few drops of liquor potassæ; on the other hand, if a neutral infusion be taken and similarly divided into two portions placed under the same conditions, fermentation may be retarded, or rendered slower in either of them at will, by the simple addition to it of a few drops of acetic or some other acid.

A neutral or faintly alkaline organic solution can in this way be demonstrated to possess a higher degree of fermentability than an otherwise similar acid organic solution. It seems, therefore, obvious that the changes capable of taking place in *boiled* acid and neutral solutions respectively should also vary considerably. Numerous experiments by different observers have demonstrated the correctness of this inference. ‘ Boiled acid infusions guarded from contamination mostly remain pure and barren if kept at temperatures below 77 deg. F. (25 deg. C.), though other infusions similarly treated and similar in themselves, except that they have been rendered neutral by an alkali, will oftentimes become corrupt and swarm with organisms. The latter result follows still more frequently with neutral infusions when they are exposed to a higher generating temperature in the warm-air chamber; and under this strong stimulus a small number of boiled acid fluids will also ferment.

On the other hand, the influence of oxygen in promoting fermentation has been fully appreciated since the early part of the present century. Formerly an influence was assigned to it as an initiator of fermentation as all-important as some chemists assign to living germs at the present day. But this was a very exaggerated view. In some fluids, as the author has shown, fermentation may be initiated just as freely, or even rather more so, in closed vessels from which the air has been expelled by boiling, as in others in which atmospheric air, and consequently oxygen, is present. The explanation of this fact is probably to be found in the supposition that, in starting the fermentation of these fluids, diminution of pressure may be of as much, or even of more importance than contact with free oxygen. In respect to other organic fluids, however, the influence of oxygen seems decidedly more potent as a co-initiator of fermentation than that diminution of pressure which is brought about by hermetically sealing the vessel before the fluid within has ceased to boil. Urine will be found to be an example of this latter class of fluids.

The physical influence which has been employed in unusual intensity in the present researches is *heat*.

Previous experimenters have never designedly had recourse to a generating or developing temperature above 100 deg. F. (38 deg. C.). The heat employed has frequently been below 77 deg. F. (25 deg. C.), though a temperature between this and 95 deg. F. (35 deg. C.) has been regarded both by chemists and biologists as most favourable to the occurrence and progress of fermentative changes generally.

Early in the month of August, 1875, the author ascertained the fact that some boiled fluids which remained barren when kept at a temperature of 77 deg.—86 deg. F. (25—30 deg. C.) would rapidly become turbid and swarm with organisms if maintained at a temperature of 115 deg. F. (46 deg. C.). More recently he has discovered the surprising fact that a generating temperature as high as 122 deg. F. (50 deg. C.) may be had recourse to with advantage in dealing with some fermentable solutions. Fluids which would otherwise have remained barren and free from all signs of fermentation have, under the influence of this high temperature, rapidly become turbid and corrupt. This discovery is regarded as of great importance in reference to the questions now under discussion, and it is one which was quite unexpected. The author had previously shared in the generally received opinion that temperatures above 100 deg. F. (38 deg. C.) were likely to impede rather than promote fermentation.

In maintaining the experimental fluids at the high temperature above named the vessels containing them were placed in the hot-air chamber of an incubator, such as physiologists employ, to which one of the very ingenious gas-regulators of Mr. F. S. Page had been fitted (see *Journal of the Chemical Society*, January, 1876). In this way the fluids may be kept at a known and practically constant temperature for an indefinite time.

Liquor Potassæ as a Promoter of Fermentation in Boiled Urine.

In the autumn of 1875 the author instituted some experiments to ascertain whether the fermentability of boiled urine, like that of many other fluids, could be increased by previously mixing with it a quantity of liquor potassæ sufficient for its neutralization.

The experiments answered this question in the affirmative. It was found that urine to which the above-named amount of liquor potassæ had been added, would constantly ferment and swarm with organisms within a few days after it had been boiled; though some of the same stock of urine in the acid state (that is, without the addition of any alkali) would, when similarly treated in other respects, remain barren. The fact of the production of an increased fermentability in boiled urine by previous neutralization was thus established.

Further experiments were then instituted to throw light upon the cause of such increased fermentability. It was desirable to ascertain whether (1) it was due to survival of germs in the boiled neutralised fluid, or (2) to the chemical influence of potash in initiating or helping to initiate the molecular changes leading to fermentation in a fluid devoid of germs or other living matter.

The mode of testing the relative validity of these rival interpretations seemed easy. It was only necessary to ascertain what the effect would be of adding boiled liquor potassæ, in proper quantity, after the acid urine had been rendered barren by boiling it instead of adding it previous to the process of ebullition. If fermentation occurred in the fluid thus neutralised without extraneous contamination, the first interpretation would obviously be negatived.

This crucial experiment was at first tried with flasks plugged with cotton wool, the plug in each of them being penetrated by a closed glass tube containing the measured amount of liquor potassæ. The tubes having been drawn out to a capillary portion at the lower end, and bent at an obtuse angle, they could be easily broken by slight downward pressure against the bottom of the flask whenever it was desired to mix the liquor potassæ with the boiled urine. This apparatus was very similar to that first made use of by Dr. William Roberts in some experiments with hay infusion (Phil. Trans. vol. clxiv. p. 474), in which he obtained opposite results from those now about to be recorded with urine. The latter fluid is, however, for several reasons more suitable than hay infusion for trying such experiments.

Several trials made with urine in this apparatus showed that its fermentability was just as much increased by adding boiled liquor potassæ after the urine had been boiled in the acid state, as by adding the alkali previous to the process of ebullition. Such a result was therefore quite opposed to the first interpretation as to the cause of the increased fermentability of neutralised urine.

The definite overthrow or establishment of this interpretation was so important that it seemed desirable to try such experiments again by some more rigid and certain method. The author therefore devised a new mode of experimentation in which sealed retorts replaced the flasks plugged with cotton wool, and in which the contents of the enclosed liquor potassæ tubes could be more effectually heated.

It was first of all ascertained that accurately-neutralised urine boiled in a retort and sealed whilst boiling, would ferment in a day or two if kept at a temperature of 122 deg. F. (*a*)

This fact having been established, other retorts were charged with a measured amount of urine, and also with a small glass tube containing liquor potassæ in quantity almost sufficient to neutralise the urine employed. (*b*) The glass tubes containing the liquor potassæ had been drawn out at one end, sealed, and then immersed in boiling water for different periods before introducing them into the retorts. After each retort had been charged with urine and a liquor potassæ tube, its neck was drawn out to a capillary point, the urine was boiled, and the retort was hermetically sealed before ebullition had ceased. Thus closed, the vessel was at once immersed with its neck downwards in a can of boiling water for from four to fifteen minutes, so as to expose it and its contents for an additional period to a temperature of 212 deg. F. (100 deg. C.).

The urine was thus boiled in its unaltered acid state and sterilised. After the retorts had cooled the liquor potassæ was liberated from its tube in all but one of the batch, which was kept as a control experiment. The liberation was easily effected. It was only necessary to give the retort a sudden shake so as to drive the capillary neck of the enclosed tube against its side. The tube was thus broken and immediately (owing to the comparative vacuum within the retort) the liquor potassæ was sucked out and mixed with the fluid which it was destined to neutralise.

The result of these experiments was similar to those executed with the plugged flasks and liquor potassæ tubes. The boiled caustic potash added afterwards within the sealed retorts caused the previously barren fluids to ferment and swarm with *Bacteria*. The fluid in the control experiment remained pure, though after several days, or longer, it also could be made to ferment by breaking the liquor-potassæ tube, and replaced the retort in the warm chamber.

Effects of liberating Oxygen by Electrolysis within the Closed Retorts.

A few other experiments were made with retorts to which platinum electrodes had been fitted. These contained, as before, measured amounts of urine, together with liquor potassæ tubes. All the preliminary stages were similar to those of the experiments above recorded; but just before breaking the liquor potassæ tubes in these further experiments, oxygen and hydrogen were liberated from the boiled urine by electrolysis.

The result in the few experiments made was very remarkable. Under the combined influence of liquor potassæ, oxygen and the high temperature of 122 deg. F. (50 deg. C.), the sterilised urine fermented and swarmed with *Bacteria* within the closed retorts in from 7—12 hours—that is, in a much shorter time than would suffice for the occurrence of similar changes in unboiled urine freely exposed to the air.

Behaviour of some specimens of unaltered Acid Urine under the influence of the High Generating Temperature of 122 deg. F. (50 deg. C.)

In the course of the previous experiments it was found that occasionally a specimen of boiled urine would ferment at a temperature of 122 deg. F. without the addition of liquor potassæ. This was afterwards ascertained to occur invariably (with the urine experimented upon) when the acidity of the fluid was not higher than would be represented by six minims of liquor potassæ to the ounce (or about 1½ per cent.). Urines slightly more acid than this sometimes did and sometimes did not ferment without liquor potassæ; but when the acidity exceeded what would be equivalent to two per cent. of liquor potassæ, the fluid did not ferment under the influence of the high generating temperature alone. Urines of all degrees of acidity, however, were found to ferment under the combined influence of heat and liquor potassæ added afterwards, in the manner already detailed. (*a*)

It was further ascertained that the acidity of some specimens of urine was lessened during the process of ebullition (owing to the deposition of acid phosphates); and such urines boiled for six minutes were found to ferment in a much shorter time than when they were only boiled for three minutes. The prolongation to this extent of the germ-destroying temperature actually hastened the subsequent process of fermentation.

Interpretation of Results.

The generally received belief that all *Bacteria* and their germs are killed by exposing them even for a minute or two to the temperature of 212 deg. F. (100 deg. C.) has of late been strongly reinforced by Prof. Tyndall. The fact, therefore, of the fermentation of some specimens of boiled acid urine, with the appearance of swarms of *Bacteria*, under the influence of the high generating temperature of 122 deg. F. (50 deg. C.), is inexplicable except upon the supposition that fermentation has in these instances been initiated without the aid of living germs, and that the organisms first appearing in such fluids have been evolved therein.

If the author's further position (Proceedings of Royal Society, Nos. 143 and 145, 1873), that *Bacteria* and their germs are killed in fluids whether acid or alkaline at a temperature of 158 deg. F. (70 deg. C.), is correct, then the occurrence of fermentation in the previously neutralised boiled urine would similarly disprove the exclusive germ-theory of fermentation and establish the occurrence of Archebiosis.

Any difficulty which might have been felt by others in accepting the above interpretation of the results of these latter experiments—in face of the view held by M. Pasteur that some *Bacteria* germs are able in neutral fluids to survive an exposure to a heat of 212 deg. F. (100 deg. C.)—has been fairly met and nullified by the experiments (devised for the purpose), in which the urine was boiled in the acid state and subsequently fertilised by the addition of boiled liquor potassæ.

If we look at these latter experiments from an independent point of view, it will be found that this fertilisation of a previously barren fluid by boiled liquor potassæ must be explained by one or other of three hypotheses :—

1st *Hypothesis. The boiled liquor potassæ may act as a fertilising agent because it contains living germs.*

However improbable this hypothesis may seem on the face of it, it has been actually disproved by many of the experiments recorded in this memoir, These experiments show that boiled liquor potassæ will only act as a fertilising agent when it is added in certain proportions. If it acted as a mere germ-containing medium, a single drop of it would suffice to infect many ounces, a gallon, or more of the sterilised fluid. This, however, is never the case; it only fertilises the barren urine when it is added in a proportion dependent upon the precise acidity and quantity of the fluid with which experiment is being made.

2nd *Hypothesis. The fertilising agent may act by reviving germs hitherto presumed to have been killed in the boiled acid urine.*

The acceptance of this hypothesis would involve a general recantation of the previously received conclusion that *Bacteria* and their germs are killed by boiling them in acid fluids. But such a recantation would be scarcely justifiable or acceptable unless based upon good independent evidence.

The possibility, however, of accepting this second hypothesis is still further closed by the results of experiments in which a slight excess of liquor potassæ was added to the boiled urine. Such fluids invariably remained barren. Yet it can be easily shown that the mere development and growth of *Bacteria*-germs may take place both quickly and freely in boiled urine containing a very large excess of liquor potassæ. (*b*)

(*a*) Though the boiled urine will ferment in retorts from which the air has been expelled by boiling, it will undergo this change more quickly if it is in the presence of purified or sterilised air. In the experiments now about to be described, however, it was much more convenient to use airless retorts.

(*b*) As a slight excess in the amount of liquor potassæ has been proved to have a most restrictive influence when dealing with urine, it was found safer in these experiments not to provide liquor potassæ sufficient for full neutralisation. Many details on this subject are given in the memoir itself.

(*a*) In the urine of highest acidity with which experiment has been made, twenty minims of liquor potassæ to the fluid ounce (about 4 per cent.) was required for neutralisation.

(*b*) A mixture of one part of liquor potassæ to seven of boiled urine poured into a bottle which has been washed with ordinary tap-water will, within forty-eight hours, swarm with *Bacteria* if it is kept at a temperature of 122 deg. F.

It would seem that this agent mixed with boiled urine in quantity slightly more than is needed for neutralisation, prevents the *origination* of living matter therein, although even when in considerable excess the same agent affords no obstacle to the development, growth, and multiplication of germs purposely added thereto.

In the face of these facts it would seem impossible to accept that second hypothesis, even if it had not been independently negatived by the great mass of evidence—lately reinforced by the experiments of Prof. Tyndall—to the effect that *Bacteria* and their germs are really killed in fluids raised for a few minutes to the boiling-point (212 deg. F.).

3rd Hypothesis. The fertilising agent acts by helping to initiate chemical changes of a fermentative character in a fluid devoid of living organisms or living germs.

If the cause of the fermentation of the fluids in question does not exist in the form of living organisms or germs either in the fertilising agent itself or in the medium fertilised, then it must be found in some chemical reactions set up between the boiled liquor potassæ and the boiled urine.

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Clinical Records.

METROPOLITAN FREE HOSPITAL.

Case.—*Poisoning by Medicinal Doses of Iodide of Potassium.*

A man, aged 36, entered the wards of the hospital in May, 1867, under Dr. Charles Drysdale's care with right hemiplegia, which had evidently been caused by an embolism, as there were abnormal sounds of the valves of the heart. As some symptoms in addition pointed to dilatation of the ascending arch of the aorta he had, on three several occasions prescribed ten grain doses of the iodide of potassium thrice daily in water. On the first two occasions the effect was to produce a crop of acne-like pustules on the face. The last trial, which lasted three days, brought forth an alarming-looking eruption on the backs of the hands as well as on the face and chest. Blebs were formed containing a bloody fluid, which lasted without dessicating for some weeks.

Remarks.—A case in the wards under the care of a late colleague of Dr. Drysdale's presented a most severe example of the same rare effects of the iodide of potassium.

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ST. MARY'S HOSPITAL.

Death from Crude Carbolic Acid taken by Mistake.

Reported by Mr. Giles.

A. H., æt. 10, was admitted into the hospital with the following history: About one hour previous she, being thirsty, had swallowed a part of the contents of a ginger-beer bottle, thinking it contained ginger-beer. The bottle contained a quantity of strong crude carbolic acid which had been obtained for the purpose of destroying vermin, and she swallowed what proved to be a fatal dose before she discovered her mistake. The patient ran shrieking to a neighbour complaining of burning in the throat and severe epigastric pain; she grew rapidly worse and soon became insensible.

On admission the patient was found to be in a state of collapse; the conjunctiva were insensitive, and the pupils fixed and insensible to light; the surface was cold and clammy; the respiration slow, laboured, and stertorous, and the pulse weak and infrequent.

The house-surgeon, Dr. Wise, passed the stomach-pump, and having thrown in a quantity of water pumped out a blackish fluid smelling strongly of carbolic acid, after which some oil was injected.

The patient, however, continued to sink, and it was determined to try the intra-venous injection of ammonia. This was done but without any effect, and she died two hours after her admission to the hospital.

Post-mortem Examination.—Body well formed and nourished, and wonderfully free from decomposition. On opening the cavities a strong smell of carbolic acid could be perceived; the pleuræ, pericardium, and peritoneum, each contained a small quantity of clear fluid. The thorax and right side of the heart was distended with blood, which here and throughout the body was dark coloured and perfectly fluid; the left side of the heart was empty and the organ free from disease. The lungs, with the exception of a few old pleuritic adhesions, were healthy.

Intestinal Canal.—Tongue and mouth unaltered; the œsophagus was whitened and the mucous membrane so far destroyed that the muscular coat appeared to be laid bare. The stomach contained a quantity of oil, but no carbolic acid, the epithelium was destroyed, and there were signs of severe inflammation, not uniform but in spots, especially along the greater curvature; several of these spots, about the size of a fourpenny-piece, were of a deep black red, appeared almost charred; the duodenum and upper portion of the ileum were thickly coated with cast-off epithelium and mucus.

The other organs, including the brain, appeared quite healthy.

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REMARKS ON "RECENT REPORTS ON CHOLERA."

By Thos. Whiteside Hime, B.A., M.B., &c.,

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Having read the series of articles on cholera in the Medical Press and Circular, I am anxious to be allowed to make some remarks suggested by their perusal. The last of the series, to which I more particularly refer, is headed "III.—Conditions of Transmissibility," and is especially devoted to the effects of impure water, of the elevation of the ground, and of personal predisposition upon the prevalence or transportation of cholera. The writer is a strong believer in infection by means of impure water, but adduces very unsatisfactory evidence in support of his opinions. One would hardly have anticipated a resuscitation of the Broad Street pump; yet here we find it trotted out as the writer's *cheval de bataille* at the head of his forces. As he evidently does not think it used up, I beg leave to refer to it also, it is to be hoped for the last time. Dr. Snow may be said to have given birth to the drinking-water theory in the year 1854 at Golden Square, in London; not but that this theory had many times previously made a struggle for life, as we find that in the good old times when every plausible organ of plague, pestilence, or famine had been adduced in vain, it was usual to fall back on the theory that some witch or enemy had poisoned the wells. Undoubtedly the London water supply in 1854 was very bad, and it had undoubtedly been so for years. In September, 1854, a severe outbreak of cholera in the neighbourhood of Golden Square led to an inquiry as to its origin. This was not far to seek. Seeing that many victims of the plague had lain for nigh two centuries in the soil below, what could be more natural than to charge them with producing the epidemic? But it subsequently appeared that the cholera showed no special predilection for the old plague district, and so another theory was wanted, but not for long. These two theories were warmly supported, but not wholly on scientific grounds, as the official report says parties interested in diverting public opinion from their own particular nuisances were loudest in proclaiming that either the pump or the long-departed dead were alone guilty. The pump theory, however, quite put a damper on the other. Seeing that two ladies who lived in a district where not a case of cholera had occurred took the disease and died, and that they drank water from the Broad Street pump, around which cholera was bad, is it not self-evident that these ladies took the disease from the water? Such is the theory. But, it may naturally be asked, how did the water get from Broad Street to the healthy district of Hampstead every day? Is it not just as possible and as probable that the cholera poison was carried by the water-carrier as by the water? The fact is, the water was brought daily to Hampstead by a gentleman who lived there with his mother, and went to Broad Street every day to his place of business, which was attacked, like so many other places in Broad Street, by cholera, and he was thus actually brought in contact with the disease every day, and passed to and fro between the infected and the healthy localities. Now, it is most unreasonable to assume that the poison was conveyed in the bottle of water rather than by the gentleman who was thus in daily communication with the infected locality and persons; and especially so as we know for a fact that in numerous other instances the poison has been thus conveyed to distant places when there was no question whatever of a possibility of water contamination. These facts stand in the published report, and he who runs may read them and compare them with the utterly unfounded conclusions which have been drawn from them. The article in the *Press* to which I have referred, and which appears in all the power of editorial type, states that "striking illustrations of the power of impure water in disseminating" cholera are to be found in the American Reports. The illustrative case extracted from the Reports is not, however, to my mind, at all convincing, and I may say that I have carefully gone through every case in the Reports without much more satisfactory results. If the reader will turn to the index of the Reports and look up the references under "Water, its Agency in diffusing Cholera," he will hardly close the book convinced of the fatal power of water in disseminating cholera, unless indeed he was convinced beforehand. Many of the cases referred to under this heading have really nothing whatever to do with water. For instance, the case of the Nashville Penitentiary is referred to as one in point; yet the only reference to impure water in the Report is that the three prison wells had long been closed before the epidemic, and the ordinary city water supplied instead. Indeed, there was serious doubt among the medical men on the spot as to whether the disease was cholera or not! In another instance the Report says of the cases which the index tabulates under "Water, its Agency in Diffusion of Cholera": "These cases were regarded by Dr. Linthicum as being sporadic in character, produced by the filthy location and habits of the individuals, the miserable food which they ate, and the impure water which they drank" (p. 134). Many similar instances will be found in the Report of the agency of water in producing cholera!

The case of Lebanon, Ky., is especially selected by the editor in the *Press* as "a striking illustration" of the water theory. Unfortunately, however, he does not give his readers the benefit of the original report, but quotes an abstract of it made to prove that the epidemic in question resulted from the use of impure water. *Hincæ ill lacrymæ.* Reference to the original Report will show the following to have been the main features of the epidemic: Cholera existed in the neighbouring Taylor County, a workman on the Railway near Lebanon contracted the disease there, and "communication was constant between the two sections [of railway ?] and the town of Lebanon." Many cases of diarrhœa followed this case of cholera. Within three weeks another case of cholera occurred in Lebanon, fatal in ten hours, contracted in Taylor County. The patient had gone there to nurse her son, and brought him back when convalescent. She was attacked the day after her return from the infected locality, and her excreta were thrown on the ground round her home. Several cases followed this in the neighbourhood. From this date, Aug. 18th, up till the 26th, when the annual fair was held, other cases occurred. But so far not a word is said of water-contamination. The source of infection has been quite clear in the small number of cases, the history of importation is distinct, and no water-spirit is required as a *Deus ex machina* to account for the disease.

The fair of Lebanon was attended by many visitors from surrounding districts, in some of which cholera already existed, as it had already done for some time in Lebanon. During the 26th, 27th, 28th, and 29th of Aug. the fair went on, crowds attending it. In the night of the 29-30th, 13 cases of cholera occurred, 12 of which ended fatally within ten hours, and the 13th some days afterwards. Supposing not a drop of water had been drunk, would the occurrence of an epidemic under these circumstances have been surprising? Crowds of people, many from infected localities, attend a fair in an infected town. During four days the fair proceeds, and we may suppose without any diminution of the excesses *in potu et venere*, &c., usual on such occasions. Would it not be regarded as miraculous if an epidemic of cholera had not occurred under these circumstances? But it appears that the water-supply on the fair ground being insufficient, an additional supply was laid on from a well situated near some infected houses. And the argument is that this water produced the outbreak among the visitors! And this, although the locality has been shown to have become infected quite independently of this water, although many of the visitors came from districts already infected, although for several weeks cholera had existed in Lebanon itself, and although in this very epidemic there are related cases which could have had no connection whatever with this water, as it was not in use at the time of their occurrence. I think I need proceed no further to show how untenable is this "striking illustration" which has been introduced from America. The line of argument adopted on this subject is usually most inconclusive, a very *opprobrium medicorum*: an epidemic (*e.g.*, of typhoid or cholera) occurs, the people are found to have a very impure water-supply, in every case investigated the water was bad (*i.e.*, all the inhabitants drank the same water), therefore the water caused the disease. Yet the water may have been as bad or worse for years without a single case of disease being attributed to it, and the vast majority of the public may be employing the same water without any ill effect. In Munich typhoid is actually worse when the water is proved by analysis to be purest! And as a matter of fact, epidemics wane and disappear while people continue to use their impure water, just as well as when a local board inspector has proclaimed that the dirty well must be closed. Indeed, in the Registrar-General's Report for 1854 we find it actually stated that the Chelsea Water Company, which drew its supply from the same point as the notorious Vauxhall and Southwark Company, only produced a mortality of 54 per 10,000, although the latter company was blamed for producing the enormous mortality of 130 per 10,000 owing to the impurity of its water! We remember what an impression was made at the time by the statement that the drinkers of the Lambeth water only died at the rate of 37, whereas the drinkers of the S. and V. died at the rate of 130 per 10,000, the Lambeth Co.'s water being from a purer source than that of the S. and V. Co.'s. And yet the drinkers of Chelsea water, according to Dr. Thompson the worst of any, drawn from the same place as the S. and V., only died at the rate of 54 per 10,000! How is it conceivable that the same water caused the frightful mortality of 130 per 10,000 when delivered by the S. and V. Co., and only 54 per 10,000 when delivered by the Chelsea Co.? Numerous other instances could be quoted to the same effect, and the converse side can be also maintained, viz., that with the best water-supply typhoid may be very bad. In the evidence given before the Health of Towns Commission, it is stated that while the water-supply of Liverpool was extremely good, the death-rate from typhoid was higher than in almost any place in the kingdom, being 1 in 407, as compared with 1 in 690 in London (which at that time had very bad water), and 1 in 917 in Birmingham. Sheffield offers another striking illustration. Its water supply is excellent in quality; *every home* is supplied with a tap from the main, and the quantity is fairly good, twenty gallons per head daily. The water is not stored anywhere in the town, and yet in the past five years there have been 991 deaths from fever, which implies the occurrence of at least 9,910 cases! With the same water the fever varied in the consecutive years as follows:—

1871. Deaths from fever, 221
1872. „ „ „ 233
1873. „ „ „ 237
1874. „ „ „ 192
1875. „ „ „ 105

and within the same year the deaths vary from 38 in a quarter to 68, in another from 59 to 90! If the water is an essential factor, how is it that while the water in any given case does not vary, the prevalence of fever varies enormously? But I have never seen or heard of any evidence to show that mortality or prevalence of cholera or typhoid varies in the same place according to the impurity of the water, as analysed for a number of consecutive years. Unfortunately, the upholders of this theory are so ready to change front that it is almost impossible to bring the question to an issue. If the water cannot be plausibly blamed, it is said to be dirt, or overcrowding, or heavy rain, or drought, or some one of the innumerable causes so ready at hand. Are there not above all the privies and ash-pits always at hand upon which to throw the blame, even though for years they stink and produce no specific fever! And is there not Prof. Gairdner, of Glasgow, a standing proof of the criminality of house drains! Has he not found a leaky drain in the case of every house visited by fever which he has examined, and has he not exhibited samples of the defaulting pipes? Of course when the houses have no drains or pipes it is just the same. It is their absence which in these cases produce the disease! But this kind of procedure is not likely to advance sanitary science or save life, however it may breed a false security. A *vera causa* is one the reality of which we are not at liberty to assume to-day and ignore to-morrow. If sewage contaminated water, dirt, overcrowding, &c., are *per se veræ causæ*, individually or collectively, they cannot be admitted to act as such in some cases only and not in others. This theory involves the further difficulty of the spontaneous origin of such diseases as typhoid. If *typhoid* is a specific disease, produced by the action of a specific organic poison, as commonly assumed, its production by drinking water containing sewage which is free from the specific poison is inexplicable. And yet there is strong evidence of the specific character of the disease.

The drinking-water theory further *assumes* that the specific poison of cholera is contained in the alvine excretions. Of the truth of this assumption there is not a tittle of reliable evidence, and there is very strong evidence to show that in the great majority of cases it does not exist in them. If it did we would find, *e.g.*, nurses, students, medical men, scavengers, and others who are brought much in the way of the patients, suffering more than others. But as a fact they do not do so. And as a death-blow to the theory I would refer to the Report of Cholera in the Prison of Laufen, issued by the Cholera Commission of the German Empire (*a*). I have extended this article to a great length, but yet space is wanting for even mentioning much weighty evidence. The subject is of the most paramount importance, and for too long its natural difficulties have been darkened by the fabulous legends of imaginative theorists. One word in conclusion. The American reports contain multitudinous references to the stamping out of cholera by "disinfection," all kinds of substances having been used. Now either American cholera is very different from European, or else our American cousins are many generations ahead of us in knowledge of how to use disinfectants. Cholera was never so fatal in Germany as in 1866, when disinfectants were most used; and in England few would venture to suggest we had found the specific antidote. Its nature and use seem however familiar to everyone in America. Heaven grant the Sun of Sanitary Science may be rising in the West!

THE VIVISECTION BILL.

The Metropolitan Counties Branch of the British Medical Association hold a meeting last week, at St. George's Hall, for the purpose of considering the provisions of the Vivisection Bill. Mr. Jonathan Hutchinson, the President of the branch, occupied the chair, and there was a large attendance of members of the profession. The Chairman, in opening the proceedings, stated that in his opinion the bill was the result of exaggerated statements which had been circulated on the subject of vivisection. The Home Secretary had intimated that the government might consent to modify the bill in some respects, and he considered that the meeting should press for the amendment of certain clauses of the bill. He alluded in detail to the chief features of the measure, particularly alluding to the fines of £50 and £100 respectively for the first and second offence of performing experiments without a licence. The method of appointing inspectors and their status required ot be defined. The registration clauses required to be modified, because as they at present stood they would retard the progress of science in this country. It would be for the meeting to consider whether it would be desirable to obstruct the further progress of the bill. They must approach the discussion of the subject in a judicial tone apart from all angry feeling, and making due allowance for the feelings of the opponents of vivisection, which were due chiefly to ignorance of the subject. The profession simply desired the advancement of science, and for that purpose alone they desired that vivisection should be continued without undue restriction (cheers).

Dr. Andrew Clark moved the first resolution:—"That this meeting, although fully recognising the improvements effected in Lord Carnarvon's Cruelty to Animals Bill in its latest form, is still strongly of opinion that, should it become law, the progress of science will be most seriously hindered, and the interests both of animals and of men much prejudiced." He said that he did not think that this was a time to mince words with the enthusiasts who supported the bill. If parliament deemed it advisable to accede in this instance to the wishes of noblemen, sentimentalists, and fanatics, most of whom indulged in cruelty in sport, the result would be that, so far as the science of physiology was concerned, England would lose her place among intellectual nations (hear, and cheers).

Dr. Pavey seconded the motion. He strongly urged the removal of the restrictions as to cats and dogs, which he deemed to be animals essentially necessary as subjects for experimental physiology. He complained strongly of the way in which some of his personal experiments had been distorted by a writer in the *Telegraph*, in order, as he alleged, to make them fit certain views advanced to which they would otherwise have been entirely inapplicable.

Dr. Wynn Williams described certain experiments on guinea pigs for the purpose of trying the effect of iodine in connection with blood-poisoning, and which, if the bill now before parliament had been law at the time, he would not have been able to make.

The resolution was carried with one dissentient.

The second resolution, "That this meeting would urge upon the promoters of the bill that legislation on this subject should be abandoned for the present session," was unanimously adopted. A considerable amount of time was spent over the third resolution moved by Mr. Gay, and seconded by Mr. Adams. Dr. Hare strongly urged upon the meeting, not to tie its hands by offering "suggestions or alternative measures" for the consideration of those who might think future legislation needful, and above all he would make no reference whatever to Dr. Lyon Playfair's bill, which it was now seen was bad and ill considered. Mr. Hogg, as strongly, objected to any extension of "Martin's Act" which was badly conceived and drawn, and was certainly passed during a period of excitement almost as great as the present, and when all kinds of calumnious statements were made against French physiologists. Dr. Pye Smith spoke in a similar strain, whilst other speakers recommended the abandonment of

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(*a*) See a notice of this "Cholera-epidemic in der K. b. Gefangenanstalt Laufen," by me in the *Sanitary Record*, Sept. 18, 1875.

the resolution. Ultimately the conclusive and argumentative speeches of Dr. Wilson Fox and Mr. Simon prevailed, and this resolution was adopted in the following modified form, viz.—"That in the event of its being thought necessary to propose legislation on this subject in the future, this meeting would suggest as alternative measures (1) an act of simple registration of persons licensed, or (2), applicable to cruelty of all forms to all animals.

Upon the motion of Dr. Quain, a deputation was appointed to wait upon and present the resolution to the Home Secretary, and the meeting was brought to a conclusion at a very late hour, by the usual vote of thanks to the Chairman.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 2, 1876.

MILITIA SURGEONS DISESTABLISHMENT AND DISENDOWMENT WARRANT.

No act of the Government can call for stronger condemnation than the measure of spoliation entitled "Royal Warrant—Medical Officers of the Militia." Though "by Her Majesty's command," we are quite sure so generous a lady and wise a Sovereign could be no party to dealing so unjustly with a number of medical men. By its enactments the militia surgeon whose regiment is at a brigade depôt or army station ceases to attend the permanent staff, ceases to inspect recruits, and ceases to attend the preliminary drill, his allowance for medicines also ceases; his income, which may be estimated at from £150 to £250 a-year from these sources ceases therefore altogether. Provision is also made in this warrant that militia surgeons who wish to avail themselves of the "advantages specified in our present warrant!" must signify their desire to be placed in a departmental list to serve under the direct supervision of the Director-General of the Army Medical Department; the militia medical officer is to rank inferior to the army medical officer without reference to seniority, and it is specially enacted that he shall not have any claim to pension, and that the present holders of office shall also be the last on retiring allowance. And in exchange for all these *advantages* the militia surgeon is in future to be styled surgeon-major, and to receive 2s. 6d. a-day additional pay, viz., £1. It must be remembered, however, that with a few exceptions the militia surgeon-majors are to be employed only for the twenty-seven days regimental training, so that the actual increase of pay amounts to £3 7s. 6d. a-year, not a very munificent exchange for the £200 a-year confiscated!

It is incredible that so monstrous and unjust a measure should be even thought of by the War Office, more particularly at a time when candidates cannot be induced by special, though fallacious, bribes to enter the army medical service. Breaches of faith such as this new warrant it is that makes the army medical department so unpopular and deters men from entering it.

Militia surgeons hold their appointments for life, and in order to devote themselves altogether to the service, and derive the full advantages of their position, they have relinquished other and lucrative appointments and moved their residences to the head-quarters of their regiments, in accordance with the rules of the service, and relying on the permanency of their position and its emoluments, have not sought for other sources of income. No incapacity to continue their work is assigned nor any other cause for this cessation of their duties and stoppage of pay. We believe such a despotic act as this of the war office is unheard of, but we believe also that its exaggerated injustice will be the very means of procuring its withdrawal—it needs but for the country to be made aware of its confiscating nature to ensure that Parliament will deal with the warrant as it deserves. This warrant should be either at once withdrawn or ample compensation granted for loss of income; when proctors were discontinued the existing ones were compensated; army agents were amply compensated for loss of their business, militia adjutants received a compensation to give up their posts, the Irish Church received compensation. It is almost inconceivable that a department of the Government should have power to deprive a class of public servants of their income without any cause whatever. This matter should be at once brought before the House of Commons, with a view to its rectification. Mr. Hardy in the House stated long ago that individual cases would be considered, so we may infer that even he himself was of opinion that this act of spoliation should carry with it also compensation. It would be well also that an influential deputation should wait upon the war minister and obtain redress. No time is to be lost as Parliament will soon cease its sittings, and once Parliament is over no further trouble can accrue to the responsible ministers until next session. We are slow to regard this disestablishment and disendowment of the militia surgeon as originating with the present Government, and we feel confident that when the eyes of the cabinet are opened to its full meaning, ample compensation will be immediately granted to the unfortunate sufferers.

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THE PHYSICAL PSYCHOLOGY OF CRIMINALS.

III.

PROFESSOR BENEDIKT attaches great importance to the fact that in the four brains he examined the cerebellum was not covered completely by the occipital lobes of th cerebrum; but independently of the small number o examinations made, this observation loses a good deal of its significance from the circumstance that we are not informed whether or not this abnormity was owing to an actual atrophy of both the grey and white substance of the posterior cerebral lobes. Perhaps we cannot predicate either a low or high form of cerebral organisation from the mere position or shape of certain parts of the brain. In some of the higher Quadrumana the cerebellum is almost if not quite as much covered in by the cerebrum as it is in man; but as we cannot infer from that circumstance that the posterior cerebral organisation or power of those animals (whatever that may be) is on that account equal to what it is in man, so we cannot infer that the mere and partial uncovering of the cerebellum in some members of the human race necessarily presupposes a cerebral development which approximates to that found in brutes. If it be shown that this exposure of the cerebellum is owing to an actual deficiency in the development of the posterior cerebral lobes, their convolutions being smaller, fewer, more shallow, and the layer of their vesicular matter much thinner than natural, and, further, if this abnormity is shown to be common in murderers, while it is seldom or never noticed among the non-criminal classes, then a strong case will be made out in favour of the opinion that a decided and easily demonstrated deficiency of cerebral organisation lies at the foundation of the evil propensity of murderers and other great criminals. Until, however, this evidence be forthcoming, we must, to say the least, regard the views of Prof. Benedikt as founded upon too slight a basis to meet with the general approbation of the profession.

But admitting as we do that all mental phenomena, including will and consciousness, are, both in their normal and abnormal manifestations, greatly determined by those physical conditions of the brain with which they are so intimately connected, let us consider whether a more extended investigation into the physical psychology of criminals is at all likely to corroborate the views of Prof. Benedikt; or whether, on the other hand, we shall not rather find that the peculiar cerebral constitution, or the peculiar functional disturbance in the brains of criminals is probably of a much too subtle or too evanescent a nature to admit of recognition after death—to say nothing of the possibility of diagnosing the existence of criminal propensities during life. In such an inquiry we shall be assisted by a brief reference to what is at present known respecting the anatomical structure and functions of the brain by a consideration of certain circumstances connected with the morbid anatomy of that organ, and also by taking into account the often complex nature of the mental phenomena and impulses by which great crimes are prompted.

In the first place our present knowledge of the anatomy and physiology of the brain is not such as would lead us to suppose that any marked alteration in the conformation of the brains of murderers (presuming that such exists) would be found in any one part of the brain more than in another. As we have seen, the German Professor says we know that "the most anterior part of the brain is the seat and source of ideas, the middle part the seat of psychical action in a motor sense, and the most posterior part is the seat of sensations and feelings." But this proposition is neither a very clear nor correct statement of the case. All we can say with any certainty is that the cortical layer of the cerebrum is the instrument of all those psychical operations which we include under the general term *intellectual*, whilst (and this is of great moment in our present inquiry) it also affords, in part at least, the instrumental conditions of *emotional* states; and at the same time gives origin to all those muscular movements "which result from *voluntary* determinations, or which are directly consequent upon *emotional* excitement." With the functions of the sensory ganglia and of the cerebellum we have nothing to do, as no one would assign to those portions of the brain faculties which can in any way determine to the commission of great crimes. Now if there are some mental operations more than others at the foundation of great crimes they are certainly those *emotional* states of the mind of which we have just spoken. Consciousness, Sensation, Intelligence, Reason, are to the criminal but means to an end. They have but little connection with those impulses under the influences of which he commits the crime. They may control or even altogether overcome the criminal impulse, but they have nothing to do with originating it. They may even act in concert with it, or in direct opposition to it, as we often see a struggle between reason on one side and the criminal impulse on the other. It is therefore the emotional states of the mind with which we are principally concerned; but although most physiologists have assigned to the cerebrum the almost exclusive seat of the emotions, no one has given the slightest proof that they are located in one part of the cerebrum more than in another. Consequently we are quite at a loss to fix upon any portion of brain in which we might expect to find any difference of conformation between the most hardened criminal and the most exemplary Christian. If, on the other hand, we could place our finger upon this or upon that spot, and say here is the seat of all forms of emotional excitement, or of all those instinctive faculties which are common to man and brutes, then we might hope that an investigation into the physical pyschology of criminals might lead to such a discovery as would establish a connection between the criminal impulse and certain physical conditions of the brain. But our hopes of making any such discovery grow more faint when we reflect upon the subtle and recondite nature of the organisation and functions of the brain, and consider how much this delicate organisation may be put out of gear without leaving behind any changes that the most powerful microscope can detect. But to confine ourselves for the present to anatomical considerations, we may observe that although our knowledge of the functions of different parts of the brain is at present in its infancy, we do know that, taking the great divisions of this organ, there are certain important and very dissimilar functions which may be respectively assigned to them. That the grey or vesicular matter of the brain generally—that is, of the cerebrum, of the cerebellum, and of the sensory ganglia—is the great anatomical seat of the mental faculties, of sensation, of consciousness, and of the cerebral reflex and automatic actions (the white matter merely acting as a conducting medium between one part and another); that to the grey matter of the cerebrum may be attributed the highest and noblest of man's mental faculties as well as those great psychical functions which give him such a remarkable predominance over the lower animals; that to the grey matter of the cerebellum is, among other functions more or less unknown, assigned what has been called the "muscular sense," and the faculty of directing and co-ordinating muscular movements; and that lastly the grey matter of the sensory ganglia is the great seat of sensation for external impressions, of certain reflex actions, and probably sensation of consciousness for changes in the cortical substance of the cerebrum—all these positions are among the best established facts of physiological science. And yet, as far as the human eye, even when aided by the microscope, can reach, what a uniformity of structure do we, comparatively speaking, see in all this vesicular matter, so variously endowed with functions ranging in scope from that which we see in the most gifted of the human species to that which contracts within the narrow compass of a fish's brain. Mr. Lockhart Clarke has very carefully investigated the structure of the cortical substance of the brain, and yet neither he nor any other physiologist has described any marked difference of structure between the vesicular matter of one part of the cerebrum and that of another, between that of the infant and that of the adult, or even between that of man and that of the higher quadrumana. We admit that the arrangement of the grey matter with respect to the white matter is different in the sensory ganglia to what it is in the cerebrum, and in the cerebellum to what it is in either of those parts; and we admit also that a section of the grey tissue of the cerebellum presents under the microscope a somewhat different appearance to that presented by a similar section of the cortical layer of the cerebrum. But, nevertheless, the minute organisation of grey matter is everywhere very much the same, the difference being only such as can be recognised by the aided eye, and that difference by no means in proportion to, or sufficient to account for, the vast difference of functions with which those parts are respectively endowed. In the cortical layer of the cerebral hemisphere the structure appears to be everywhere the same, although probably (and in fact there is some proof for the assertion) the functions of the anterior lobes are not exactly the same as those of the posterior lobes. No one would say that the cerebral functions and brain power are alike in the infant, in the adult, in the savage, and in the ape; and yet neither age nor race appears to effect any visible alteration in the minute anatomy of the vesicular matter of the brain. The convolutions are deeper and more undulating and the layer of grey matter thicker in the adult than in the infant, and in the European than in the savage, but that is all; and what is still more remarkable, Mr. Lockhart Clarke has, after a careful examination, failed to find any difference between the vesicular matter of the convolutions in man and that of the convolutions of the ape tribe. Now the argument which we wish to draw from the above facts will be sufficiently apparent. For if such a variation in the functional nature or power of certain parts of the brain, or of different types of brain, is not inconsistent with little or no visible variation in the minute organisations of this organ, can we expect that the little variation of cerebral constitution which would suffice to account for difference of personal character, or for the sway or control over criminal impulses, would be attended by such marked alterations of conformation or structure as would not only be recognisable by the naked eye after death, but might, by impressing upon the cranium a peculiar contour even be recognisable during life?

ARCHEBIOSIS: A PHYSICO-CHEMICAL THEORY OF FERMENTATION.

A PHILOSOPHER and pioneer in scientific research, Robert Boyle, said—"He that thoroughly understands the nature of ferments and fermentations shall probably be much better able than he that ignores them to give a fair account of several diseases (as well fevers as others), which will perhaps never be thoroughly understood without an insight into the doctrine of fermentation." At that distance of time, now nearly two centuries ago, Boyle seems to have uttered a truism, and foreshadowed a theory which has been adopted and diligently promulgated under the generic term of "zymotic." Dr. Farr adopted the term from a belief in a supposed relationship or parallelism existing between zymosis and fermentation. The theory, however, appears to have had some share in laying the foundation for the sounder views subsequently entertained by Liebig of a physico-chemical theory of fermentation, now promising to bear good and sound fruit in the hands of Bastian. Something like twenty years have passed away since Liebig regarded a ferment as a portion of organic matter (not necessarily living), but in a state of molecular change or "motor decay," which by virtue of its own unstable nature was capable of communicating molecular movement, and thus of inducing chemical changes in fermentable matters. This theory was broached at a time when the association of low organisms and the processes of fermentation and putrefaction had no existence in men's minds, and when views of the kind would give no support to a germ theory of disease, and which by the investigations of Pasteur has been seized upon by his imitators and followers and widely adopted. The far broader, and, as we think, the truer view of the question entertained by Liebig, since so admirably worked out by Dr. Bastian, has now received very great support from researches which especially illustrate the physico-chemical theory of fermentation and conditions favouring Dr. Bastian's theory of archebiosis in previously boiled fluids. A few weeks ago, in a communication to the Royal Society, Dr. Bastian clearly proved that if liquor potassæ be added to urine in definite proportions, both before and after boiling, the same results were induced, fermentation in otherwise barren fluids, as well as those in which unaltered urine ferments under the influence of high generating temperatures (122° F.). His experiments point to but one conclusion; they show, as former experiments of his have unmistakably shown, that an exclusive germ-theory of fermentation is untenable, and not to be relied upon, and that living matter does originate independently during the progress of fermentation in previously germless fluids. On the other hand, they show that the influence of oxygen in promoting fermentation is decidedly more potent than any diminution of pressure which is brought about by hermetically sealing the vessel before the fluid within has ceased to boil. Temperature is therefore an important factor, and also, as to whether infusions are neutral or otherwise, in all of these experiments. So that had some of Professor Tyndall's infusions been rendered neutral by the addition of a small particle of alkali, it is possible, even under a "searching beam of light," that organic germs might have been discovered, although we maintain, and there are not a few skilled microscopists who can bear out our assertion, that freedom from turbidity does not mean absence of living organisms. On the other hand, we have witnessed a repetition of Professor Tyndall's experiments—solutions prepared as he directs and kept carefully excluded from contact with the outer air, in which fermentative and putrefactive changes—turbidity and bacteria—have taken place, the turbidity of the fluids being due to living organisms, and "potential germs" growing and multiplying as living things do. Dr. Bastian has, moreover, satisfied himself that fermentative changes take place in boiled urine, as well as in other complex organic solutions, forming new chemical compounds, and giving off gases, which with other suitable products mix imperceptibly with the changing and quickening mother-liquids, while certain "insoluble matters make their appearance;" such matters are readily seen under proper conditions and with a suitable magnifying power, as specks of protoplasm—"living matter." "These gradually emerge into the region of the visible," and speedily assume well-known forms of living organisms of one or other variety of bacteria. These insoluble particles thus serve to bridge over the narrow gulf between certain kinds of "living" and "dead" matter, thereby affording a long-sought-for illustration of the transition from chemical to so-called "vital" combinations. In another page we give an abstract of Dr. Bastian's suggestive communication, and which, we believe, will be found to bear out what we have stated, and support views he has repeatedly expressed on this subject and forcibly urged upon the attention of the scientific world.

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THE CRUELTY TO ANIMALS SOCIETY AND VIVISECTION.

A DEPUTATION headed by a number of members belonging to the "hysterical schoool of politicians"—the Right Hon. W. F. Cowper-Temple, the Hon. Evelyn Ashley, Mr. Peter A. Taylor, M.P., Lord Harrowby, the Bishop of Gloucester, Cardinal Manning, &c.—waited upon the Home Secretary on Friday last, to urge the Government to proceed at once with the "Cruelty to Animals Bill." The usual cut-and-dried nonsense was uttered by these inconsistent and wrong-headed enthusiasts on this as on other occasions, and to which the Home Secretary politely replied that all the Government desired to do was to hold the scales of justice between the two. They must be aware that at this period of the session it would be absolutely impossible to carry a Bill of this kind in the face of the opposition from the medical profession and the scientific world, and he was in great hopes that that opposition would not be forthcoming. It was a mistaken notion that the Bill was intended to wound the feelings of professional men, and he trusted that such notions had ceased to be entertained, for nothing was further from the intention of the Government than to wound the susceptibilities of any body. He had always held that the Government must, in order to carry any Bill of this kind, if practical and permanent good was to be got out of it, have with them the medical and scientific world, so as to show an example from this country to be followed by other countries. He had to see that day some of those medical men on that subject, and so far as he understood the cardinal principles of the Bill, he was in great hopes that they would see any opposition manifested to the measure withdrawn.

The cynical Pharasaism of those forming the deputation is transparent enough. A month hence, and most of them will be busily engaged in the wholesale butchery of half-tame birds, carefully *preserved!* that the slaughter may be the more effectually, and the cruelty of the sport more enjoyable. This may be taken as a further exhibition of "*Stupidity and Science*," so cleverly depicted in the pages of our facetious contemporay, *Punch*, and will, we trust, be taken to heart by the profession. Will the Bishop and the Cardinal, and those among the deputation supposed not to be capable of joining in the pleasures of "Cruelty in Sport," head a declaration binding themselves to eat no more of the flesh of animals killed in sport, or made more agreeable and palatable by the infliction of the cruel grazier's vivisection operations—or will they, on their own behalf, and that of their families, pledge themselves in future to partake of nothing but bull-beef and ram-mutton?

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Notes on Current Topics.

The Case of Charlotte Hammond.

ONE of the most remarkable features in this case is the wide difference of opinion that had been expressed with regard to the conduct of the medical officer and the relieving officer respectively. When we find the Coroner's jury praising the conduct of Mr. Fenton, the medical officer, and attaching to him great credit "for his humanity and courage in bringing the case before the public, while, on the other hand, the government inspector reverses this verdict, and says "if the conduct of the relieving officer was lax, that of the medical officer was still more reprehensible," it is evident that there must be a very grave error of judgment on one side or the other. With respect to the conduct of the medical officer we consider that he did not deserve the unqualified praise of the jury, and that he certainly laid himself open to the condemnation of the government inspector. The conclusions which the Local Government Board arrived at were in any sense:—

> "1. That Charlotte Hammond died from a complication of diseases, and not from starvation caused by inability to procure the necessaries of life.
>
> "2. That her husband, with the aid of his sons and daughters, was of sufficient ability to provide her with what she required.
>
> "3. That, from the nature of her illness, she was for some time before her death able to take very little nourishment.
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> "The first of the above conclusions is supported by the evidence of the father, two sons, and three daughters, who all testified that there was no destitution, and that food was plentiful. In fact, Louisa Hammond, who nursed her mother throughout her illness, swore that she never wanted for anything; and Henry Hammond, the husband, swore that relief was not required.

"The second of the above conclusions is founded upon the evidence of her husband and sons, which showed that their gross earnings were about £2 16s. a week, of which £1 17s. was paid directly to the mother for housekeeping purposes.

"The third conclusion is amply borne out by the medical testimony."

They also concluded that: "If the conduct of the relieving officer in failing to make proper inquiries was lax, that of the medical officer was still more reprehensible; for it is quite clear that Charlotte Hammond was not in a fit state to be removed to the workhouse when he certified that she was able to be removed, and indeed he had previously told her daughter that she was sinking rapidly."

Now we cannot help thinking thet the medical officer was somewhat to blame in the matter, inasmuch as his certificate of death led to the conclusion that, owing to the neglect of the relieving officer, the woman had died as much from starvation as from disease. But this verdict was certainly too strong considering the circumstances of the woman, the complication of diseases from which she was suffering, and the uuanimous testimony of the family of the deceased as to the sufficiency of food and money. Indeed, we are not surprised that the Local Board doubted whether even medical relief ought to have been given to this woman at the expense of the parish, or that they found fault with the relieving officer for doing as much as he did. Shortly before her death her daughters brought her some of the luxuries of the sick. One daughter gave her money to get wine with, and took her custards, another gave her port wine, oranges, and sponge cakes, and indeed the whole family resented the imputation that there was not plenty of food at home. At all events the case shows that medical officers cannot be too particular in filling up their certificates with respect either to any period relief that may be deemed advisable or to the cause of death. It is no trifling matter to attribute the death of any one, either wholly or partly to starvation, considering the indignation that such a fact must very naturally arouse in the minds of the public; and therefore a certificate to that effect should rest upon very strong evidence, and upon a most careful consideration of all the circumstances of the case.

The Death of Mr. Wimborley in Camberwell House Asylum.

A FEW days ago an adjourned inquest was held by the Deputy-Coroner for West Surrey, at the Marlborough Arms, Camberwell, relative to the death of D. W. Wimborley, a surgeon, who died on the 13th ult., at Camberwell House Asylum. Dr. Scholfield, in corroborating the evidence he gave at the last enquiry, stated he was unable to account in a satisfactory manner for the injuries found upon the body of the deceased. Most of his ribs had been broken, and the sternum fractured. The attendants had denied having ill-treated the patient, but there were two epileptic patients who had made statements to the contrary; although this evidence, when given, could only be received with great caution. The patient, it was alleged, had conducted himself in the most violent manner, but there was room left for doubt whether he himself could have caused the injuries which were inflicted, and from which he eventually succumbed. Of the two attendants who were in charge of the deceased, one named Smith had left the establishment after giving only a short notice. The other, named Saunders, who used to watch the patient by night, was still at the asylum, and although no positive evidence could be brought against him, it was alleged that when asked by the deceased for a drink he replied by striking him in the face. The witness, in cross-examination, admitted that on one occasion he had to reprimand the attendant Smith for using more force than he considered at the time was necessary, although the patient was most violent. The deceased was so incoherent that no positively trustworthy statement could be obtained from him. After some further medical evidence had been gone into, the Deputy Coroner deemed it the wiser course to adjourn the inquiry, which was accordingly postponed till Aug. 8.

In addition to the above details, which are given in most of the daily papers, we learn that no fewer than twenty-one ribs were broken, and that previous to the death of this gentleman violent vomiting and other alarming symptoms set in. We need scarcely remark how violent the force inflicted must have been to fracture the sternum and so many of the ribs, and how very rarely injuries of such a nature are inflicted by the patient himself. We believe it is the impression of the medical officers of the asylum that these extraordinary injuries were not self-inflicted, and we shall anxiously look forward to the further evidence which will no doubt transpire at the inquiry to be held in August. Considering the very humane treatment that is now adopted in all our asylums, both public and private, we cannot but regret that such sad occurrences should now and then occur. We do not, however, see how they can ever be entirely guarded against. We cannot invariably, and under all circumstances, depend upon servants in lunatic asylums more than we can in private houses; and the first indication that the medical officers of an asylum may have of the cruel and vindictive dispositions of an attendant may, unfortunately for the credit of the asylums, be accompanied by serious and very fatal consequences. Such scandals are the more deplorable considering that the public are only too ready to take alarm and to infer that what we know to be only a rare and isolated accident, is really a common occurrence. Even the present case is described in one of the daily papers under the sensational heading: "Treatment of the Insane," as though there was any connection between the injuries inflicted upon this poor man and the treatment usually adopted at our lunatic asylums.

Increase of Diarrhœa.

THIS complaint has been unusually prevalent during the past few days. With the fruit season there invariably follows an increased fatality especially amongst children; and in London, Leeds, Hull, and one or two other large towns last week it produced most serious results. In the previous week the death-rate from this cause was equal to 3·7 per 1,000, last week it had doubled itself, there being 457 deaths, equal to 6·8 per 1,000, which is higher than any corresponding period during the past ten years. In Leeds and Hull also it rose enormously, the deaths being 6·6 and 5·3 per 1000 respectively. Both Dublin and Edinburgh appear so far to have escaped this almost epidemic rate, which is so unfortunately general in other large towns.

Action of Tartar Emetic.

The *Philadelphia Medical Times* gives a few extracts from a monograph which Dr. Angelo Mosso, Professor in the Physiological Institute at Florence, has recently published on the action of tartar emetic. He studied its effects upon dogs; the medicine being given by the stomach and by injections under the skin, or into the jugular vein. He found the emetic to act more promptly, and in smaller doses, when given by the stomach than when injected into the vein. But he says large doses given by the stomach often fail to produce vomiting, while by the vein they never do. He also states that the drug acts as promptly and efficiently upon an empty stomach as upon a full one.

After death from the emetic, the stomach and duodenum were found congested, and there was a great increase in the mucous and serous secretions. Moreover, in seventeen dogs killed by injecting the emetic into the vein, the colour of the mucous membrane of the stomach varied from violet to red. He concludes that tartar emetic usually affects the vaso-motor filaments of the vagi, and causes vomiting by local irritation.

Medical Officers and Regimental Subscriptions.

We see from the Parliamentary notices that Dr. Ward will ask in the House whether military surgeons, being no longer regimental officers, will still be subjected to deductions for band and mess subscriptions. We hope the reply will be in the negative. No other departmental officers are subjected to these stoppages, and we consider the grievance a very legitimate one upon the part of medical officers. It is just one of these irritating rules which serve to keep up a feeling of injustice. Sooner or later the military authorites must yield the point, and the sooner the better. It is a very common occurrence in India for medical officers in charge of detachments some hundreds of miles from head-quarters having to pay subscriptions towards the keeping up of a band and mess which they never see. In these days, when the value of the rupee has fallen to 1s. 6d., owing to the depreciation in the value of silver, this becomes a very heavy tax indeed.

Mr. Sclater Booth on Vaccination.

Last Wednesday Mr. Sclater Booth said in the House of Commons, he was "aware that another summons had been issued against Mr. Pearce, of Andover, for non-compliance with the Vaccination Act, and that already many previous convictions had been registered against him for similar offences. He had been informed that Mr. Pearce was a member of an Anti-Vaccination Society, which paid the fines for him. Complaints had been made that several deaths resulted in Andover from vaccination, but upon inquiry this was found to be a misapprehension. He saw no reason for interfering further in the case, but he hoped that some means might be devised whereby the due execution of the law might be reconciled with some modification of the punishment provided for its infringement.

We have not the least doubt but that before long some alteration will have to be made in the punishment of those who are so foolish and obstinate as to submit to repeated fines, rather than have their children vaccinated. It often happens that petty persecutions defeats the very object it aims at, and often fans the agitation or discontent which it is desirable to suppress. This is more likely to be the case, and such petty punishments are, perhaps the less advisable, when peculiar views are held and acted upon by only a very small minority, and when the practical adoption of such views trespasses upon the welfare of that majority. For there are always some hopes that any absurd notions or practices, entertained or adopted by a few obscure individuals, will, if treated with silence and contempt, be either gradually given up altogether, or be confined within such limits as to be incapable of doing much mischief. At all events, we think that the petty punishments inflicted upon those who wilfully infringe the Vaccination Act do really more harm than good. It is certainly open to consideration whether some modification might not be made in the punishment of these refractory individuals; and whether a part of the punishment—and that a heavy one—could not be made to fall upon the society which directly encourages the infringement of the Act. Perhaps they would not then be quite so ready to pay the fines.

We are also disposed to think that compulsory vaccination as now practised might be safely modified, and very much relaxed, *provided that* the parents of unvaccinated children were liable to a very heavy penalty in the event of their children having the small-pox, and liable to be indicted for manslaughter in the event of one of their children dying from that disease. But the whole subject is too important, and attended with too many difficulties to be discussed in this place. We shall take an early opportunity of returning to it and giving it our full consideration.

Dr. Frank Payne and Absorption of Poisons by the Stomach.

We must all allow that mistakes made by medical witnesses during their cross-examination are often very excusable, but we were scarcely prepared to hear such evidence as the following:—In the enquiry into the death of Mr. Bravo, which is now going on, Dr. Frank Payne was asked by Mr. Gorst "whether the absorbent vessels of the stomach were not, two hours after dinner, particularly active?

"Undoubtedly they would be so," was the answer.

"So that (continued Mr. Gorst) anything taken into the stomach about two hours after dinner would be more quickly absorbed than at any ordinary time, when the stomach was empty?"

"I should think it would, because during digestion the stomach contains a very much larger quantity of blood, of course, than at any other time, and the absorption takes place into the blood."

Now, every first year's student knows, in fact there are very few who do not know, that the absorption of fluids by the stomach is much more rapid when that viscus is empty than when it is quite or partially full. It has been long taught by toxicologists that "absorption of poisons by the stomach is modified by the full or empty condition of the organ. The process takes place more rapidly when the stomach is empty, or when the person is fasting." The interesting experiments of Dr. Bence Jones, M. Dupré, and others, showed that the rapidity of absorption of saline solutions from the stomach was very great. But they also showed that whereas the saline solution was absorbed in from ten to fifteen minutes, when "the stomach was empty and the vascular system in a state of aptitude for absorption," thirty to forty minutes elapsed before absorption took place when the solution was administered directly after a full meal. Nor was Dr. Payne more fortunate in the reasons which appeared to him to justify the opinion he gave, namely, that absorption would be quicker soon after a meal because "during digestion the stomach contains a very much larger quantity of blood." We all know that a full state of the blood-vessels would have the very opposite effect to that described by Dr. Payne. The laws which govern the *endosmosis* and *exosmosis* of fluids are sufficient to show this, but perhaps the old experiment of Majendie is more conclusive still. That eminent physiologist found that when he had injected a considerable quantity of water into the veins of a dog poison was absorbed very slowly, whilst if he relieved the distension by bleeding, it was rapidly absorbed into the circulation. Being, therefore aware of these and many other well-known facts bearing on the subject, we were rather surprised at Dr. Payne's statement, and cannot help thinking that in the confusion of thought incidental to cross-examination he was led to make an assertion the error of which he would, on a little reflection, be himself the first to acknowledge.

Sanitary Reforms.

The evidence of the earnestness with which sanitary reform is pushed in all parts of the country has been recently very great, and shows that much may be done to prevent an increase in our population and in our commercial industries being attended by a corresponding neglect of all those hygienic precautions so necessary to ensure the health and comfort of the community.

A few days ago a deputation from the Papermakers' Association of Great Britain and Ireland waited upon Mr. Sclater-Booth for the purpose of suggesting several amendments in the Rivers Pollution Bill, more particularly affecting the paper manufacturing trade. At this meeting one member of the deputation said that the papermakers desired to avoid the pollution of streams as much as possible. The president also said "it was gratifying to hear that the manufacturing interests throughout the kingdom were desirous that some uniform and fair provision should be passed into law, some general obligations to keep the streams from pollution. No one could suppose in a limited period of time that much good would be effected on the arterial rivers, but great benefits would arise in the upper streams, and Government hoped that they would lay the first foundation of some uniformity in the matter. No doubt it would have to be taken into consideration again in future years in another direction; but if the outline of the present Bill and the suggestions they had made could be got on to the statute book, he thought they would have accomplished an important step."

Then, again, we hear of a public meeting held at St. James's Hall for the purpose of forming a Society, to be called the Sanitary Institute of Great Britain. The Duke of Northumberland presided, and there was a numerous attendance of gentlemen throughout the country. In opening the proceedings the noble duke remarked that everybody was aware that the conditions of existence in this country had of late become very different from what they were in former times. The springing up of new communities in various districts and the enormous development of manufactories had produced a state of things unknown since the creation of the world. In many of the great manufacturing towns there was an absence of drainage, a want of paving, and a total carelessness as to the provision of a pure water supply; and even where greater care had been shown in these matters, much still required to be done. In London we lived under a dense canopy of smoke, the water came from sources none too pure, while impurities were cast into the river, which must necessarily be prejudicial to the public health. The Government were trying to deal with the pollution of rivers. There were many difficulties to be overcome, and at this period of the season there was little hope of the Bill on the subject passing. He hoped, however, it would be pressed forward next year, and the proposed Institute, of which he heartily approved, was calculated to do much good in arousing public opinion on this important question.

In the next place we hear that some important reforms are being initiated with respect to the purification of the River Wye. This fine stream has got into a very polluted state owing to its reception of the unpurified sewage from the 20,000 inhabitants of the City of Hereford. Notwithstanding this condition of the river, it is said that in some districts, as in Ross and Monmouth, the inhabitants still use its water for cooking and washing purposes. On the other hand, the villagers are more particular, "and would as soon take poison as wet their lips with a drop of Wye water."

We might also notice, if space permitted, other instances of the sanitary movement that is now gaining ground in all parts of the country; and it is evident that all classes of society are becoming more alive to the necessity of maintaining around them wholesome hygienic conditions, and are anxious to advance the reforms which the medical profession can fairly claim to have commenced.

Vaccination and Small-pox.

It is very satisfactory to find that the fanatic opposition which a few obscure agitators are raising against vaccination and the due operation of the Vaccination Act has had very little effect in thwarting the endeavours which are being everywhere made to thoroughly carry out the provisions of the Act. Nor have the obstinancy and prejudices of the opponents of vaccination led to any material increase in the prevalence of or mortality from small-pox. On the contrary, the absolute amount of infant vaccination has steadily increased within the last few years, and the operation is more carefully and efficiently performed; so that, as the *Times* has remarked, the children throughout England and Wales are now better protected against small-pox than at any former period. As a corollary to this fact, we have to notice the steady diminution in the mortality from the disease. Some weeks back, when noticing the last Quarterly Return of the Registrar-General, we drew attention to the fact that the total number of deaths from small-pox in England and Wales, which in the last quarter of 1875 had been 149, rose in the first quarter of 1876 to 262. This increase, however, was entirely due to the fatal prevalence of the disease in and around Manchester and Salford, where it caused 169 deaths. But for this local prevalence, the deaths from small-pox in England and Wales during the first quarter of this year would have been fewer than in any quarter since the commencement of civil registration. Equally satisfactory have been the weekly returns that have been published since; inasmuch as during the thirteen weeks which ended on the 1st July, there were three in which no death from small-pox was registered in London, while in the remaining ten weeks the weekly mortality fluctuated between one case and four cases, amounting only to a total of 26.

That the satisfactory nature of recent Reports on the prevalence of small-pox is in a great measure due to effective legislation, to the increased care and vigilance of local authorities, and to an improvement in the hygienic condition of the country generally, there cannot be the least doubt; and we are glad to see that these views are shared by those whose position gives them the opportunity of influencing public opinion. Therefore, while there are a few—and among them persons who ought to know better—raising their voices against vaccination, it gives us great satisfaction to find the *Times* admitting that our immunity from this loathsome pestilence is in no way due to any change in the malady itself; that it has really been the reward of conscientious and well-directed sanitary work; and that "it is to vaccination, and vaccination alone, that we owe whatever freedom from small-pox we now enjoy, or may hope to hand down to future generations."

Sectional Presidencies in the British Medical Association.

THE presidencies of four sections at the meeting of the British Medical Association have been distributed to two Englishmen, one Irishman, and one Scotchman. The medical section will be under the control of Dr. Chadwick, of Tunbridge Wells, and that on surgery under the care of Mr. Jonathan Hutchinson. Dr. Lombe Atthill, of Dublin, the Master of the Rotundo Hospital, has been invited to take the presidency of the obstetric section, and Dr. J. B. Russell, of Glasgow, that of the public medicine section. Dr. Atthill is the first Irishman who has been so honoured by the association for some years.

Martyrs for Vaccination.

IT is not always easy to mark the limit at which commendable perseverance merges into amazing pig-headedness, and opinions may therefore differ as to the virtues of the Keighley guardians who have earned notoriety, if not honour, by their resistance to vaccination law. If there be admiration for the spirit of the Irishman's pig who, tethered by leg, goaded by stick, and urged by persuasion, yet seeks to follow the bent of his own inclination, then there must be virtue in the valour of the Keighley guardians, and we should honour them as heroes instead of despising them as fools. Unawed by law, and unpersuaded by reason—mentally amblyopia and obtuse in judgment, they keep their own blind road, and have again refused compliance with the mandate of the law. So be it. They will go to jail, and doubtless will bate not a whit of their obstinacy when they are lodged there. How they are to get out is a serious question. The Court of Chancery always keeps its grasp upon the recalcitrant until he cries *peccavi*, which we may be sure the Keighley guardians never will. Perhaps there will be no ultimate escape from the dilemma but the covert removal of the victims, as suggested by Mr. Weller, senior to Mr. Pickwick in the body of a grand piano. Truly martyrdom is no longer saintly when it can be earned by a stupid vestry man in a contest with the law and common sense.

Election of a Master to the Coombe Lying-in Hospital, Dublin.

AT a meeting of the guardians and directors of this hospital on the 22nd ult., a vote of condolence with the family of the late Dr. Ringland, in their heavy bereavement, was passed amidst many expressions of heartfelt sympathy.

The board then proceeded to the election of a master, in room of the late Dr. Ringland, who had been master for thirty-five years. Sir William Carroll, M.D., alluding in kind and affectionate terms to his old and valued friend, the late Dr. Ringland, and to his very long and faithful services in connection with this institution, and to his eminent worth in the medical world, regretted that the time had come when they were called upon to elect one in his place to the mastership of this hospital.

He believed that in proposing Dr. G. H. Kidd he was consulting the best interests of the institution. A ballot having taken place, Dr. Kidd, who is President of the Royal College of Surgeons for the current year, was declared unanimously elected to the mastership for the ensuing seven years, according to the terms of the royal charter of the institution.

Putrid Meat.

SCARCELY a day passes but we read in the daily papers of the seizure in some part of the metropolis of meat that is bad, putrid, and altogether unfit for consumption. No long ago an enormous quantity of bad and partly putri meat was seized in a West-end shop just as it was on it way to the sausage manufacturer. As recently as the 26t ult. William Leaning, a butcher, of Barton, Lincolnshir was summoned before Alderman Nottage for sending t market four quarters of a calf that were unfit for food Messrs. Wylds and Newman, inspectors of the Metropolitan Meat Market, and Dr. Sedgwick Saunders, medic officer of health, gave evidence in support of the charg Mr. Baylis, solicitor to the Commissioners of Sewers stated that the defendant had had six weeks imprisonment for a similar offence. Alderman Nottage sentenced him to two months' imprisonment. James Gould and William Wright, of Brighton, were summoned for a similar offence in relation to the carcase of a cow. The charge having been proved, the Alderman sent both the men to prison for a month.

We can, however, form from these committals, frequent as they are, but a slight idea of the extent to which this traffic in bad meat of all kinds is carried on, or of the very large quantity of unwholesome food consumed by the poorer classes of society. We hear of those cases which are so bad that they cannot easily escape detection or the punishment which the law inflicts, but we hear nothing of the innumerable cases which escape the vigilance of the official inspectors, or of the extensive trade in the sale of meat which, although far from being fresh and wholesome, is not sufficiently bad to enable the inspectors to obtain a conviction. And yet when we consider the enormous quantity of bad meat, of bad fish, and even of bad vegetables that is sold every day in the poorer neighbourhoods of our large towns, the wonder is that we do not hear of more illness, traceable to such unwholesome food, than we really do. As a matter of fact, the poor do not suffer from these inferior and often disgusting comestibles so much as one would suppose. The prevalence of diarrhœa, the disease most likely to arise from this state of things, is found, as the Registrar-General's returns will show, to depend far more upon the temperature than upon anything else, and is also far from being restricted to the children of the poorer classes.

Perhaps the comparative impunity with which half-putrid food may in some cases be partaken of is partly owing to its being thoroughly cooked, and partly to the antiseptic properties which have been proved to reside in the gastric juice of the stomach, as well as in the bile. It will be recollected that in one of the numerous experiments performed by Dr. Beaumont, a piece of meat which had been macerated in water at the temperature of 100° for several days till it acquired a strong putrid odour, lost, on the addition of some fresh gastric juice, all signs of putrefaction, and soon began to be digested. Likewise the bile has a strong antiseptic power, and may not only prevent but arrest the decomposition of food during its passage through the alimentary canal. The experiments of Tiedemann, Gruelin, and others showed this to be the case; and it was also found that the mixture of bile with a fermenting fluid arrests the process of putrefaction.

The Late Dr. Lonsdale.

We regret to have to announce the death of Dr. Henry Lonsdale, of Rosehill, Cumberland. From the *Scotsman* we learn that Dr. Lonsdale was a native of Carlisle, where he was born in 1816. In 1834 he entered upon a course of medical education at the Univerrity of Edinburgh, where, after a distinguished career as a student, he took his degrees. Fascinated, probably, in some degree by the ability and happy tact as a teacher displayed by the celebrated Dr. Knox, he became, in particular, ardently devoted to anatomy, scientific and practical, and attained remarkable proficiency in that department. In 1840 Dr. Knox, who had survived his early popularity, felt it would be for his interest to leave the city; and Dr. Lonsdale carried on Knox's courses of lectures on anatomy, together with his demonstrations, and these he turned to excellent account in teaching his favourite science in the extra-academical school till 1846, when he made over the materials to Dr. Handyside and Mr. James Spence, now Professor of Surgery in the University. Removing about this time to Carlisle, Dr. Lonsdale settled there as a general practitioner, and meeting in that capacity with rapid success, became the chief consulting physician in that part of England. After some years of extensive and remunerative practice he married a young lady of fortune, and retired to Rosehill, an estate belonging to his wife, in the neighbourhood of Corby Castle. The subsequent years of his life were mainly devoted to literary pursuits. Besides contributing to the medical journals, he published a life of his old master, Dr. Knox, containing a great deal of curious information as to so-called "resurrection" practices; lives of Dr. Heysham and Watson, the sculptor, both Cumberland men; and other biographies of "Cumberland Worthies." Latterly his health gave way, and he suffered much from bronchitis, to an attack of which he finally succumbed.

Typhoid fever has appeared at Shottery, near Stratford-on-Avon. One death has occurred, and seven other cases are reported. The cause of the epidemic has been traced to a well, the water of which was found contaminated with sewage matter.

One of the lady students educated at the London School of Medicine for Women passed the examination in anatomy and physiology at Paris last week. The marks given at this examination are in four grades, and the highest were obtained by the lady in question, the examiners remarking that the knowledge of the subject she had shown was a proof not only of her own industry, but of the sound practical instruction which she had received.

Dr. Hooker, the President of the Royal Society, and Mr. Spottiswoode, the Treasurer, together with Dr. Burdon Sanderson and Dr. Siemens, had an interview with the Lord President of the Council, the Duke of Richmond and Gordon, on the 17th ult., and presented a memorial from gentlemen who have been connected with the loan collection of scientific apparatus at South Kensington, urging the importance of establishing a museum to contain scientific apparatus, appliances, and chemical products illustrating both the history and the latest developments of science. His Grace discussed the subject of the proposed museum with the deputation, and stated that he would consult his colleagues.

Last week's *Punch* contains an excellent cartoon entitled "Stupidity versus Science" in which Sir James Paget, Sir William Jenner, Sir Henry Thompson, and others whose faces we do not recognise, appear in a laboratory, engaged in physiological investigations with a frog and microscope before them; the operator is explaining the action of certain drugs, which knowledge, gained from experimentation upon the lower animals in times past, has been the means of saving the lives of thousands of human beings. Interrupting the demonstration a policeman enters, and as representing a *posse* of ignorant fanatics, orders the experimenters "to move on." This demand is met with the evasively sarcastic reply "that's impossible if you interrupt us." We thank our facetious contemporary for using his powerful pen to stem the tide of stupidity for science and humanity sak e

Correspondence.

ARMY MEDICAL DEPARTMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of to-day, you say (I am sure quite inadvertently) that after ten years' service those who now enter the army "will be allowed to retire, *if desired*," thereby leading them to infer that they can remain if they wish. This is not so. They will be all sent about their business, with the exception of six only who will annually *be selected* for retention. The rest will have to begin life *de novo*—and then, most probably, with impaired health from tropical service. But more than this, every one who is invalided under five years of actual service will be struck off the list without gratuity of any kind. He will be turned out without one shilling and no redress. These facts should be made clearly known *now* through the medium of your pages, or otherwise you may hereafter be blamed for having misstated the case in one respect, and withheld important information upon another, and thus led men into joining, when they would not have done so if they had been aware of the real facts of the case.

Your obedient servant,

July 26th, 1876. A Subscriber.

CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As an old subscriber to your excellent paper, I hope you will accord me space in which to question the following statement which I find in your issue of July 26 :—

"The opponents of the Contagious Diseases Acts have utterly failed to disprove or to account for the immunity of the army and navy from veneral diseases which has ensued since the Act came into operation."

Now, sir, I think you will not hesitate to acknowledge that secondary or true syphilis is the most important, if not the only important venereal disease with which we have to deal; well, this serious form of disease fell off in the army without the Act from 32·68 per 1000 to 27·73 per 1000 between 1860 and 1866, the year when the existing Acts were first enforced. When the Acts came into operation the fall *was arrested* and this serious disease rose, so that in the average of the six succeeding years it was one sixteenth higher under the operation of these Acts than it was without them. This was so serious that the advocates of the Acts in order to improve the returns determined to punish soldiers who contracted disease by stopping their pay, and in other ways offering them every inducement to conceal disease. The army report for 1873, says page 13, "It is presumed that this led to concealment of disease." This effort, however, has been attended with but slight success, for the latest report, that for 1874, shows that the proportion of men affected with this serious disease under the protecting provisions of the Acts is 24 per 1000, see "Army report," 1874, page, 20.

In the home navy we don't know what was the proportion of secondary disease previous to 1866, but at that date it was 15·7 per 1000 under the protecting provisions of these Acts it attained the highest ratio recorded, namely, 18·3 per 1000 in 1872, and in the average of the whole eight years under the Acts it has been 14·9 per 1000, which is just about what it was without them. In Hong Kong the Acts have been in operation seventeen years, and the result is that true syphilis is higher than in any other station, the proportion of soldiers affected being 46 per 1000. As to gonorrhœa Dr. Balfour acknowledged before the Royal Commission, and the army reports prove the truth of the assertion that gonorrhœa has been higher at the stations under the Acts than in those not under them. As to simple non-infecting sores, this class of disease fell most rapidly without the Acts, and it has fallen slightly with them, but not *nearly as much with as without*.

The writer of the article in your journal from which I have quoted, gives us the calendar, as he calls it, of a prostitute, and assumes that there would be much less disease among these women if the Acts were enforced. Now in 1866, the year when the existing Acts were enforced the proportion per cent. of cases of disease among those women was 121, that is each woman was diseased more than once a-year, under the operation of the Acts *disease has more than doubled, and the deaths have more than donbled*, so that it does not seem likely that the calendar would be improved by the extension or maintenance of the Acts.

I am afraid, sir, that the gentlemen who write the dogmatic articles in support of the Contagious Diseases Acts with which we are but too well acquainted, are ill-informed on this matter. It is only by free discussion that we shall arrive at the truth, and I trust that your paper, will as heretofore, to your great credit, be open to advocates of both sides of the question.

Your obedient servant,

Nottingham. Chas. Bell Taylor, M.D., F.R.C.S.E.

Medical News.

Royal College of Physicians of London.—The following gentleman were admitted Members of the College on July 27th :—

Burrell, Edwin, M.D. Aberd., 20 Endsleigh St., W.C.
Dixon, Edward Livesey, M.D. St. And., Preston.
Dreschfeld, Julius, M.D. Wurzburg, Manchester.
Holland, Edmund, M.D. Lond., 1 Titchfield Terr., N.W.
Warner, Francis, M.D. Lond., Birmingham.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on July 25th and 26th :—

Appleby, John T., Knutsford.
Ballard, Philip, Bromyard.
Beverley, William H., Leeds.
Blaikie, John R., L.S.A., Oswestry, Salop.
Cash, John T., M.B., Manchester.
Cattle, Charles H., Pontypridd.
Dawson, Cantley, Leeds.
Donbavand, Edgar John, Hackney.
Dunbar, James J. M., Talbot Road.
Ellis, Philip M., Chudleigh, South Devon.
Folkes, Frederick H., Dukinfield.
Gosling, Charles E., The Green, Richmond.
Harding, George C., Clapham.
James, Charles, St. Just, Cornwall.
Kilbride, James, Dublin.
Lapage, Charles C., Leeds.
Lennon, George L., Manchester.
Marsh, Octavius E. B., L.R.C.P., Cotham, Bristol.
Mercer, Robert, Bradford, Yorks.
Moxon, William, Birmingham.
Phillips, Alfred, L.S.A., Primrose Hill Road.
Phillips, Charles H., Ramsbottom, nr. Manchester.
Pratt, William, M.D., Newtown.
Richardson, Thomas W., L.S.A., Norwich.
Robinson, Ernest L., St. Martin's, Guernsey.
Routh, Jules Isham, Manchester.
Spofforth, John, Litchfield.
Sweeting, Martin C., Knaresborough.
Thomas, Abraham G., Aberayron, South Wales.
White, Alfred O., Tangier, Africa.
Wiglesworth, Joseph, Liverpool.
Williams, Charles L., Sattley, Warwickshire.

Vital Statistics.—From the Registrar-General's report w learn that during last week 5628 births and 3893 deaths we registered in London and twenty-two other large towns of t United Kingdom. The mortality from all causes was at t the average rate of 25 deaths annually in every 1000 perso living. The annual death-rate was 18 per 1000 in Edinburg 20 in Dublin, 26 in Glasgow, and 28 in London. The annu rater of mortality during the same period in the other lar towns were—Bradford 14, Norwich 14, Brighton 15, Wolve hampton 16, Birmingham 19, Sunderland 19, Portsmouth 2

Sheffield 22, Plymouth 22, Nottingham 23, Liverpool 24, Bristol 24, Leicester 14, Oldham 25, Newcastle-upon-Tyne 26, Hull 27, Manchester 28, Salford 21, and Leeds 32. The annual death-rate from the seven principal zymotic diseases averaged 7·3 per 1000 in these towns, and ranged from 1·0 and 1·3 in Brighton and Norwich, to 10·4 and 10·5 in Leeds and Portsmouth. Scarlet fever continues fatally prevalent in Portsmouth. Thirteen more fatal cases of small-pox were registered in Manchester and Salford, in addition to 2 in the Monsall Hospital. In Liverpool the deaths from small-pox were 16, against 7 and 20 in the two previous weeks. In these towns 670 were referred to diarrhœa, whereas in the three previous weeks the numbers were 88, 188, and 352, respectively; the ounual death-rate from this disease was equal to 3·2 per 1000. The highest death-rates from diarrhœa in the provincial towns were 5·3 in Hull, and 6·6 in Leeds. In London the 1878 deaths in included 8 from small-pox, 34 from measles, 35 from scarlet fever, 10 from diphtheria, 29 from whooping-cough, 20 from different forms of fever, and 457 from diarrhœa; thus to the seven principal diseases of the zymotic class 583 deaths were referred, against 245 and 373 in the two preceding weeks. The 583 deaths were 117 above the corrected average number from the same diseases in the corresponding week of the last ten years, and were equal to an annual rate of 8·7 per 1000. The fatal cases of measles, scarlet fever, small-pox, and whooping-cough were proportionately most numerous in South London.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Dr. G. will observe on reference to another column that his request has been complied with.

Dr. R. M. is thanked.

Oswego Flour.—In the contest for foods which has achieved so much importance in recent years, the preparations derived from the maize have certainly acquired and maintained a supremacy over the arrowroots and other starchy foods which were the favourites of the nurses who reared our forefathers, and the great variety of uses which cornflours can be applied to are not less in their favour than the high alimentary qualities which they possess. Of these preparations one of the best, if not the very best, is, we believe we may say, the "Oswego," prepared by Kingsford, of New York. We have personal knowledge that children thrive upon it, and the analyst who examined it for the proprietors declares that the sample which he tested was entirely pure and unadulterated. It is palatable and applicable to innumerable purposes, and the modern housewife has in such food a resource which would have been coveted by her prototype.

CONDY'S OZONIZED SEA-SALT.

To the Editor of the Medical Press and Circular.

Sir,—Will some of your subscribers who may have used *Condy's Ozonised Sea-salt* for baths kindly inform me if it is coloured or colourless. Patients object to employ "Condy's Fluid" in baths because it looks remarkable, and stains. True the stains can be taken out with oxalic acid, but this latter is highly poisonous, and might be mistaken for Epsom-salts. I think ozonized baths of great value in summer for those who can't get to the sea-side, but do not know any one who has tried the ozonised sea-salt for the purpose.

Enquirer.

[*** Our experience of Condy's Ozonised Sea-salt, though somewhat limited, goes to confirm the opinion formed by others as to its value as an invigorator and detergent. It has an analine lint, but this quickly vanishes from the bath; so that neither staining of the flesh nor clothes need be feared. We are not surprised to hear that "Condy's Fluid" is objected to in baths, we did not know it was ever used for the purpose. Perhaps some of our readers can give our correspondent the results of their experience of the ozonised sea-salt.—Ed. M. P. & C.]

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At the examination in general education, held on the 16th of July, the following gentlemen were adjudged certificates of qualification, the names in the first and second classes being arranged in order of merit:—

First Class—(Thomas Butler, John Pollock, and Ignatius Joseph Rubi), equal; (William Maguire and Frederick Charles Stevenson), equal; William Hartford and Martin Sandaus Hogan.

Second Class—(William Swanson, George Elliott, Erasmus Lloyd Duke, and John Jeramiah O'Leary) equal; (Charles Vokes, Edward Corbett, Samuel M'Cutchen Cowe, David Henry Crighton, Henry Vincent Dillon, and John Neill), equal; (Daniel B. Clancy, Robert James Tate, and Macnamara Morgan Williamson), equal; (John Barry, Chas. Butcher, and Robert Warnock), equal.

Unclassed—Charles Thomas D'Arcy, William Bunbury Eames, John Wm. Goldon, Charles Henry Hartt, Gilbert Marshall, Michael M'Hugh, John Joseph Stack, Wm. Woodroof, and Charles Stackpoole.

Cancer Curers.—We have had a good many of these gentry in our midst, but happily are free of them just now. One of them seems to have turned his attention to the American public, advertising in some of the leading journals a wood-cut of a cancer with all "its roots and fibres, which he recently extracted from a patient without the aid of the knife, caustic, burning medicines, pain, or the loss of a drop of blood." The illustration has the merit of being *perfectly original.* We never saw anything like it; its extractor is Professor Kline, M.D., of Arch Street, Philadelphia, to whom we make a present of this advertisement.

Erin.—Ashpits and privies are best disinfected with dry earth, peat mould, coarse sulphate of iron (copperas), or carbolic acid. If water be allowed to get into an ashpit, or to remain there for want of a sewer, it will be always offensive.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Diseases of the Bladder. By F. G. Gant, F.R.C.S. London: J. and A. Churchill.

The Surgery of the Rectum. By Henry Smith, F.R.C.S. London: J. and A. Churchill.

The Cause of Rotatian in Lateral Curvature of the Spine. By A. B. Judson, M.D. New York.

On Asylums for Drunkards. By Drs. Bucknill and Clouston.

Report of a Drawing Room Conference on Boarding Out Pauper Children.

On Port Wine Mark and its Obliteration. By Balmanno Squire, M B.

Zeimesen's Science and Practice of Medicine. Vol. XI.

Detroit Review of Medicine. Canada Lancet. Canadian Journal of Medical Science. The Westminster Review. La Presse Medicale. New York Medical Record. New York Medical Journal. Student's Journal. Guy's Hospital Gazette. El Autefeatro Anatomico Epanol, &c., &c.

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VACANCIES.

General Medical Council. Registrar. Salary £500 per annum. (See Advt.)

Birmingham General Hospital. Resident Medical Officer. Salary £130, with board, &c. Applications under cover to the House Governor.

Birmingham Eye Hospital. Dispenser. Salary £70, with partial board. Applications to the Secretary.

Birmingham Free Hospital for Sick Children. Two Physicians for the Out-patient Department, to each of which an honorarium of £60 per annum is attached. Applications to the Medical Committee.

Birmingham Queen's College. Medical Tutor. For information apply to Dr Hinds, at the College.

Royal South Hants Infirmary. House Surgeon. Salary £85, with board and residence. Testimonials, &c., to Dr. Lake, Southampton.

Sussex County Hospital. House Surgeon. Salary £80, with board, lodging, and £10 from each of the resident pupils. Applications to the Secretary at Brighton.

Daventry Union. Medical Officer and Public Vaccinator for No. 2 District. Salary £25, with fees extra. Address the Clerk to the Guardians, Daventry, Northamptonshire.

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APPOINTMENTS.

Burness, Dr. A. G., Medical Registrar to the Hospital for Sick Children, Great Ormond Street, London.

Carby, R. J., M.R.C.S.E., Medical Officer for the West Ham No. 4 District of the West Ham Union, Essex.

Chadwick, W., M.R.C.S.E., Junior Resident Medical Officer to the Leeds Public Dispensary.

Cole, G. M., M.R.C.S.E., House Surgeon to St. Peter's Hospital for Stone, London.

Dougall, J., M.D., an Extra Dispensary Physician to the Royal Infirmary, Glasgow.

Leigh, T., L.R.C.P.L., M.R.C.S., an Acting Surgeon to the Brighton Hospital for Sick Children.

Thomson, J. M.B., C.M., an Assistant Medical Officer to the Southamptonshire Lunatic Asylum, Knowle.

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Marriages.

Geraty—Unthank.—On July 25th, Thomas Geraty, Esq., M.R.C.S.E., Nottingham, to Catherine, second daughter of Anthony Unthank, M.R.C.S.E., Nottingham.

Walsham—Spencer.—On July 26, at St. Bartholomew's, Sydenham, Edith Maria, elder daughter of Joseph Huntley Spencer, Hastings and London, to William Johnson Walsham, M.B., F.R.C.S.E., of Weymouth Street, London.

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Deaths.

Absolon.—On July 17, at Perth, George Webster Absolon, M.D., aged 50.

Anderson.—On July 25, at Moira, co. Down, Dr. Despard Anderson, third and only surviving son of Louis Anderson, Esq., 46 Belgrave Square, Rathmines, late County Inspector R.I.C.

Cooper.—On July 17, at Burlington Buildings, Redland Park, Bristol, William Cooper, L.R.C.P.L., aged 46.

Roots.—On July 18, at Kingston-on-Thames, William Sudlow Roots, F.R.C.S.E., aged 71.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.

5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

ROYAL HOSPITAL for DISEASES of the CHEST, City Road.

There being a VACANCY for a PHYSICIAN, Candidates, who must be Fellows or Members of the Royal College of Physicians of England on the day of election, are requested to send in their applications, with Testimonials, &c., by WEDNESDAY, AUGUST 9th.

C. LOWTHER KEMP,
July 19th, 1876. Secretary.

ELECTION OF REGISTRAR OF THE GENERAL MEDICAL COUNCIL.

AN ELECTION to the office of REGISTRAR to the General Medical Council, vacant by the Resignation of Dr. Hawkins, will be made by the Executive Committee of the Council in October next. The salary is £500 a year. Information as to the duties of the office may be obtained on application, personally, or by letter, to the Registrar, at the Medical Council Office, 315 Oxford Street. Applications must be lodged on or before the 20th day of September next, with Testimonials in print, of which at least 12 Copies are to be provided. Selected Candidates will, at the proper time, be invited to attend the Executive Committee, and Candidates are requested meanwhile not to canvass the Members of the Committee.

ARMY MEDICAL DEPARTMENT, 22nd July, 1876.

AN EXAMINATION of CANDIDATES for COMMISSIONS

in the MEDICAL DEPARTMENT of Her Majesty's Army will be held in London on Aug. 14, 1876, and following days.

1. Candidates having two qualifications—one to practise medicine, and the other surgery, under the Medical Act, and who are not under 21 nor above 32 years of age at the date of the London examination are eligible to attend.
2. Those gentlemen who may be selected for appointment will receive £250 per annum and allowances in addition, after passing the examination at the Army Medical School at Netley.
3. The tenure of appointment will be limited to 10 years, and on the completion of that period of commissioned service, surgeons, unless they be specially selected for further employment in the Department, will be entitled to receive, in lieu of all pension on retirement (pension for wounds excepted), the sum of £1,000.
4. Application for admission to the examination should be made in writing, without delay, to the Director-General of the Army Medical Department, London, by whom a printed schedule containing further particulars will be furnished.
5. There will be 20 appointments offered for competition.
6. The List will be finally closed on Saturday, the 5th August next,

(Signed), W. M. MUIR,
Director-General, Army Medical Department.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

Patron:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c, can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

IRISH CIVIL SERVICE PERMANENT BUILDING SOCIETY.

Offices—52, LOWER SACKVILLE STREET, DUBLIN.

President—ALEX. PARKER, Esq., J.P.
(Firm of Ferrier, Pollock, and Co.)

Vice-Presidents:
C. G. Burke, Esq., Master Court of Common Pleas.
T. F. Brady, Esq., Commissioner of Fisheries

NOTICE.

The present rate of interest allowed on Deposit Receipts is 3½ per cent. per annum.

Depositors have the following guarantees, viz.:—

The entire funds must, under the Act of Parliament, be invested on mortgage of freehold or leasehold property.

The total amount receivable on deposit is limited by the Act to two-thirds of the balance due to the Society on its mortgages.

The Paid-up Capital exceeds £135,000.

Remittances may be made by cheque or bank order, payable to the undersigned.

Prospectuses and every information will be forwarded, post free, on application to

ALFRED H. MERCER Secretary.

GLASGOW ROYAL INFIRMARY MEDICAL SCHOOL.

The WINTER SESSION will be opened on November 1st, 1876.

LECTURES AND DEMONSTRATIONS.
Chemistry—John Clark, Ph.D.
Anatomy—H. E. Clark, M.R.C.S.E.
Physiology—W. J. Fleming, M.B.
Surgery—H. C. Cameron, M.D.
Medicine—A. W. Smith, M.D.
Materia Medica—John Dougall, M.D.
Clinical Medicine—Physicians of the Hospital.
Clinical Surgery—Surgeons of the Hospital.

SUMMER SESSION, 1877. Classes open on May 1st.
Chemistry, Practical } John Clark, Ph.D.
" Analytical }
Anatomy—H. E. Clark, M.R.C.S.E.
Physiology, Practical—W. J. Fleming, M.B.
Operative Surgery—H. C. Cameron, M.D.
Pathology—D. Foulis, M.D.
Midwifery—James Stirton, M.D.
Forensic Medicine—W. M'Ewen, M.D.
Practical Pharmacy—Hospital Laboratory.

Fees for each Class: First Course, £2 2s.; Second and Perpetual, £1 1s. Students who have attended a First Course elsewhere will be admitted to the Second Course on the same terms as if they had commenced their studies at this School.

Anatomy: First Session, £4 4s.; Second ditto, £4 4s.

Practical Anatomy: This is free for two Sessions to those who attend both Courses of Anatomy. After the second year the fee for Practical Anatomy is £1 1s. per Session.

HOSPITAL STAFF.

PHYSICIANS.	SURGEONS.
R. Scott Orr, M.D.	Eben. Watson, M.D.
Robert Perry, M.D.	James Morton, M.D.
James MacLaren, M.D.	James Dunlop, M.D.
A. Wood Smith, M.D.	Hector C. Cameron, M.D.
Matthew Charteris, M.D.	W. M'Ewen, M.D.
DISPENSARY PHYSICIANS.	DISPENSARY SURGEONS.
G. R. Mather, M.D.	Henry E. Clark, M.R.C.S. Eng.
James Lawrie, M.D.	John A. Lothian, M.D.
EXTRA DISPENSARY PHYSICIANS.	EXTRA DISPENSARY SURGEONS.
J. Wallace Anderson, M.D.	Robert Watson, M.D.
John Weir, M.D.	James Whitson, M.D.
John Dougall, M.D.	W. J. Fleming, M.B.
VACCINATOR.	PATHOLOGIST.
R. D. Tannahill, M.D.	David Foulis, M.D.

The Hospital contains 570 beds. Of these, 240 are for Medical cases, and 330 for Surgical cases, with a special ward for the treatment of Venereal Disease in males. Diseases of the Eye, Ear, and Throat are specially treated at the Out-door Department.

The number of In-patients under treatment last year was 5,682, and 18,876 received advice at the Dispensary.

The Museum, which is large and varied, includes an admirable series of Models of Skin Diseases.

Appointments.—There are five Physicians' Assistants, and five Surgeons' Assistants, who reside in the house. These Appointments, for which a nominal fee is charged, are open to Students who have passed all their Examinations except the last, and are held for Twelve months—Six in the Medical, and Six in the Surgical Wards. Clinical Assistants and Dressers are selected from the Students without payment; and from the large number of cases of Accident and Acute Disease treated in the Surgical and Medical wards, such Appointments are very numerous, and the advantages to the Student are unusually great.

For further information apply to Dr. Thomas, the Superintendent.

Royal Infirmary, Glasgow, July, 1876.

LINCOLN LUNATIC HOSPITAL.

(OPENED IN 1819.)

THE RIGHT HONOURABLE THE LORD MONSON, President.

THERE are a few VACANCIES for PATIENTS of both sexes in this INSTITUTION.—This Hospital was the first in England to adopt the most beneficent system of non-restraint, and that system is still carried out in the greatest perfection. The Hospital stands in its own well arranged grounds of over 8 acres, and occupies a most healthy and delightful site, the views from the grounds and building being of a most extensive character. The Hospital has an experienced Resident Medical Superintendent, and is visited by four Honorary Physicians and Surgeons. The business of the Institution is conducted by a Board of Governors which meets weekly, and regulates the terms upon which patients are admitted.

By Order, RICHARD HALL, Secretary.
Board Room, Lunatic Hospital, 1876.

ONE MILLION STERLING
Has been paid as

COMPENSATION FOR DEATH AND INJURIES

Caused by

ACCIDENTS OF ALL KINDS,

By the

Railway Passengers' Assurance Company,

Hon. A. KINNAIRD, M.P., Chairman.
PAID-UP CAPITAL AND RESERVE FUND, £180,000.
Annual Income, £200,000. Bonus allowed to Insurers of 5 years' standing
Apply to the Clerks at the Railway Stations, the Local Agents, or
64 CORNHILL, and 10 REGENT STREET, LONDON.
WILLIAM J. VIAN, Secretary.

IRISH POOR-LAW INTELLIGENCE.

THE ABUSE OF RED TICKETS.

Specially Reported for the Irish Medical Association.

MONAGHAN ASSIZES.

(Before Mr. Justice FITZGERALD.)

IMPORTANT APPEAL AND JUDICIAL OPINION.

WILLIAM CRUMLEY, APPELLANT; WM. WOODS, M.D., RESPONDENT.

THE case reported briefly in our issue a fortnight since, was brought before the judge at assizes in Belfast last week. The secretary of the Irish Medical Association had brought the case under the notice of the Committee of Council, who considered the principle involved so important to the dispensary medical officers of Ireland as to deserve the active interposition of the Association in aid of Dr. Wood's claim, and accordingly the Committee of Council authorised Dr. Woods to obtain the services of leading counsel at the expense of the Association, for the full argument of the subject before the judge if considered necessary.

This was an appeal from a decree given by the chairman at Quarter Sessions to compensate Dr. Woods for professional attendance on, and services rendered to, the wife of one Bernard M'Geough, a national schoolmaster. Dr. Woods is the dispensary medical officer for Monaghan, and received from M'Geough a red ticket, issued by the appellant, requiring him to attend the wife of the former in her confinement. M'Geough had a salary which, with his wife's, amounted to an income of, on his own showing, about £70 a year; and this being so, Dr. Woods, after having successfully treated the case, attended at the following meeting of the Dispensary Committee, and had the ticket cancelled six days after its issue.

Dr. Andrews, in stating the case for the respondent, said it was one of considerable interest, and revealed a state of things which, if permitted to continue, might have a considerable effect upon the poor-rates of the union, as well as upon individuals. It was a case which was brought by Mr. Wm. Woods, medical doctor, against Wm. Crumley. Mr. Crumley was a publican residing in Monaghan, and during the years 1874-5 he was a poor-law guardian of the union of Monaghan, and, as such, ex-officio member of the Dispensary Committee of Monaghan. The details of the case would show that during his years of office he did not take much trouble in attending the meetings or in the exercise of the powers which membership conferred upon him. In connection with each dispensary there are ticket-books issued to the members, one being a black ticket and the other a red one. The black ticket entitles the person receiving it to attend at the dispensary and receive medicine gratis from the medical officer. The red ticket requires the medical officer to visit the patient at the patient's home, and the terms in which the order in the ticket is couched amount to a command, for the medical officer is "required" to do so. Council then referred the court to the Medical Charities Amendment Act of 1851, the 9th section of which applied directly to this case, and authorised the issue of tickets. There were twenty-seven or twenty-eight members of the Dispensary Committee, and if they had all acted in the same reckless manner in which Mr. Crumley acted, it would have had a swamping effect, not only on the rates of the union, but would impose such an amount of labour on the medical officer as it would be impossible for any man to attend to. The provisions of the several acts, and the powers vested in the Dispensary Committees, were all contained in the orders issued by the Local Government Board in 1870, and embodied the following directions to persons issuing red tickets: "The ticket and counterpart are both to be filled up by the person authorised to issue the ticket, one part to be retained by the party issuing the ticket, the other to be detached from the book and given to the applicant for presentation to the medical officer. Care should be taken in issuing the ticket accordingly; and tickets should be issued, for visitation at the residence of the applicants, in cases of necessity only, and with all available information as to the nature of the case. Care should be taken to fill up the ticket, as well as to apprise the applicant that the medical officer of each dispensary district is only bound to attend any poor person resident within the dispensary district." The instructions of the Local Government Board further went on to show that if the medical officer have reason to believe any case to be an unfit one for the continuance of medical relief, it is competent for him at any time to report the circumstance of the case to the committee for their directions. The special attention of the Dispensary Committee was requested to the 14th and 15th Vic., cap. 68, which enacts that a ticket for medical relief continues in force until it is cancelled by the committee, and in the case of a red ticket, or a ticket (as in this case) requiring the medical officer to visit at the patient's home, the medical officer is bound to continue his attendance in pursuance of a visiting ticket, until such attendance is no longer required. The same Act also enacts the ticket must remain in full force till a majority of the committee, present at any meeting, shall declare the person not to be a fit object for dispensary relief, by whom the ticket may be cancelled, and the holder disentitled to further relief. Counsel read the form of red ticket and the directions given to the person issuing it, and was proceeding to state the facts of the case when

Judge FitzGerald enquired—Wasn't this a fraud?

Dr. Andrews—Well, "fraud" is a word I don't want to import into the case.

Judge FitzGerald—Well, could it have been a mistake?

Dr. Andrews—Oh, if it were a mistake, my lord, I should not be here at all, for this is only one of a thousand tickets, the issue of which was so utterly outside the appellant's duty that Dr. Woods intimated to him that in doing so he made himself personally liable. He would state shortly the facts of the case.

Judge FitzGerald—Assuming everything on the face of the process to be true, an action would not lie.

Dr. Andrews—This man was two years, and during that time he issued tickets not by the dozen or by the score, but by hundreds. Well, my lord, the ticket in this particular case was issued requiring the attendance of Dr. Woods on Mrs. M'Grough, and it turned out that he was a person by no means requiring charity. He was in receipt of an adequate salary from the National Board as a national teacher. His wife was the female teacher of the same school, and she, too, was in receipt of a salary which, added to that of her husband, amounted to £70 or £75 a year.

Judge FitzGerald—Would any action lie against the husband?

Dr. Andrews—The duty was imposed on Dr. Woods by the action of the guardian. What he has done has been to impose a duty on the medical officer which he ought not to have imposed, and he ought not to be allowed to take shelter from the consequences of that act behind the provisions of an Act of Parliament. When the matter came before the chairman, the remuneration measured by him was very moderate indeed—in fact, the sum was named by the plaintiff himself.

Mr. Monroe said there was no allegation on the face of the process that any other tickets than this one had been issued by Mr. Crumley. But what the respondent wanted to do was to go into previous occurrences, and to give evidence of other tickets issued by the defendant.

Judge FitzGerald—I will not allow the case to be heard in its present form, but dismiss it without prejudice. The case Dr. Andrews has stated is a most important one, but it should be tried as a case of fraud. I will allow it to be dismissed without prejudice, in order that Dr. Woods may issue a fresh process. The poor-law guardian who conducts himself in the way Dr. Andrews has described is guilty of misdemeanour, and renders himself liable to be prosecuted criminally.

Mr. Porter, Q.C., said it might be that there would have to be some additions made to the process. The facts proved before the chairman had not been brought before his lordship. Mr. Crumley there distinctly stated that he was in the habit of giving out these tickets indiscriminately in the course of his business, and he issued in one year 1,110 tickets.

Mr. Monroe objected. He did not think these statements should go forward to the public if the case was not to be heard. There were members of the press engaged in taking notes of these statements.

Mr. Porter, Q.C.—I don't care about the press. I am stating the facts.

Judge FitzGerald—That is a very small matter in a case of this kind.

Mr. Porter—That there could be no mistake about the matter would be clearly proved. Dr. Woods went several times to Mr. Crumley, and told him he had issued a number of red tickets which he should not have issued. He warned him on several occasions before this, and he called and told him of the meeting, and requested him to attend it, at which he got this very ticket cancelled. But previous to its being cancelled, Dr. Woods had attended on Mrs. M'Grough in her confinement, and made several necessary visits afterwards, he believed ten in all. Mr. Crumley even went so far as to issue red tickets to parties, who previously had gone and employed Dr. Woods, and offered to pay him his fees, and which fees he refused to take, because he could not conscientiously undertake to attend the patient, inasmuch as he was overpowered with overwork. He told this to Mr. Crumley. If every member had issued tickets in the same ratio as Mr. Crumley, Dr. Woods would have had about 38,900 distinct cases to attend to in the year.

Dr. Andrews said he would ask his lordship to amend the process. Mr. Crumley issued this ticket and compelled Dr. Woods, by the issue of it, to attend upon a woman who was not a person entitled to gratuitous attendance within the meaning of the Act. That statement would be supported by evidence, and that being so, the amendment of the process could be no surprise whatever to Mr. Crumley. The fact was, this came out on the evidence in the court below, and Mr. Crumley boldly said he issued the ticket without any hesitation.

Mr. Monroe opposed the application. He said it would be unfair to his client to amend the process, so as to charge him with having fraudulently issued this ticket, and to put him on his defence for issuing certain tickets last year. It would be unfair, having regard to this fact, that Dr. Woods attended Mrs. M'Grough on this ticket, and attended her without objection.

Dr. Porter—Nothing of the kind. He did object.

Mr. Monroe—Pardon me. He attended her without objection till he found that another doctor had been called in. When this case comes to be investigated we will see what the animus of it is.

Judge FitzGerald—The fact is, the issue of tickets in this way would be a very gross fraud. I must say that I am strongly of opinion that any guardian who would issue tickets in this way is not only abusing his authority, but is guilty of a gross and palpable fraud. It is a misdemeanour in law, and renders the guardian who does it liable to a criminal prosecution. I wish to state broadly that an injury might be inflicted on medical gentlemen by such means, and the plaintiff was entitled to join issue against it. Dr. Woods was quite right in instituting this action. He has done a public service by providing for an open investigation. But at present I must dismiss it without prejudice, in order that the case Dr. Woods is about to bring may be properly brought into court. It is an injury to him—it is a fraud; and if it should ever come before me again, I should give the greatest latitude in the investigation of it. It is a gross abuse of authority and a misdemeanour. Dismiss without prejudice and without costs.

Mr. Monroe thought it right to say that if ever that case were attempted to be made, Mr. Crumley was quite prepared to justify what he did.

Counsel for appellant, Mr. Monroe and Mr. Overend, instructed by Mr. J. B. Ross; for respondent, Dr. Andrews, Q.C., and Dr. Porter, Q.C., instructed by Mr. Givan.

◆

WESTPORT DISPENSARY COMMITTEE.

A communication from the Local Government Board was read in reference to the charges against Dr. Johnston. It said, *inter alia*, that on the 11th April, Kane handed Dr. Johnston a red ticket for his attendance on his wife, and that, although he urgently requested Dr. Johnston's immediate attendance, and although the latter promised to comply with his request, he did not visit the case till the next day, when the woman was dead.

Lord John Browne proposed the following resolution, which was unanimously adopted :—

"That, while we cannot altogether acquit Dr. Johnston of blame in the transaction, yet we do not view it in the same serious light as the Local Government Board. It appears that Mrs. Kane was churched, but we have reason to believe that she was not anointed. We believe every word of Dr. Johnston's evidence, and have no doubt that if he had been told or if he had thought that Mrs. Kane's case was a serious one, he would have visited her forthwith. Dr. Johnston has been 14 years dispensary officer of this Union, and we have consequently had the best opportunities of judging of the way in which he performed his duties. We have always found him most careful and attentive, and believe him quite incapable of any wilful neglect. We trust, therefore, that the Local Government Board will be satisfied with the very strong expression they have given of their opinion in this case, which we know Dr. Johnston feels most acutely after his long and faithful service."

At the subsequent meeting of the guardians the following resolution was unanimously adopted :—

"The guardians entirely agree with and concur in the resolution of the Westport Dispensary Committee relative to Dr. Johnston, and think it would be a real misfortune to the district, and much injury to the Union, if he were to resign. They hope, therefore, that the Local Government Board will not press the matter any further."

PRESENTATION OF A TESTIMONIAL TO DR. HAYES, OF SHANAGOLDEN.

(From the *Limerick Chronicle.*)

A LARGE meeting of the friends of Dr. Hayes, lately medical officer of Shanagolden and Ballyhill Dispensary District, was held in the town for the purpose of presenting that gentleman with a testimonial on his departure from amongst them to take up his residence in Rathkeale. Though the hosts of friends he possesses throughout the country felt gratified at Dr. Hayes election as medical officer to the Rathkeale Workhouse and Dispensary, the feeling amongst those of the number resident in Shanagolden was mingled with deep regret that they should have, in consequence of his promotion, lose the advantages of his immediate connection and acquaintance. He endeared himself to all—rich and poor, by professional and other services rendered during his long residence in the district, and they feel they cannot easily be recompensed for his loss. The proceedings at the meeting were of the most unanimous description, and there was only one desire, that the testimonial should be highly worthy the object the committee had in view. The Chairman, in explaining the object of the meeting, said :—"Like all other good intentions, however, our addresses and testimonials are very often ambignous in their nature ; with other joyful expressions are often mingled a great deal that is sorrowful, and these sorrows are multiplied when we discover suddenly that under all our congratulations are hidden deep feelings of regret for loss of a dear friend (hear, hear.) Our sadness comes intensified when we discover one by one that every man amongst us is losing one of the best friends we could have on earth, the guardian of our own lives as well as of our families. Where would the numbers whom Dr. Hayes served now, if he had not rescued them from the iron grasp of death? Who is the man or woman, the priest or man, that can feel unmingled joy at signing an address to Dr. Hayes, when it is one at parting with him (hear, hear.) Mr. T. Hedderman said he thought the first business they had to do to place themselves in proper working order was to appoint officers to carry out the objects of the meeting (hear.) Before proposing a resolution to that effect, he wished to say how entirely they coincided in the observations of their respected and very rev. Chairman. No one who knew Dr. Hayes could have a doubt as to his richly deserving any compliment (applause.) They envied the people amongst whom he was going. They were getting a physician of great worth, and they (the residents of Shanagolden) were losing one in whom they proposed unlimited confidence. He would detain them no longer, but at once propose that Mr. James Nolan, Parkwater, act as Treasurer to the Testimonial Committee, and Mr. James Sheehan as secretary (hear.)

Over £70 was subscribed at the meeting, and it is anticipated the testimonial will be one of the largest ever presented in the country.

◆

MAYO ASSIZES.

Before Mr. JUTICE O'BRIEN.

REMUNERATION OF MEDICAL WITNESSES.

MR. A. B. KELLY applied to the judge to direct the Crown Solicitor to pay Dr. Crean his expenses to and from Wales.

Judge.—You must give him his proper expenses, Mr. Jordan.

Crown Solicitor.—Dr. Crean was bound to prosecute here, my lord ; I gave him his expenses to and from Ballyhaunis.

Mr. Kelly said Dr. Crean was after being married, and was in the middle of his leave, and had to return here from Wales to give evidence.

Crown Solicitor.—He is here now. If he chooses to amuse himself going to Wales I'm not to be following him.

Judge.—He must get his travelling expenses.

Mr. Jordan said he paid him £7 3s.

Judge.—You have to go to Wales, Dr. Crean.

Dr. Crean.—I have, my lord, my wife is there yet.

The Judge directed the Crown Solicitor to pay £4 addittional to Dr. Crean, adding, at the same time, that Mr. Jordan was quite right to be particular, as he (the learned Judge) knew there was a most strict investigation made elsewhere.

The court then adjourned.

◆

CARLOW ASSIZES.

SUPERANNUATION OF INFIRMARY SURGEONS.

MR. FITZMAURICE brought under notice the application for superannuation of Dr. Thomas J. Rawson, Surgeon to the County Infirmary and County Gaol. The existing salary was £183 1s. 10d. per annum, and a medical certificate from Dr. M'Dowell was produced certifying Dr. Rawson's unfitness to continue to perform the duties. The Grand Jury granted superannuation at the rate of £122 1s. 2d. per annum, the office having been held for forty-four years.

◆

PAYMENT OF MEDICAL WITNESSES AT ADJOURNED INQUESTS.

AT the fiating of presentments at the Mayo Assizes last week the Foreman of the Grand Jury said there was a question he would trouble his lordship with. It appears there was an inquest on which it was necessary to have a *post-mortem*. There were two doctors. The *post-mortem* went on till late in the evening, and the inquest was resumed the next day, when the doctors had to attend to give the evidence. The doctors claimed a fee for the next day, and the Grand Jury did not know whether they were entitled to it.

His Lordship said the medical men were entitled to the extra fee. If a witnesses attend here a second day he must be paid, and they should be paid at the inquest as well.

◆

CORRESPONDENCE.

COMPULSORY SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to endorse the sentiments of "An Old P.L, M.D.," as in your publication of June 20 expressed.

I am one of the same order since 1834, but as God has blessed me with health up to this time of my life (67), I am informed that to resign would be *madness*, as I never would succeed in obtaining superannuation unless *incapacitated* to go elsewheere to practice.

I remain, yours truly,

ONE OF THE OLDEST P.L. DOCTORS.

◆

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JULY 22, 1876.

Total registered deaths in Dublin and suburbs * ...	119
Ten years average of same week	115
Excess of mortality above average	4
Ratio of deaths, suburb of Rathmines ...	24 per 1,000
" " " Donnybrook †	16·4 "
" " " Blackrock ...	28·9 "
" " " Kingstown ...	28·1 "
" " Entire Dublin district ...	19·7 "
COMPARATIVE RATIOS—London	28 "
" " Glasgow... ...	25 "
" " Edinburgh ...	18 "

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* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The deaths from zymotic diseases registered during the week amounted to 19 (the average number for the corresponding week of the previous ten years was 24·9). Of the deaths from zymotic diseases there were but 2 from fever (enteric), 6 were from scarlet fever, 3 from diphtheria, a like number from diarrhœa, and 1 each from quinsy, measles, and whooping-cough.

Seven children died from convulsions.

Twelve deaths were caused by bronchitis, and 2 by pneumonia.

Apoplexy proved fatal in 3 instances, paralysis in 5, heart disease in 9, aneurism in 1, Bright's disease in 1, and liver disease in 3.

Eighteen persons died from phthisis, 4 from hydrocephalus, 3 from mesenteric disease, 6 from cancer, &c.

The deaths from the seven principal zymotic diseases in the entire district equal an annual rate of 2·6 per 1,000 inhabitants, the rate for the city being 2·3 (2·3 in the North City Districts, and 1·9 in the South), and for the suburbs 3·8 per 1,000.

◆

An Electrical Eye.—In 1873, Mr. May, a telegraph clerk employed at the Valentia station of the Atlantic cable line, first observed that the electrical resistance of selenium was instantly altered by light, the resistance being diminished by increase of light.

Dr. Siemens has made use of this peculiarity of selenium in the construction of an artificial eye. An electrical circuit is arranged, of which a bit of selenium forms a part, and constitutes the retina. When a strong light is admitted into the lens and falls upon the selenium retina, the current of electricity flows, and is made to work the artificial lids of the eye, opening or closing them according to the intensity of the light.

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Population of District	Acreage of District 640 Acres to the square Mile	Date of Election	Distance of Dispensary from Railway Station.
Ballinasloe ..	Ahascragh	£57	£2	390	77	2,479	17,318	Aug. 8	Ballinasloe 7 m.
Cashel	Killenaule	£140	£2	266	141	5,923	28,502	Aug. 14	Thurles 11 m.
Mountbellew ..	Clonbrock	£135	£4	979	110	5,816	29,957	Aug. 7	Woodlawn 8 m.
New Ross ..	Dysertmoon	£105	£7	251	105	7,437	28,469	Aug. 12	Ballywilliam 10 m.
Parsonstown ..	Ferbane	£145	£5	293	156	7,794	62,504	Aug. 10	Prospect 8 m.

◆

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, July 22nd,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JULY 22ND, 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total *Births registered.*	Total *Deaths registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	20	170	119	11	32	...	1	6	3	1	2	3	4	3	33
BELFAST . . .	20,687	182,082	20	146	70	21	7	...	...	...	...	1	1	3	...	...	6
CORK . . .	13,816	91,965	31	29	54	7	17	...	1	...	...	...	2	1	...	1	20
LIMERICK . . .	8,509	44,209	27	25	23	5	2	...	...	...	...	...	...	2	..	...	9
LONDONDERRY . .	21,865	30,884	26	9	11	1	7	...	...	...	...	...	...	...	...	1	3
WATERFORD . .	17,209	30,626	32	17	19	...	7	...	...	...	...	...	...	...	...	...	10
LWAY . . .	21,358	19,692	16	4	6	2	2	...	...	...	...	...	...	...	...	...	2
O . .	30,835	17,285	18	8	6	1	3	...	...	...	...	...	...	...	...	...	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 9, 1876.

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ADDRESS IN MEDICINE. (a)

By Edward H. Sieveking, M.D., F.R.C.P.,

Physician Extraordinary to Her Majesty the Queen; Physician in Ordinary to H.R.H. the Prince of Wales; Physician to St. Mary's Hospital, &c.

A certain noble lady was asked by her daughter-in-law for advice as to the best method to be pursued in educating her children. The reply recommended "a little wholesome neglect." This apparently paradoxical suggestion was not intended to imply that her ladyship undervalued systematic training and education, but that she trusted much to the natural tendencies of growth and development to bring out the latent forces, provided they were guided by superior knowledge and intellect into their proper channels. The answer was a protest against pedantry and the procrustean bed of the pedagogue, which in former times, as now, too commonly seeks to establish an uniformity of level and appearance, regardless of the impulses of nature.

A trim garden in the Louis Quatorze style causes us to admire the ingenuity of the gardener, who, by his shears, would compel the bushes and trees to assume any fantastic shapes that his fancy led him to determine upon; but the lover of nature finds in his productions no food for the imagination or for the cravings of the heart, for he feels that the same labour and time bestowed upon developing the glories and harmonies of colour, form, and perspective would have better served to raise him from the mean and grovelling to that which is exalted and eternal.

That which excites the admiration of foreigners in our country and constitution, and runs counter to so many preconceived notions of the fitness of things imbibed by men who have been educated under a different *régime*, lies really in "the little wholesome neglect" that the Briton has enjoyed ever since he has acquired an historical name. He has been allowed to grow, or rather, in spite of frequent attempts to curb and stunt him, he has learned to know his strength and to assert his independence. It is not appropriate that I should, in this place, dwell upon any question of the political development of our country; but the preceding remarks suggest themselves forcibly to anyone who, on an occasion like the present, casts his eyes back upon the features that mark the growth and expansion of the body, an integral part of the commonwealth, to which we, the medical men of Great Britain, belong.

As a profession, we have enjoyed but little of the fostering care of Parliaments, of Corporations, of Universities. What they have done for us has rarely been owing to their spontaneous action, but has been mainly due to that *vis à tergo* which Lord Palmerston, in a different sphere, demanded when any great measure of public utility was urged upon him. Our efforts and success will be none the less if we occasionally, while taking breath in our race, look back to examine our previous course, to know the sloughs in which we have floundered, the pitfalls we have escaped, to obtain a clear view of the goal that shines before us in an ever brightening and broadening light.

A great future lies before us. No utopian vision of fantastic delights, no weird dream of golden joys and boundless felicity, but a prospect that forces upon us the conviction that we are entering upon a field of wider duties, of greater service to our fellow man, of a nearer approach to the fulfilment of our highest destiny as members of a Christian commonwealth.

Many who are now honouring me with their attention may think that so much remains to be done by the profession that they may be disposed to regard lightly the labours and achievements of the past. But those whose memory, like my own, can bring before them the events of the last forty years, and who can realise to themselves the state of the medical profession in our island at the earlier part of the present century, will form a different estimate. Most of the labourers who have brought about what I cannot but call our present hopeful condition have passed away. But it is right and fitting and in accordance with the spirit in which these addresses were originally established that our gratitude, while it is not unmindful of what we owe to our contemporaries, should follow those who have gone before with loving hearts.

(a) Read before the British Medical Association at Sheffield.

At the commencement of the nineteenth century the medical profession was still in a chaotic state in Great Britain and Ireland. Its detractors denied that it occupied a scientific status, and in spite of the eminence of some of the heroes of our calling, we could scarcely ignore the trade-mark which was conspicuous on its documents. In vain have I sought for any evidence of corporate professional feeling in the earlier history of British medicine. Great names—aye, and greater than Italy, Germany, or France can boast of—illumine our roll of distinguished citizens; but how many of them had to lay the foundation or their medical knowledge in foreign schools, because the means were wanting at home to acquire the alphabet of their profession?

Linacre, the founder of the Royal College of Physicians, studied at Bologna and Padua, where he took his degree of Doctor of Medicine; Caius studied physic under Montanus, and dissected with Vesalius, at Padua, where he graduated; Harvey, to whom the whole world bows in reverent admiration, learned his profession under Fabricius ab Aquapendente, Minadous, and Casserius, and took his degree at the same university. Leyden, Heidelberg, Avignon, Paris, Montpelier, are some of the many foreign universities, which, as we learn from Dr. Monk's erudite *Roll of the College of Physicians*, claim as their alumni most of the eminent medical men belonging to the sixteenth, seventeenth, and even far into the eighteenth centuries. These men did not, as is well and wisely done by physicians and surgeons of the present day, go abroad to compare foreign with home experiences, and to perfect a professional education of which the foundation had been laid in their own schools and universities, but they undertook the risk and fatigue of travel, which in their days was no slight matter, to acquire knowledge which was unattainable in their own country.

I have in vain sought for early evidences of medical teaching in England, or especially in the English universities, before the beginning of the sixteenth century. Nicolas, of Farnham, and John, of Gaddesden, who treated Edward III. when he had the small-pox, by wrapping him up in a scarlet cloth, and discovered the method of distilling fresh from salt water, appear to have been the first exceptions to the rule that our princes brought over their medical attendants from abroad. Nicolas de Farnham (as we are told by Matthew, of Paris), (*a*) who was elected in 1241 to the see of Durham, had been rector in arts at Paris, and afterwards practised medicine at Bologna. He became pre-eminently distinguished in, and obtained great favour by, his skill. The king and queen, Henry III. and his consort, by the advice of some learned men, and expressly at the instance of Otto, the legate, the Bishop of Carlisle, and some other of the king's secret advisers, summoned Nicolas to take charge of their souls and bodies, and to be their familiar counsellor, in which office he conducted himself well and prudently till he was elected to the said episcopal dignity.

The first medical lectures of which I can find any record were delivered in Oxford by a foreigner of the name of Andrew Alazard, (*b*) who had graduated at Montpelier, and was appointed by the chancellor and proctors to lecture on medicine, and to explain, from tables of his own, *Avicenna de Pulsibus*.

So little, however, was the science of medicine appreciated in Oxford during the sixteenth century, that the university admitted, about 1550, Simon Ludford, originally a Franciscan Friar, and subsequently an apothecary in London; and afterwards David Langston, a coppersmith, two ignorant, unlettered, and incompetent persons, to the honours of a baccalaureate in medicine. The visitors of the university, on being applied to by the College of Physicians (*Caio Præsidente*), interdicted the university from a repetition of their license, and provided that a certain course of study should be followed by each candidate previously to his incorporation. (*c*) The utter neglect of medicine by the highest educational bodies in the realm was not redeemed by any supplementary efforts on the part of others. The barber-surgeons, who were incorporated by letters patent from Edward IV, in 1461, (*d*) and whose functions were of the most limited nature, were the only representatives of the general practitioner of the present day, until the corporation of barber-surgeons was dissolved in the 18th of George II. At this date, the surgeons, who seceded from the barbers, were incorporated, but they were not endowed with a charter till the beginning of the present century. The apothecaries, as a mere trading company, were founded, in 1606, by James I., but they exercised no influence on the profession of medicine till Parliament, in 1815, conferred upon them powers which they have since wisely exercised and developed.

Valuable as have been the services of the College of Physicians in giving a local habitation and a name to medicine, and in holding a royal ægis over many great men of science, neither this corporation, nor the barber-surgeons, nor, at a later period, the College of Surgeons, could be regarded as representing or acting with the body of medical practitioners, or as aiding the social or scientific status of the great body of the sons of Æsculapius in England, whose numbers were gradually swelling into many legions. The College of Physicians—may a devoted son be permitted to say as much without an approach to disrespect—failed to recognise the grand opportunity offered to them in the early part of the present century, of taking the entire management and discipline of the medical profession into their own hands, and the consequence was, that a City company bravely came to the rescue. All honour to the Hall in Blackfriars! The master and wardens of the Apothecaries' Company rose to the dignity of the occasion; and what they have done, since 1815, for the promotion of the best interests of the medical profession, deserves not only a bare allusion, but our most cordial acknowledgments.

But jealousies and bickerings continued, and the different branches of a great profession could not even now claim any of the various institutions existing throughout the country as representing their first interests. The clouds surrounded us more and more, and appeared increasingly gloomy, when an acute observer might observe a silver streak in the west, heralding the dawn of a brighter era. The dawn of a new life was seen over Worcester—a life which *we* are beginning to realise in all its capacities, and of which meetings like the present are the partial fulfilment of early promise.

Among the many events which, in the recent development of our profession, appear to me to be most characteristic, both from their mode of origin and the significance of their bearing upon the spirit of the times, as upon the future of our corporate and scientific growth, there are especially three, to which I would crave your present attention, in order that, on the one hand, we may recognise the deep obligations which we owe to our predecessors; that, on the other, we may seek to derive from past experience the lessons that should guide us and our successors in our future career. The three events to which my introductory remarks may have already turned your thoughts have especial reference to what appear to me the chief phases of our advancement as the followers of a beneficent and learned calling, viz., our relations to each other and the State; our relations to the science of medicine; and our relations to education.

The *first event* was inaugurated on the 17th of July, 1832, when Dr. Hastings induced fifty gentlemen of the medical profession to assemble, under the presidency of Dr. Johnstone, of Birmingham, in the board-room of the Worcester Infirmary. On that occasion, Dr. Hastings delivered an address which was pregnant with all the great consequences to which the Provincial Medical and Surgical Association has since led. Allow me to recall his own words, as published afterwards in the first volume of the *Transactions* of the Association, which appeared in 1833. "I congratulate you, gentlemen," he said, "that the day for forming a Provincial Medical and Surgical Association has at length arrived—an association which, I trust, is destined to exercise no inconsiderable influence on the future of medical science. Feeling, as I have done, the disadvantages under which the prosecutors of medicine resident in English provincial towns have laboured, in consequence of the want of any system of cooperation, by which their separate exertions for the promotion of our knowledge of the healing art may be so united as to render them more influential and more extensively useful, I cannot but hail the day—*hunc lætum medicis diem*—as one of peculiar promise, as one likely to lead to the most important results."

You, gentlemen, know as well, and better than I do, how far these prognostications have been realised. Three hundred

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(*a*) Bohn's edition, vol. i, p. 231.
(*b*) See art. A. Wood, *Hist. and Antiq. Oxon.*, vol. i, p. 239.
(*c*) Dr. Monk's *Roll of the College of Physicians*, vol. i, p. 59.
(*d*) Maitland's *History of London*, 1775.

members at once rallied round Dr. Hastings; and the best proof that he had only become the happy expositor of a widespread feeling of the necessity of harmonious co-operation for great common ends, has been afforded by the progressive adhesion of medical men from all parts of the country to the programme he laid down. Very valuable contributions to literature (medical, surgical, hygienic, biographical) appeared, first in the *Transactions*, and subsequently, in 1840, in the *Provincial Medical and Surgical Journal*, edited for the Association by Drs. Hennis Green and Streeter. In the meantime, the interest in the Association had spread to the metropolis, and the particularism, to use a favourite continental term, which very properly belonged to the Association at its outset, was abandoned; the jealousy between the provinces and London yielded to the imperative feeling of brotherhood which unites us all; and, in 1853, according to a resolution adopted at the meeting held in Oxford in the previous July, the *Provincial Medical and Surgical Journal* appeared, under the editorship of Dr. (now Sir John) Cormack, as the *Association Medical Journal*. This was now placed in the hands of the subscribers every week, instead of, as previously, once a fortnight. The change was effected, not without some opposition on the part of those who, fearing too radical changes, doubted the soundness of the Oxford decision; but, as the editor observes, in his opening remarks to the new series, it was a "strong declaration of the necessity which the progress of events has imposed on the Association of pursuing that line of duty which had hitherto been acted upon with that augmented vigour which a wider sphere of action required—a vigour which could only be effectively developed by greater frequency of publication, and by the possession of a literary and scientific centre in London, where editorial resources are more abundant, more varied, and more easily available than in any other city in the world."

From that time, the arterial pulses that beat throughout the kingdom acted synchronously and rhythmically with the heart; a sympathetic centre had been found, which tranquillised or warded off local disturbances in the circulation; and our body politic insured a renewal of life, which

"Broadening down from precedent to precedent,"

promised, as it still promises, ever richer and more abundant fruit. There may and must be differences of opinion as to many of the questions that have agitated the Association during the last twenty-three years, and will continue to do so, unless the worst of all events—stagnation—were to ensue; but whatever the shortcomings may be that can fairly be laid to our charge, I question whether any profession has ever done more in so brief a space of time to regenerate itself, to show a more healthful activity, or to produce more beneficial and enduring results. Those results, whether we refer to the expansion, the increased and unselfish energy of our corporations, to the Act of 1858, with the consequent formation of the Medical Council, the publication of a national *Pharmacopœia*, and the recognition of State Medicine, to speak only of a few salient features, take their root essentially in our Association. Their very mention refutes the accusation which has been heard from time to time, that medical men showed some of the worst features of trades-unionism. The great leaders to whom we have given our willing adhesion have universally looked to the improved education of the profession, the diffusion of its benefits among our countrymen, the prevention of disease, and the physical and moral advancement of the nation, as their guiding principles. They have put a Christian interpretation upon the Hippocratic oath, and have not hesitated to make personal and corporate sacrifices where the good of the community appeared to demand them. There has even been a tendency to self-depreciation occasionally, which was not justified by the circumstances, nor was it compatible with that healthy frame of mind which should urge on to higher achievements. But those who have a personal experience of things as they were thirty years ago can scarcely hesitate to admit that, in all aspects in which our profession can be regarded in relation to our fellow-citizens, it occupies a better position now than then. Much has been said about our political status. I am not one of those who consider Parliamentary honours undesirable for members of the medical profession who possess a patrimony sufficient to enable them to disregard the emoluments of practice, or who have realised a competency by the ordinary routine; but, while circumstances are never likely to allow their number to be very large, I hold that, speaking broadly, the political arena, in its usual limited sense, is not the one for which our education or our sympathies generally most fit us. The medical man is so trained to look at and examine the questions that present themselves to him in all its aspects, that he can scarcely make a good party man. Besides, we are exempt from serving on juries, and from filling many of those useful and honourable civic posts which help to educate the rising politician. We give much unpaid or underpaid work of another kind, as our quota to the treasury of the commonwealth; and the time may come—nay, I would trust that it is not far distant—when some of the most distinguished, zealous, and far-sighted of our brethren may be called to a higher position in our Sovereign's councils than has yet been the case, not for the mere vulgar gratification of a personal ambition, but because there are many questions that come more and more into the foreground, upon which it is desirable that individuals who have received that medical training which can alone qualify them to advise, should publicly exercise a power and a responsibility which shall develope, extend, and strengthen the health of the nation.

Those who are prejudiced against the view that medical men have a capacity for becoming "rulers of men" have only to look to our vast colonial possessions to learn that the training of the physician qualifies him for posts of the highest and most responsible character. Can we believe that in crossing the Atlantic, the Pacific, or the Indian Oceans, a transmutation takes place of a baser to a nobler metal, and that a man who can worthily rise to the highest places in other hemispheres is incompetent to give wise counsel and to carry strong and benificent measures while he is in contact with his native soil?

It is not without significance as to the influence which the question as to the nation's health is exerting upon the public mind when we find a Prime Minister putting hygiene and its bloodless victories on a level with the sanguinary achievements of generals and admirals. Mr. Disraeli, (*a*) on the 9th of November, 1875, said: "I believe that a policy that diminishes the death-rate of a great nation is a feat as considerable as any of those decisive battles of the world that generally decide nothing." Whatever our politics, it appears that here we have the indications of a policy upon which "Whig and Tory all agree," but it is the first time that the principle underlying it has been announced as guiding the action of a First Lord of the Treasury. We draw a good augury from it. Echoing his leader's sentiments, Mr. Cross, on the same occasion, dwelt upon the duties devolving upon the City authorities, "to rid the City of all those plague-spots which have spread disease and misery throughout the whole metropolis," and he told them that their powers, "rightly employed, would be the means of conferring a great benefit upon the community at large." Post-prandial effusions may not have all the dignity of official statements; still, assuming that the proverb *In vino veritas* applies to ministers not less than to ordinary mortals, we may indulge in the hope that, although the speakers might be unwilling to carry out their argument to its legitimate conclusions, they recognise the great principle for which we are contending.

In small and scattered communities the want of sanitary supervision does not immediately make itself felt, though, with our present knowledge, it is manifest that legislators greviously neglect their duty if they do not, in the infancy of townships and states, take those steps which shall render it unnecessary, with their growth, to regret early *laches*. With our present and increasing population, with all the peculiar demands made upon every fibre of the individual, it is especially the duty of governments to see that labour and life be economised, which means that health be made a State question.

Whether it would be wise to seek the establishment of a distinct ministry of health and medicine; whether we should try to secure for the best men among us seats on Her Majesty's Privy Council; or under what other form the medical interests of the country could be best administered, it would be out of place to discuss here. The members of the Association have better opportunities of ventilating such details. But of this I feel assured, that the time will soon be at hand when, in some way or other, greater power must be put into the hands of physicians in order to secure the most perfect development of hygienic measures for our country. (*b*)

(*a*) See *Times*' report of the Lord Mayor's banquet at Guildhall.

(*b*) Since these remarks were penned Mr. Gladstone, in an address of great eloquence, delivered at the London Hospital Medical School, has dwelt on the same topic, and has drawn attention

I conceive that I should have neglected a duty which this occasion imposes upon me had I failed to indicate one, if not the main direction which our associate labours should continue to take. The coryphæi of medicine in all times have had vague presentiments on this subject, but from the celebrated work *On Airs, Waters, and Places*, which Hippocrates published about 400 years before Christ, (*a*) to there markable and interesting volume *On the Civilisation of England*, which appeared two thousand two hundred and fifty-seven years later, (*b*) mankind and their growth are represented rather as the creatures than the controllers of circumstance; whereas I hold that it is our duty to rise superior to the physical world, so that we may compel it to obey us. If we are to subdue the earth and have dominion over it, we must first seek thoroughly to acquaint ourselves with those supreme laws under which the Creator has placed us; bet the very essence of all science, civilisation, and medical power, runs counter to those fatalistic views which the weakness of human nature has so often made paramount; and which, out of harmony with all intellectual and spiritual progress, constitute man the torpid and abject slave, rather than the loving and obedient child, anxious to realise the high destiny to which he is called in this and other worlds.

The members of the Association have ever shown that they took large views of the duties of medicine in regard to man in his relations to nature. The very first volume of *Transactions*, published under the auspices of Dr. Hastings, contains no less than three valuable articles on medical topography: the first, on the furthest south-western extremity of Britain, by Dr. Forbes; the second, on Bristol, by Drs. Carrick and Symonds; the third, by Dr. Kenrick, on Stourport. Willingly would I dwell upon these, and many other similar productions by their successors in the same field; no less than upon the numerous evidences I might lay before you of the influence exercised by the Association upon the development of medicine in the various directions to which I have alluded; this would be impossible within the limits assigned to me. I may, however, be permitted to avail myself of this opportunity of inquiring whether the members of our Association have continued to take that interest in medical topography which appears especially to have attracted its earlier members. We may hope for valuable information on the subject in connection with the locality in which we have to-day met, and with the extraordinary development of certain branches of manufacture for which Sheffield is famous. I would suggest that medical topography, comprising, as it does, the geology, water supply, temperature, and sanitary statistics of a district, is especially a subject worthy of our annual meetings. The researches that it involves demand much labour, probably more directly useful to the community than to the inquirer who undertakes it; and I venture to ask whether it might not well constitute a subject to which every year a portion of our available balance might be allotted for the remuneration of an acknowledged worker in this branch of science. We should thus gradually accumulate a valuable amount of information, which would serve as a beacon and a guide for future inquirers. Could not the Council of the Association be empowered to select one or more members residing in the town where each successive annual meeting is to be held, to devote themselves specially to this work, and to present their report at the meeting? It appears to me that the duties we owe to one another and the State would here find a fitting expression, while, at the same time, we should be attending to the call of medical science, our relations to which embrace the second topic, to which in my opening remarks I invited your attention.

Allow me to advert again to a fact which not unfittingly connects these two branches of my inquiry. It is that medical topography first enlisted the interest and established the reputation of a name whose bearer afterwards did more for the advancement of scientific medicine in this country, and towards securing its recognition at home and abroad, than any other of the great men who have belonged to our ranks. I allude to one, now no more—unselfish, honest, brave, a Bayard of medicine, "*sans peur et sans reproche*"—the author of the first article on medical topography in the first volume of the *Transactions* of the Association—Dr. (afterwards Sir John) Forbes. Would that he were still amongst us, to see that his labours and his sacrifices were not wasted! Having won his spurs in the literary field which the Association opened for him, Forbes commenced his career as a provincial physician; he terminated it as a regenerator of medical science, and may almost be said to have succumbed after a great and abiding victory, as a martyr to the truth which he loved above all things.

(*To be continued.*)

MARION SIMS ON MEDICAL ETHICS AND ANTI-VENEREAL LEGISLATION.

At the opening meeting of the American Medical Association, Dr. Marion Sims, in his capacity of President, delivered at Philadelphia an address remarkable for the bold expression of views which were not palatable to a large and most influential class of his hearers. He dealt principally with the questions of medical education, the code of medical ethics, and the necessity for firm control over the propagation of venereal. On the medical education question he said:—

While medical colleges are so easily multiplied, and while they are mere private corporations, running in competition with each other, we have nothing to hope in the way of reform from them. That first, second, and third course students, if there are any such, should sit on the same benches at the same time, and hear the same lectures year after year, is an absurdity that exists only in our own country, and here it has existed for a whole century without any change or modification. But it cannot go on so for another century.

Already Chicago and Boston take the lead and inaugurate the true scholastic method of classes, and terms of study, and courses of practical instruction, now fully appreciated by such young men as are in earnest in acquiring a thorough medical training.

The Harvard method, with a salaried Faculty wholly independent of fees from students, is the only plan by which we can ever hope for a medical degree of any real value.

In reference to the code of ethics he proceeded:—

We boast of a code of ethics, the best ever given for the government of medical men; and we urge it as a model to be adopted by the profession in other countries. I would not shock the moral sense of this august body by speaking of it in irreverent tones; for I know that there are many, indeed a large majority of this association, who believe it to be as perfect as the Decalogue, and as incapable of improvement. It is looked upon by some of its high priests as the holy of holies, and not to be desecrated by the touch of vulgar hands. It is only by observing the practical operation of laws that we can judge of their fitness and usefulness. Let us measure our code by this universal standard.

Twenty years ago it was considered disreputable for a physician to put on his door, or in his window, a plate giving his office hours. Now every one does it, greatly to the convenience of both physician and public. A few years ago a physician in a neighbouring city was expelled from a society for inserting his name in the general "Directory," with the announcement of his specialty and

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to the increasing importance of medicine and the medical profession. "That profession," he said, "presented a future of the highest interest. There was in that future the probability that it would gain increased influence—greater as compared with other professions."—(See *Times*, Friday July 14, 1876.)

(*a*) Hippocrates is supposed to have been born in 460 before Christ. It is scarcely a poetical licence to assume that this work was composed when he was sixty years of age.

(*b*) Mr. Buckle's work appeared in 1857.

his office hours. In France they do things differently. There a doctor cannot put his name on the door of his apartment; but he can advertise himself in the "Directory" as broadly as he pleases. Usage makes what is right in one country wrong in the other.

A gentleman high in the ranks of the profession, holding a distinguished position among us, wishing to change his place of residence, writes to me to know how he can notify the world of his intention without violating the code of ethics; and he, and a friend of his, a well-known stickler for the inviolability of the code, hold grave consultations over the easiest way of getting round its provisions without a flagrant violation of them. These are honest and honourable men, and would not wilfully do anything wrong. But they feel that they are hampered by rules that are unjust and oppressive. Pardon me if I ask you, "Is the code of ethics up to the requirements of the times when it compels honourable men to do dishonourable things to promote an honest action?"

Under our code all consultations are secret and confidential, and the friends of the patient are never to know that there was a difference of opinion between the consultants. But was there ever a difference of opinion on such occasions that it did not leak out, sooner or later?

It is derogatory to professional character for a physician to take out a patent for a surgical instrument, or any other invention. A distinguished physician invents a galvanic cautery. He has spent much time and a large amount of money in perfecting his apparatus. According to our code, he cannot, he dare not, take out a patent for it, as any other honest man could do, simply because he is a practising physician. But why should not the physician reap the reward due to talent and inventive genius as well as any other man? Does the profession at large, or does the public, derive any benefit by this robbery of the inventor? None whatever. We simply compel him to give his invention, his time and labour, to enrich the instrument maker. A few brave men, daring to assert their inalienable rights, would establish a precedent that would soon become a law, rendering this clause of the code, as in other instances, a dead letter.

Who among us is ignorant of the value of Dieulafoy's aspirator? A young man, not over thirty, he had the courage to patent his invention. The profession in France at first turned the cold shoulder to him, and said it was a pity that such a talented young man should have made such a mistake as to patent his invention! But now he is called in consultation with leading men in the profession; and the younger members of this association will live to see him a member of the Academy of Medicine, in spite of his patent.

A gentleman in a neighbouring state invents a pessary of great value. He has spent fifteen years in working it out. He has spent a large amount of money in perfecting it. He is poor and in bad health from a dissection wound received five years ago. He writes to me to ask what he is to do to reap some reward for his time and labour. We say, by our code, that he must make a gift of his invention to the profession. But he can only give it to the instrument-maker, and not to the profession. His only course is to quit the ranks of a liberal profession, and enter those of honest manufacturers, and then supply us with his instruments from his own factory. Out of the profession, he is out of its jurisdiction.

The code of ethics is violated every day, either wilfully or ignorantly, not only by the rank and file, but by men high in the profession, men who are considered leaders, advanced thinkers, and workers.

How many of you prescribe chlorodyne, which is almost a specific in choleroid affections? and yet it is a secret remedy. Who among you has never prescribed McMunn's elixir of opium? It too is a secret remedy. Even Henry's calcined magnesia is made by a secret process. The tolu anodyne is daily prescribed in New York and New England by hundreds of leading physicians, and it is but another name for a preparation of cannabis indica. The prescription of all such remedies is a flagrant violation of our code of ethics. But we seem to condone the act, because usage and interest justify it.

There is not a man within the sound of my voice who cannot call to mind some violation of the letter or spirit of the code of ethics, that has occurred under his own immediate observation. Indeed, when we speak of violating the spirit of the code, we may all as one man cry out, "He that is without sin among you, let him first cast a stone."

Several medical gentlemen, notably in New York, Philadelphia, Baltimore, and elsewhere, have lately rendered the greatest service to the profession and to humanity by furnishing us with animal vaccine virus. As they are engaged in a commercial speculation in the virus, and as they resort to conspicuous advertisements of it, they are plainly acting in opposition to both the letter and the spirit of our code of ethics. But where is the man among us who is such an idiot, so dead to all sense of honour and right, as to charge these noble philanthropists with base purposes?

But there is another stand-point from which to view our code. Did it ever occur to any of you that it is capable of being used as an engine of torture and oppression?—that men jealously, maliciously, intent upon persecuting a fellow member, may distort the meaning of the code to suit their malign purposes, thus entering into a regular conspiracy to blacken character, and that under the sanctity of the code's provisions?

Illustrations of this are not wanting, and I could give you some astounding details. But in mercy to you, and in pity for the poor poltroons who, in the name of virtue, could so prostitute themselves to vicious acts, I spare you the recital. I have said, perhaps, too much on this theme; certainly enough to put you to thinking. This is the first time that the validity, the constitutionality, of the code has been openly called in question. But every thinking man here, with a particle of self-respect and self-reliance, has at times felt an inward protest against its unequal operation. I do not ask you to appoint a committee on the code. Let it stand as it is. Honourable men do not need its protection. Dishonest men are not influenced by its edicts. We must educate the profession up to the recognition of a higher law, the unwritten code regulating intercourse between gentlemen. This is the code that governs in England and France. The man that violates it is by common consent dropped out, ignored, and allowed to vegetate in isolation.

As to the suppression of the dissemination of syphilis, Dr. Sims said:—

> Indulge me then for a short time, while I say a few words on this subject—words addressed nominally to you, but really intended for those behind and around you, who live in darkness and utter ignorance of the dangers that threaten them.
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> So far as the well-being of the human race is concerned, I look upon the subject of syphilis as the great question of the day. It was formerly a question of treatment, of mercury or no mercury. But that time has passed, and now it is a question of prevention, of eradication, of the protection of the well against the contamination of the sick.
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> If yellow fever threatens to invade our precincts we take steps to arrest its progress at once. If cholera sounds the alarm we immediately prepare to defend ourselves against its ravages. If small-pox infests our borders we circumvent and extinguish it. But a greater scourge than yellow fever, and cholera, and small-pox combined is quietly installed in our midst, sapping the foundations of society, poisoning the sources of life, rendering existence miserable and deteriorating the whole human family.
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> Does anyone for a moment think I exaggerate the evil consequences of this dread disease? To the medical profession the truth, as I state it, is well known; but as I said before, the public at large are ignorant on this subject, and it is our duty to enlighten them, to point out the

danger, to show the means of protection, and to lead the way of escape.

The facility with which syphilis is communicated is marvellous. It is often given in a kiss. French medical literature teems with examples of this sort. Prof. Gross has seen many such cases. He saw a young lady who had a hard chancre on the lip contracted by kissing. In a few weeks her blood was completely poisoned; subsequently she married, and in due time she gave birth to a child that died in eight weeks covered with syphilitic sores on the vulva and nates.

Prof. Gross also tells us that an "endemic of syphilis occurred in Brives, a little town in France, in 1873, fifteen women, nine children, and ten men having been affected in rapid succession. Great excitement for a time prevailed, wife accusing husband, and husband wife, of conjugal infidelity, when it was at length ascertained that the cause of all the trouble was a midwife, who had a chancre upon one of her fingers, contracted in the exercise of her profession, and who had thus carried the poison from house to house."

A short time ago a healthy-looking man obtained a situation in a glass factory in the north of France. A few weeks asterwards a dozen or more of the glass-blowers had syphilis in some form or other, and were unable to tell how they got it. But the attending physician soon traced the disease to the new-comer, who was found to have a syphilitic ulcer in his mouth, and the others were inoculated by using the same blower that he did.

I have known two medical men infected with this disease by patients while in the discharge of their professional duties. Each had a slight scratch or abrasion of skin on the fingers, and by this channel the poison was carried into the blood. One of them died most horribly in a madhouse from disease of the meninges of the brain, induced by this accidental syphilization; while the other is still eking out a miserable existence, his whole system being pervaded by the deadly poison. Nurses are frequently infected by children born of parents one of whom (always the father) has had syphilis: and diseased nurses often infect innocent sucking babes born of perfectly healthy parents. I have known a drunken vagabond husband to contract syphilis in a low brothel and communicate it to his wife, who unwittingly gave it to her four children, simply by using the same towels and wash-bowels.

The nature of the disease, and the manner of its propagation, were not recognised till eruptions and putrid sores, and ulcerated throats, and agonising pains, and blindness in two of the children indicated too plainly the unmistakable character of the disease.

Some years ago a handsome, dashing young fellow captivated the heart of a beautiful and accomplished young girl, the daughter of one of our wealthy merchants, The sensible father opposed the marriage, but the foolish girl would have her own way and they were married. While on their bridal tour this innocent girl and confiding wife, not seventeen years old, was syphilised by her husband, and her blood was soon poisoned. In due time she became a mother. One of her children had syphilitic eruptions, one lost the bones of the nose, and two others were variously affected with symptoms of a loathsome disease that circulates in their blood, and which will lay the foundation of disease in their offspring, if they should live to have any.

I have seen a cook and a chambermaid with syphilitic ulcers on the fingers. Think for a moment of the danger to innocent people from such a disgusting thing.

Give me a moment to inquire into the relative frequency of this disease in localities where registration brings out reliable statistics.

In the out-patient department of Guy's Hospital 25,800 cases of venereal disease are annually registered in that one institution, being 43 per cent. of the total number of out-patients registered; in the Hospital for Diseases of the Skin, 10 per cent.; in the Throat Hospital, 15½ per cent.; in Moorfields Hospital for Diseases of the Eye, 20 per cent.; in the Workhouse Infirmary, 10 per cent. Among the poor in London applying for relief at the hospitals there are upwards of one hundred thousand annually affected with syphilis in some of its forms.

And from recent developments it appears that San Francisco is worse off than we are. In an able speech delivered by Senator Sargent, in the United States Senate, on the 1st of May, on the existing treaty between China and this country, he brings forward testimony to show that of the hundred and fifty thousand Chinese on the Pacific slope there are not a hundred families, and that ninety-nine hundredths of the Chinese women imported into California are sold and held as slaves—slaves to be used wholly and solely for the purpose of prostitution, and that their presence necessarily breeds moral and physical pestilence.

According to the evidence of Dr. Toland, even boys eight and ten years old have been syphilized by these degraded wretches, who are allowed to openly solicit in the streets, tempting old and young alike.

Shall it be said that we, the representatives of the medical profession of a great nation, the custodians of the health of forty millions of people, cognisant of all these facts, will longer let the people remain in ignorance of the dangers that surround them? No, my friends! We must be up and doing. We must follow in the footsteps of our illustrious leader, Prof. Gross. We must sound the alarm. We must no longer whisper, but we must boldly proclaim the truth, and scatter it broadcast over the length and breadth of the land. We must call to our aid the press, the pulpit, yea, the women of the country. To do all this, we must show the world that we are in earnest.

I have not time to speak of what has been done in France and England for the prevention of the spread of syphilis. Suffice it to say that the plan adopted there is not the one for us. We want no legislation that looks to licensing prostitution, as in France, and we want no partial legislation, as we find in the "Contagious Diseases Act" of England. We would not outrage religious sentiment by adopting a system of fostering vice; nor should we subject the hardy soldier, even for his own good, to invidious restrictions not imposed upon others in the community. Besides, how absurd would the English system work with us, when we have but a nominal army, and that scattered over the frontier, away from the pale of civilisation and its worst vices? Class legislation in any shape and for any purpose is distasteful to the people of any country, and especially of ours.

To protect the public against its ravages, we must strike at the root of the evil. We must seek it out in its hot-beds, and circumvent it with such regulations as to prevent its transmission. We must ask for such laws as will confer upon us the power of dealing with this disease which we already possess with regard to cholera and small-pox.

The carriers of trade between nations, and between great commercial centres in the same nation, are the carriers of syphilis. Syphilis is carried from city to city by men, and women scatter it far and wide in communites. One man may inoculate a half dozen women during the few days his ship lies in port, and these half dozen degraded women may transmit the disease not only to scores of men, but hundreds and thousands may trace their ruined health, directly or indirectly, back to the half dozen women who were infected by one man. We must then manage to get the control of the men who are likely to import the poison, and we must get equal control over the women who will assuredly disseminate it through the community. How is this to be done? is a question that has been asked over and over again, but never answered to the satisfaction of both religionists and philanthropists.

There can be no difference of opinion among us regarding the two following propositions:—

1st. We want a system of sanitary inspection and control that will enable us to prevent the importation of syphilis from abroad.

2nd. We want a system of sanitary inspection and control that will enable us to take charge of the subjects of syphilis at home, and prevent them from spreading it through the community.

Now what I propose in regard to syphilis is simply to give to the already existing Boards of Health in the various cities the same power over syphilis that they now possess over cholera, small-pox, and yellow fever. They now have the power of ferreting out small-pox, and of sending it to hospitals for treatment; and they should have the same power of searching out the abodes of syphilis, and of sending its victims to hospitals for treatment.

On all steamers or sailing vessels, whether foreign or coastwise, entering port, the surgeon of the vessel should be required to make affidavit that he had examined personally every seaman, and every male steerage passenger on the day preceding their arrival in port, and that there was no case of cholera, small-pox, yellow fever, syphilis, scarlatina, or other infectious diseases aboard. If there should be syphilis, then the subjects of it should be taken in charge by the Board of Health, and sent to hospital for treatment, to be retained there till cured, or to be returned to the vessel from which they were taken, whenever said vessel should be ready to sail from port again.

For stamping out the disease in towns and cities, their Boards of Health must have plenary powers of an absolute character over syphilis, not more so, however, than they now possess over small-pox.

Thus you see that I would simply include syphilis in the great family of contagious or communicable diseases, and make it subject to the same laws and regulations that we already possess for their management.

Do this, and we cannot be accused of licensing vice, or of fostering adulterous intercourse. In cholera and yellow fever, and in small-pox and syphilis, we recognise cruel and fatal diseases easily communicable, each attacking the human family in its own peculiar deadly way; and we propose to deal with them all in the same manner, taking the surest, safest, and quickest method of protecting the community against their pestiferous presence, and of preventing their spread among the well.

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A COURSE OF PAPERS ON THERAPEUTICS: INCLUDING THE PHYSIOLOGICAL ACTION OF MEDICINES.

By W. Handsel Griffiths.

(Continued from page 87.)

ACIDUM HYDROCYANICUM.

Locally applied, prussic acid rapidly destroys muscular irritability. It seems to produce a topical anæsthetic effect without influencing the nerve-centres, and if sufficiently concentrated it paralyses the peripheral sensitive nerves. Robiquito's fingers became numb in consequence of their exposure for some time to the vapour of this acid. In itching cutaneous affections it is a useful application particularly, according to Dr. Thomson, in those of an impetiginous character. That physician uses a lotion consisting of a drachm and a-half of the acid to eight ounces of water. Glycerine is a good vehicle for the external administration of prussic acid, and as an ointment, from half a drachm to a drachm of it may be mixed with unguentum zinci. The application of hydrocyanic acid in cutaneous affections of the genital organs is recommended by Schneider, of Dusseldorf, but the writer would earnestly caution his readers against such a treatment, for as prussic acid may exert a deleterious action even through a sound cuticle, it would be far more likely to do so if it were brought into contact with a mucous membrane. Whenever resorting to the external application of hydrocyanic acid care should be taken that the skin be not abraded.

Prussic acid was first introduced into England by Dr. Elliotson for the cure of gastralgia. We have the testimony of Bailey, Elliotson, Pereira, Thomson, and others as to the efficacy of this agent in those cases in which the prominent symptoms are epigastric tenderness, indigestion, flatulence and palpitation of the heart. Pereira remarks, however, that it either effects a perfect cure or proves a complete failure. In enterodynia, colica pictonum, and in other painful affections, as in chronic ulcer, cancer of the stomach &c., prussic acid has been found to afford relief. In a severe case of spasmodic dysphagia, Richter obtained a rapid cure with prussic acid in conjunction with counter-irritation of the neck. One of the most useful attributes of hydrocyanic acid is its power of allaying vomiting; Pereira says that he has seen it cure the vomiting of English cholera when opium has failed. In the irritable stomach of pregnancy and in sea-sickness prussic acid acts beneficially. It has been said to prove serviceable in checking the diarrhœa of phthisis. In some forms of dyspepsia, prussic acid in combination with bicarbonate of soda and peppermint water is a favourite remedy.

Veitz first, and subsequently many other observers, including Claude Bernard, found that in animals dying suddenly from prussic acid poisoning, the blood in the veins and right side of the heart is of a bright red colour. On the other hand, Bischoff and other equally accurate investigators state that venous blood alone is to be found in the bodies of animals poisoned with prussic acid. It was reserved for Preyer to reconcile these discrepant statements. He found that the first effect of the acid is to change even the venous blood to a bright arterial scarlet, but that after a time the blood even in the arteries assumes a dark blue colouration. The first effect of hydrocyanic acid on the blood therefore is to cause excessive arterialisation, and this is followed by excessive carbonisation. Preyer proved by the spectroscope that in the latter stage the blood is almost wholly free from oxygen. Various theories have been advanced to account for these blood changes. Hoppe-Seyler suggests that the first action of the poison on the blood is to deprive the red globules of their power of yielding up oxygen in the capillaries, but the weight of evidence is altogether opposed to this assumption. Gaethgens has shown that in the first stage of prussic acid poisoning less than the normal amount of carbonic acid and of exhaled oxygen is eliminated, the latter result being probably due to lessened inhalation of oxygen. That the lessened excretion of carbonic acid is not due to the same cause is shown by the fact that the percentage of carbonic acid in the expired air is less than normal, while that of oxygen *is* normal. There can be little doubt that during the first stage of prussic acid poisoning oxidation is arrested, but the precise mode by which this result is effected is as yet a matter of conjecture. Alteration in the form of the corpuscles has been suggested as the cause of the change of colour in the blood, but although prussic acid does undoubtedly affect the form of the corpuscles in drawn blood, it has no effect on the corpuscles of circulating blood, for after death from prussic acid the globules are found unaltered in shape.

Prussic acid passes speedily into the blood, and is as speedily eliminated, probably with the breath; if after a poisonous dose, therefore, life can be supported for half-an hour, the patient is generally safe.

Wahl found that under the influence of prussic acid the blood-pressure rises. Prussic acid acts directly on the heart-muscle or its ganglia, producing diastolic arrest if given in sufficient doses; small doses simply show the heart's action. It has been recommended as an arterial sedative, but we have many other infinitely less objectionable and more efficacious remedies of this class. Andral and Becquerel regard prussic acid as being positively injurious in heart diseases, but without doubt it does good in functional palpitation. Dr. Hope recommends it as a palliative in hypertrophy, and it has also been employed to allay the distressing symptoms of aortic aneurism.

Prussic acid in all doses lessens the respirations. From experimental observations it is deduced that it exerts some direct action on the centres of respiration in the medulla oblongata; it may also be, as suggested by Preyer, that its prime respiratory action is on the peripheral ends of the vagi.

Prussic acid has been highly extolled as a remedy in whooping-cough, and Dr. E. P. Atlee states that he has effected a cure with it in over 200 cases in from four to ten days, or at furthest within a fortnight. According to the experience of Hayward, Richter, and others, it is chiefly useful in the latter stages of this affection. Dr. West finds that it acts most beneficially in cases in which the paroxysmal character is well marked. Unquestionably in some cases it acts with marvellous efficacy, whilst in others it appears to act injuriously. The writer is therefore driven to the conclusion that there is some, as yet, unknown condition which regulates the efficacy of prussic acid in whooping-cough. The following is Dr. West's formula:—

℞ Acid hydrocyanici, ♏iv.;
Sodæ carb., gr. x.
Mist amygdalæ, ℥j. M.

A teaspoonful every sixth hour for a child nine months old. We may here mention that the administration of prussic acid to young children calls for the greatest caution.

It is widely admitted that in simple nervous cough independent of any pulmonary affection, no other medicine is superior to hydrocyanic acid. In chronic lung diseases and in phthisis prussic acid may be useful in allaying cough, but in other respects it must be regarded as by no means possessing the curative powers attributed to it by Brugnatelli, Granville, Magendie, and others. It was at one time regarded as a specific for acute inflammation of the lungs, an opinion held by few therapeutists of the present day. In laryngismus stridulus prussic acid has been employed advantageously by Dr. Reid, and Dr. Thompson regards it as almost a specific in phthisis trachialis. Many writers approve of it as a remedy in spasmodic asthma and also in angina pectoris.

The action of hydrocyanic acid on the nervous system is direct, and is not preceded by primary stimulation. The brain and spinal cord are the parts specifically affected, its action on the latter being evidenced by the tetanic convulsions to which it gives rise in poisonous doses. From Kölliker's experiments it is to be inferred that prussic acid directly paralyses the nerve-trunks, and probably, when given internally, it acts as rapidly on the nerve-trunks as on the muscles.

Dr. K. McLeod administered prussic acid to allay excitement in mania and insanity, and he claims that in a fifth of the cases so treated restoration to reason was to be mainly attributed to this medicine, although in the majority of his cases its effects for good were transient or inappreciable. Prussic acid exercises a beneficial effect in nervous irritability. Richter and Coates both testify to its efficacy in neuralgia from cold or when associated with a rheumatic tendency.

Toxicology.—Hydrocyanic acid is particularly noxious to vegetable life, and is poisonous to all animals, but rather less so to cold than to warm-blooded animals. According to Dr. Amory, horses are insusceptible to it, an opinion in which I am not prepared to coincide. Dr. Shattock states that half-an-ounce given to a hyæna was not sufficient to kill it.

Shradez, of Berlin, in 1802 first demonstrated the intensely pernicious properties of prussic acid. When given in doses poisonous but sufficiently small to admit of our observing its effects, it will be seen to produce the following train of symptoms:—Giddiness, loss of power over the muscular movements, a sense of constriction of the fauces and panting respiration; the head drops and the tongue protrudes; then come on spasms of the voluntary muscles, and of the heart and respiratory muscles, if the dose given be sufficiently large; the face is now livid and bloated, the eyes are protruded, the veins are intensely congested, and death almost immediately ensues, being often preceded by a peculiar shriek or cry.

If the dose be not large enough to produce these symptoms, the spasms may relax and paralysis may supervene, and continue until death releases the victim; generally, however, convulsions at intervals occur previous to death. The convulsions induced by prussic acid are due to derangement of the functions of the cord, and probably to disturbance of the cerebral circulation. Cases are recorded in which prussic acid immediately induced a profound stupor, and almost instantaneous death without convulsions, the functions of the nerve centres and of the heart appearing to be simultaneously arrested. If a patient recovers from poisoning by prussic acid, the symptoms during convalescence are not unlike those in recovery from opium poisoning, but the condition of the pupil is variable. Prussic acid acts locally as well as generally, and is equally fatal whether administered by the mouth, rectum, vagina, applied to wounds or to the conjunctiva, or inhaled in a concentrated form. Prussic acid is not cumulative; on the contrary, use of it establishes a tolerance. The smallest fatal dose will vary with the degree of dilution in which it is used, the strength of the person to whom it is administered, and, if it be given by the mouth, the fulness or emptiness of the stomach; death has been occasioned in a man by a mixture containing scarcely a grain of the anhydrous acid.

In poisoning from small doses, blood may be found, on *post-mortem* examination, in all the cavities of the heart, and especially in those of the right side, but in cases of sudden death from very large doses, the left side of the heart will be found empty and contracted, while the right cavities contain blood, and are often distended. All the veins, but chiefly those of the brain, are remarkably engorged in prussic-acid poisoning. We have already alluded at some length to the changes induced in the blood by this substance. Cadaveric rigidity is greater after poisoning from hydrocyanic acid than in death from any other cause, and glistening of the eyes has been spoken of as characteristic in death produced by this poison. The odour of the acid is generally easily perceptible. Kölliker concludes from his experiments that hydrocyanic acid primarily induces cerebral paralysis and then destroys the reflex, and then the motor functions of the cord, and that it paralyses the heart, and permits it to become distended with blood.

The cause of death in the majority of cases, is obstruction of the respiration and the static congestion of the pulmonary tissue, which is revealed on examination is either a *post-mortem* appearance, or is due to asphyxia. Probably to asphyxia also, and not to the direct action of the poison, is due the cerebral and spinal apoplexy. According to Amory, (a) death is probably partly attributable to a state of blood-poisoning.

With regard to the antidotes and restorative measures to be resorted to in cases of poisoning with prussic acid, a few words are needed. Nunneley says he knows of no antidote to this poison, and that he has found chlorine useless. Orfila regards inhalation of ammonia, as suggested by Dr. John Murray, to be decidedly advantageous; at all events, it can do no harm. Messrs. Smith and Co. the eminent pharmacists of Edinburgh, have proposed as an antidote freshly precipitated oxide of iron with an alkaline carbonate. Their remarks on the subject may be found in the *Pharmaceutical Journal* for November, 1865. Preyer regards atropia, as physiologically antidotal to prussic acid, and he suggests the subcutaneous injection of it in doses of 1-75th of a grain. The grounds on which he bases his opinion are as follows:—Prussic acid kills by embarrassing the heart and respiration, and this it does by effecting an intense irritation of the inhibitory cardiac and pulmonary branches of the vagus: atropia paralyses these, and hence its antidotal power, notwithstanding the recent writings of Boehm, (b who dissents entirely from Preyer's views. I have only to affirm that, from my experimental observations on the lower animals, I would hopefully resort to the hypodermic administration of atropia, if called upon to treat a case of prussic acid poisoning. The employment of electricity and galvanism have been suggested, but even if efficient, the poison usually acts too quickly to admit of their application. Venesection has also been recommended, but the writer is not in a position to offer an opinion as to the utility of this measure. We have yet to mention the two most efficient means for counteracting the baneful effects of prussic acid in artificial respiration, and the application to the chest and shoulders of the hot and cold douche alternately; these are undoubtedly the best means of saving life, and should always be *immediately* resorted to.

(a) *Practitioner*, April, 1872.

(b) See the Author's "Reports on the Progress of Therapeutics" in the *Edin. Med. Journal* for Jan. 1875.

Nitrobenzole in large doses kills as quickly as prussic acid, and gives rise to very similar symptoms.

Cyanide of Potassium taken internally is converted by the acids of the stomach into prussic acid, and hence acts similarly; it does not kill so quickly however, and the insensibility induced by it may not come on so soon.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 9, 1876.

THE RIVERS' POLLUTION BILL.

Some anxiety appears to have been expressed as to the fate of the Rivers' Pollution Bill and the action of the Government in securing better water for rural districts. We gather from the authoritative utterances of the President of the Local Government Board, that the present impure and deficient water supply so keenly felt in some parts of the country are chiefly due to a sort of water famine. There are numerous reports as to the mischief arising out of a general inadequate supply, as well as to its polluted condition, in numerous rural districts. Mr. Sclater Booth speaks of embarrassment produced by a deputation, introduced by Dr. Lyon Playfair, urging Parliament to stay further legislation, and grant another Royal Commission of inquiry. It is clear that nothing would be gained by the adoption of such a recommendation, as Government and Parliament are in possession of ample information on the impurity and short supply of water throughout the country. Local authorities must be made to move in a matter of so much importance. They can now obtain loans to any reasonable amount to aid the work of improvement. The Rivers' Pollution Bill will give increased powers, and must strengthen the Water Bills of 1874 and 1875. A good deal more is required besides talk from deputations, for it is reported that the rains of the last few days have again brought down from the upper portions of the river Ribble an immense quantity of deleterious matters from the works situated on the banks about Clitheroe, Burnley, and other places in East Lancashire, and the consequence is that an immense destruction of fish has taken place. It is evident, also, that stringent regulations are required with regard to the use of contaminated water in dairy-farms; for we learn, on the authority of Dr. Stevenson, that three cases of milk-poisoning occurred during the past month in the parish of St. Pancras. The mother of one of the patients complained that the milk was dirty and, on further inquiry, it was discovered "that the cows had access to a pond containing crude sewage, a culvert opening directly into it, and bringing sewage from some twenty houses in the village," where the farm is situated. The garden also "surrounding the house is skirted with a sewage ditch, which ends in a brick culvert as it passes through the farm-yard, and discharges into the pond before mentioned. In the garden itself is another pond containing a few inches only of water. There is a shallow fifteen feet surface well, containing a few inches of filthy water; and from either one or the other of these sources is the water supply derived." With this water the milk-pails are washed out, and the dairy, so called, is simply an offset from the scullery of the house. Can it be otherwise than that the milk should be liable to produce fever?

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DR. HIME'S REMARKS ON "RECENT CHOLERA REPORTS."

We feel called upon to give a brief reply to Dr. Hime's criticism published last week on one of our articles on "Recent Reports on Cholera," but confess that had not those articles appeared, to use Dr. Hime's kind expression, "in all the power of editorial type," we should certainly not have taken any notice of the somewhat rude remarks he has thought proper to make. As, however, these articles are appearing in an editorial form, we should be the last to shirk the responsibility we have undertaken in publishing them, or to admit, by our silence, that they are open to any serious objections. Besides, the professional position and qualifications of Dr. Hime, and what he has already done in the field of medical literature, warrant us in regarding him as an adversary with whom we can have no objection to break a lance. Indeed, we are tempted to say that the very number of the Latin and even French quotations to be found in his "Remarks," are alone sufficient to claim from some people an acknowledgment of his learning and abilities, however much we may think him wanting in good taste.

The passage in Dr. Hime's remarks with which we have most reason to complain is as follows: "The writer is a strong believer in infection by means of impure water, but adduces very unsatisfactory evidence in support of his opinions. One would hardly have anticipated a resuscitation of the Broad Street pump, yet here we find it trotted out as the writer's *cheval de bataille* at the head of his forces." This statement is not only unfair but very misleading. Anyone who reads it, especially in connection with other passages in his remarks, and without having read the original articles, would naturally suppose that we are not only, as Dr. Hime asserts, strong believers in the infection of cholera by means of impure water, but that the main object of the article referred to was to support that opinion by all the evidence we could bring forward. Now nothing could have been further from our minds, nor do we think an impartial reader would consider that we had any such intention. To tell the truth, we are by no means "a strong believer" in the "drinking water theory" of cholera, as it is called, and certainly not to the extent to which some writers, without any reservation, would carry this theory; although we do believe that drinking impure water *may*, under certain exceptional circumstances, be a means of propagating the disease. And even if we had been a strong advocate of that theory, and had wished to make it a prominent subject of discussion, and to have brought forward all the arguments we could in its favour, we hope Dr. Hime will give us more credit for tact and judgment than to suppose we should have been satisfied with the one or two brief references which we made, or with only devoting a short paragraph to the consideration of so important a subject. Our object in writing those articles was not to discuss the merits of any theory, but to give a brief sketch of the more recent and generally received opinions respecting the mode of propagation and prevention of cholera, in connection with some recent reports and with that monograph of Pettenkofer which Dr. Hime himself has edited and translated. Therefore the apparent overrating of one theory more than of another could matter little in a series of articles, the object of which was to direct the reader's attention, not only to the proved and undisputed, but also to the *possible* or presumed, conditions by which this terrible disease may be propagated, and to the possible or presumed conditions by which it may be prevented. It is even possible that in the haste which is often incidental to journalistic writings, we may have made use of an expression which we might not under other circumstances have adopted. And perhaps the epithet "striking" is not so applicable to the illustration we referred to as to other important evidence that has been from time to time adduced to prove the influence which impure water may have in the production of cholera, and which evidence we might have brought forward had we intended to enter upon a full examination of the subject. But we should like to know what would become of periodical literature, if an editor was to be called to account for every expression that did not chime in with the prejudices and peculiar views of his correspondents?

This is not the place to enter into an argument with Dr. Hime as to the value or not of the evidence that has been adduced in favour of the "water theory;" but we may remark that we by no means regret having briefly alluded to the investigations of Dr. Snow, and at having said what an important part "this agent (water) may play i the diffusion of cholera." We made no especial allusion to the Broad Street pump, but if the evidence brought out in connection with that well is of that worthless nature which Dr. Hime would have his readers believe, it is strange that the committee appointed by the Board of Health to investigate the circumstances of the epidemic of 1854 should have formed such a different opinion as to report that—"It seems probable that the water of this well did really act as a vehicle of choleraic infection." It is also remarkable that such good-for-nothing evidence should have been "trotted" out (as we find it is) in one of our largest and most recent text-books on medicine—viz., "Reynolds's System of Medicine," and still more recently described at length in Macnamara's "History of Asiatic Cholera" just published. In that work Mr. Macnamara "evidently does not think it (the pump evidence) used up," for he remarks, "Dr. Snow's Broad Street case was a remarkable illustration of the influence of contaminated water in spreading the disease. Doubtless, the choleraic dejection of the first patient in this locality had passed into the well of the Broad Street pump, and had affected many of those who partook of the water." At all events, the circumstances connected with this well were of a very suspicious nature. But in Dr. Hime's version of the story there is a suppression of one or two important facts—a *suppressio veri*, as Dr. Hime would say, so that his statement appears to justify him in throwing ridicule upon the whole evidence.

In conclusion, we may observe that the theory which would imply the occasional transmissibility of cholera by means of contaminated water cannot be so easily shelved, as Dr. Hime would have us believe, nor can it, in the interest of the public health, be so disregarded as it might be if Dr. Hime's views on the subject were generally entertained. Nor can we feel any surprise that, at the International Sanitary Conference, held in Vienna, it was unanimously adopted "that cholera can be propagated by drinks, particularly water." On this point also Mr. Simon, whose authority on all questions connected with sanitary science, will not be disputed, is very emphatic. In the memorandum which Mr. Simon addressed to the Lords of the Privy Council in 1871, he says: "The dangers which have to be guarded against as favouring the spread of cholera-contagions are particularly two. First, and above all, there is the danger of *water-supplies* (the italics are his own) which are in any way the slightest degree tainted by house refuse, or other like kinds of filth; as where there is outflow, leakage, or filtration from sewers, house-drains, privies, cesspools, foul ditches, or the like into streams, springs, wells from which the supply of water is drawn, or into the soil in which the wells are situate—a danger which may exist on a small scale (but perhaps often repeated in the same district) at the pump or dip-well of a private house, or on a large and even vast scale in the source of supply of public waterworks."

THE VIVISECTION BILL,

Or, as it is to be called, "the Cruelty to Animals' Bill," will, the Chancellor of the Exchequer said, come on for reading on Tuesday or Wednesday. It was stated at Sheffield on Thursday last at the British Association that a satisfactory solution of this difficult question has been arrived at. The facts urged upon Mr. Cross by the deputation that waited upon him last week has been conceded, and a bill of more moderate pretensions will accordingly be passed. At the dinner held in Cutler's Hall, the veteran statesman, Mr. Roebuck, in reply to the toast of the borough members, after paying a tribute to the noble services rendered by the medical profession in alleviating the miseries of humanity, went on to say that remembering this, he had been startled to find the legislative body of which he had the honour to be a member so far misunderstanding the profession as to put them under the superintendence of the police officer. He should have thought that any man who had come to the age of a man could have trusted the medical profession not only to guide themselves, but also others, without the guardianship of those officers of the law. The profession, he believed, was able and willing to conduct experiments without giving any unnecessary pain. Their sole object was to obtain such knowledge as would benefit humanity, and this they tried to do with the least possible amount of pain, even when experimenting on the lowest animals. He thought Parliament might have conceded to the profession the power of deciding whether experiments and the pain connected with them were or were not necessary. But many good people let their sympathies run away with their judgment. He had no doubt pain was inflicted upon the lower animals; but the medical men felt greater pain in its infliction. After long observation and experience he could answer for the kindness, generosity, and benevolence of the medical profession. No body of men were more likely to conduct themselves with prudence and humanity towards either the higher or the lower animals. He regretted that an unnecessary stigma should have been inflicted upon the profession. It was true that man was somewhat selfish; but the medical profession should not be singled out, and the policeman set at the door. Parliament would have done better to have put trust in benevolence and kindness.

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Notes on Current Topics.

The Projected City of "Hygeia."

We were somewhat startled one morning, when looking over the papers we saw that Dr. Richardson's ideal city of health was likely to have a more tangible existence than in the fertile imagination of that eminent physician, and that the idea of establishing a sanitary city will be shortly put into execution. We are informed that a site has been obtained on the coast of Sussex for this proposed city, and that the suggestions made by Dr. Richardson will be carried out as far as practicable. It is even stated that the plans for all the public and private buildings required are being prepared by a well-known architect. How the capital for carrying out such a gigantic and expensive undertaking is to be procured we will not venture to say; but should it be under the fostering influence of a joint-stock company, we hope intending shareholders will warily scan the prospectus, and carefully consider the *pros* and *cons* before embarking in such an enterprise. At the time that Dr. Richardson's address was attracting so much attention, we gave in the columns of the *Medical Press* a general account of his scheme, and ventured to criticise the principles which laid at the foundation of it and the sanguine expectations which were held out in the event of its being actually carried into practice. The proof of the pudding, however, is in the eating thereof, and, in the interest of humanity, we should be glad to find that we had been much mistaken in the judgment we have passed upon this ideal city of health. We live in an age in which the experimental philosophy is being pushed to a degree of which, even Bacon himself could have formed no conception. This will be really an experiment on a gigantic scale, and such as we should have expected to see projected by our American cousins rather than by our own less venturesome countrymen.

Medical Officers of Health.

In the House of Commons last Friday, and in reply to Dr. Cameron, Mr. Sclater Booth stated that, under the Act of 1872 the first appointments of medical officers were for a period of five years, and the experimental period was adopted in order to see whether the arrangement was satisfactory, or whether any change would be desirable. He agreed that the efficiency of an officer was increased by the permanency of his appointment, and the practice was to sanction permanent appointments where the medical officer of health devoted his whole time to his duties. In cases where he did not devote his whole time he (Mr. Sclater Booth) thought that the rule of five years would be convenient.

In reference to this statement, we may remark, that there have been some instances in which the arrangement has been by no means satisfactory, and in which a change would certainly be desirable. We allude more particularly to the question of salary. Only recently the Regisrar-General drew our attention to the liberality of the Town Council at Blackburn, who, although their town contains about 80,000 inhabitants, fixed the salary of their medical officer of health at £25 per annum! Then, again, we rather think that the appointment should be permanent, whether the medical officer was devoting his whole time to his duties or not. If, as Mr. Sclater Booth admits, the efficiency of one officer is increased by the permanency of his appointment, then it follows that this condition would have the same effect if his duties only occupied a part of his time as it would have been were his whole time devoted to them. The appointment being a permanent one, bringing him in a small but certain addition to his income, and being worked in connection with his other professional duties, he would, under these circumstances, take more pleasure in, and devote more energy to the work required of him, than if he was liable to lose his appointment through the caprice or prejudices of the local authority, or through the influence of some aspiring rival.

Measles in Fiji.

We are sorry to hear the Fijians are already paying the penalty unfortunately incidental to the intercourse of savages with Europeans, and we regret that the negligence of the surgeon of the ship stationed off those islands is supposed to have precipitated an event, which we fear is to be regarded, under the above circumstances, as more or less inevitable.

It appears that last December Earl Carnarvon, in a letter to the Admiralty, said he was unable to form a decided conclusion as to the proportion of blame attaching to the Naval and Colonial authorities for the introduction by her Majesty's ship *Dido* of measles into the Fijian Islands. His own opinion was that the greater portion of the responsibility rested on the Colonial authorities. No one, unfortunately, seemed to be aware of the serious nature of the disease when freshly imported among the native population. He could not altogether absolve the captain or doctor of the ship from blame, and he had informed them that he disapproved of their not having treated the matter more seriously. It was treated as a mere child's disease, and no proper precaution taken to prevent communication, the result being a very large loss of life.

Tartar Emetic Mistaken for Cream of Tartar.

At Ballina petty sessions a few days ago, a chemist was remanded on the charge of selling tartar emetic for cream of tartar. Five persons were nearly fatally poisoned through the mistake. This is by no means the first time such mistakes have occurred, and in some cases of the kind the error may be excused on the ground of the similarity in the official names of drugs that present a wide difference in their potency. But in the present instance, the mistake was hardly excusable, as the name *antimonium tartaratum* bears no resemblance to that of *potassæ tartras acid.* The liability, however, of chemists to make these mistakes shows how careful the compilers of our Pharmacopœia should be in framing their nomenclature, particularly as changes are being constantly made in that respect. We often wonder some mistake is not made in the dispensing of calomel and corrosive sublimate, considering that the former is only called the subchloride, and the latter the perchloride, of mercury.

Public Opinion and the Vivisection Bill.

The *Globe* says that "though the Vivisection Bill should not pass this session, its discussion has had a profound effect on the profession and the country. The unwritten law of public opinion is hardly less effective than the written law of public enactment. The effect of such important measures being kept before the public is an element in the political education of the constituencies. It is mortifying that important measures should be lost through preventible causes, but the cloud has its proverbial silver lining. The postponement of legislation often achieves great public ends, and the legislation itself is made more lasting and effective." This is all very well, and we quite agree with that paper when it says that the "unwritten law of public opinion is hardly less effective than the written law of public enactment." But before we are convinced that this law is a righteous law, we must know that this public opinion is genuine and of a spontaneous growth, and not, as it often is, a plant which is only to be found here and there, and which has been forced into notice under the fostering influence of a few conceited and time-serving agitators. Moreover, this observation of the *Globe* cuts both ways; for if the law of public opinion is so powerful, surely the doings of such a body of men as that of the medical profession may be safely committed to the control of that law, without being hampered by a very objectionable law of public enactment.

Quinine in Parturition.

In the July number of the *Virginia Medical Monthly* there is a very good and temperate paper on the above subject from the pen of E. T. Easley, A.M., M.D. Although not agreeing with Dr. Monteverdi, who concluded from his extensive series of experiments published in 1871, that quinine was capable of originating uterine contractions, Dr. Easley is convinced that this alkaloid has undoubtedly the power of augmenting uterine action *after it has been originated*, whilst he is equally confident of the prophylactic influence of quinine over the fevers incidental to or complicating child-birth. As it is not capable of originating uterine contractions, it may be administered in all stages of pregnancy without the fear of any such result. During actual labour, however, it is sometimes preferable to ergot; while it is, according to his experience, very useful in the exhaustion following tedious labours, and in the treatment of the child-bed fevers.

It has been said that quinine, as an ecbolic and parturient agent, affords greater security both to mother and child than ergot does, that its effects are more easily controlled, that the contractions it occasions are more nearly normal, and seldom or never inordinate, and that, moreover, its prophylactic virtues should also be taken into account. That this drug will ever take the place of ergot—the bad effects of which have been very much overrated—we very much doubt; but of its therapeutical properties under the other circumstances above mentioned, there can be only one opinion; and we know that as a tonic, antipyrectic, and prophylactic agent, it is much used in the lying-in room by most obstetric physicians of the present day.

The Irish Prisons' Bill.

Few of the provisions in the new Irish Prisons' Bill appear calculated to give rise to any apprehension or uneasiness in the medical mind. There is, however, one section which will probably undergo considerable modification before it is permitted to pass into a law. According to this (23rd) section, it shall be lawful for the General Prisoners' Board from time to time, by order, to transfer any officer or servant of an ordinary or a convict prison to any other prison, or to the office of the General Prisons' Board in Dublin, and to require such officer, &c., to discharge like duties or duties analagous to those previously discharged by him; and any such officer or servant refusing to be so transferred shall be deemed *to have resigned* his office, and shall *not be entitled* to the grant of any *superannuation* allowance or *compensation.* The committee of the Irish Medical Association have directed the special attention of the promoters of the Bill to the reasonableness of exempting the visiting medical officers from the operation of this section, and it is remarkable that no similar or corresponding provision is to be found in the English Prisons' Bill. If this proviso were to become law, it would evidently be competent for the General Prisons' Board at any moment to get rid of a visiting medical officer, and to deprive him of his rightful compensation or superannuation, by ordering his transfer to some prison at a distance from his locality of practice, and medical officers would thus become at once simple tenants at will, under the General Board. The Chief Secretary has promised consideration to the objection raised by the council of the Irish Medical Association, and as we conceive that it was never intended to include under this rule officers who do not give their whole time to their prison duties, we anticipate that the clause will be amended.

Surgeons for the Eastern Wars.

In reference to the satisfaction produced at Belgrade by the arrival of two English surgeons there, a correspondent of the *Daily News* writes to say he had a letter from a friend last night, dated Belgrade, which was of course written before the arrival of these surgeons, and in it he says:—"If you hear of any young surgeon wanting practice in operations, &c., he ought to come out here. I was particularly told this morning that any English surgeon would be gladly welcomed and immediately employed by the Government." In another letter I had from him a few days since he says:—"I have done a little work in the hospital, and I have written praying that an English ambulance might be got up. The want is dreadful. If half-a-dozen good stout English nurses would come out they might do much. I am afraid that at present all the severely wounded are left in the field." He also says:—"The rumour that a public meeting is to be held in London has caused the liveliest gratification here."

Witchcraft in France.

The *Globe* draws our attention to a case recently tried by the Correctional Tribunal of Montbrison (Loire), and which reveals the fact that the belief in sorcerers still lingers in some parts of France. A man named Jean Baron, 37 years of age, a small landed proprietor of Poncins, believed that for the past two or three years he had been the victim of occult influences from some of his neighbours, whom he suspected to be jealous of his prosperous condition. His cows were constantly ill, and the mere sight of the supposed sorcerers was sufficient to make him so unwell that, as he said, he got on the point of death. In vain he had consulted some distinguished physicians, going even to Lyons for the purpose; and he finally resolved to put in practice the advice given him by some reapers the previous year—being to draw some blood from the sorcerers in order to break the charm. He therefore waited his opportunity at church, and after service rushed at those whom he accused of the witchcraft, struck them several blows, and then ran some steel pins deep into the flesh of each of his assumed enemies. He was, in consequence, cited to appear before the Tribunal for these acts, and he admitted having driven pins into a man named Raynaud and his wife, and a girl named Jeannette Badieu, but denied the blows, explaining that he had no occasion to give them; all that he wanted was to draw a little blood; "which," said he, with a joyous air, "I managed to do, and since that period I am perfectly cured, as well as my beasts." Notwithstanding the efforts of the President to make him understand that there were neither sorcerers nor witchcraft in the world, he could only obtain this reply, "But I was ill every time I met them; and now that I have drawn some blood from them their sight produces no effect whatever on me, and I am perfectly cured; I have, therefore, reason to believe that they had cast on me an evil eye." The penalty of 15 days' imprisonment inflicted on him did not in the slightest degree disturb his serenity, happy at having re-established his health at so cheap a rate.

A few months ago we made in the columns of the Medical Press some editorial comments on a similar case which occurred in this country at a place called Long Compton, in South Warwickshire. At that time we remarked that "when a form of superstition has for ages, and almost in every clime, dominated the human mind, it must necessarily take some time before it completely succumbs to the influence of an enlightened rationalism and an advanced civilisation;" and perhaps these remarks are still more applicable to a country in which the education of the masses has even made less progress than it has with us, and in which even the middle and upper classes of society are by no means free from much credulity and superstition.

The Recent Hot Weather.

We seldom have a few hot days in the summer months without the daily papers giving their readers some advice as to the best way of living and of being comparatively comfortable under high ranges of temperature. A few days ago the *Daily Telegraph* had a leader on the subject, and now the *Times* follows up with another. The advice which our respected contemporaries give is, on the whole, very good, but we are afraid their readers will serve them much in the same way as our patients often serve us, that is, listen to them with great deference and attention, but by no means follow their advice. The fact is, hot weather in this country is generally of so short duration that people do not think it worth while, or will not take the trouble, to alter their usual mode of living on account of changes of tèmperature which are not likely to last long. The observations of the *Times*, especially as regards excesses in eating and drinking, are, however applicable to the whole summer season, and there can be no doubt that the health and comfort of the public would be much promoted by their living more in accordance with the temperature that surrounds them. At all events the lay papers do a good service in a hygienic point of view by giving through their widely-circulated columns greater publicity to those physiological laws of health which are only known to a few. Besides, people generally think more of and pay more attention to what they see in print than to what is told them by their medical advisers. And as respects our medical writings, for one person who reads a medical book a thousand will read a leader in a popular journal.

The Sale of Poisons.

A contemporary (*The Globe*) says:—

"It is a question of growing importance whether the sale of poisons has not been granted too much freedom. In some cases the regulation providing for the inscription of purchasers' names in a book is quite inoperative as a public safeguard. To cite one instance, a gentleman lately applied to a leading chemist at the West-end, by whom he was well known, for two ounces of tartar emetic, by way of proving whether so large a quantity would be dispensed. The chemist made no difficulty at all about the matter. His acquaintanceship with the applicant was sufficiently close to justify compliance with an even larger order. Of course, the name of the purchaser would have to be recorded in the ledger kept for that purpose. When this formality was complied with, the vendor would be free from blame, whatever consequences might result from the transaction. The weak point in this sort of safeguard is, that it takes no account of such mischances as a sudden aberration of intellect. Supposing, for instance, that the applicant in question had secretly developed a homicidal mania, the transaction placed in his hands the power of taking thirty or forty human lives. The fact of his mind being so diseased he would, of course, carefully conceal from the chemist, in accordance with the invariable habit of the insane. We do not mean to say that such danger is of common occurrence, but it cannot be questioned that homicidal maniacs enjoy ample means of gratifying their cravings before their insanity becomes manifest. This is not the only risk involved in the sale of poisons under lax restrictions. Taking the same drug as an example, we find that tartar emetic is commonly and largely used in West end stables to give horses a glossy look. We will suppose that a owner of a good-sized stud procures from a chemist two or three ounces of this poison, and forthwith hands it over either to his coachman or head groom. In all probability the recipient will place it in the harness-room, or if he be of a cautious sort, in some apartment of his own house. Who, in this instance, would be responsible, in the event of any accident subsequently arising through the drug having been stolen and applied to evil purposes? Not the vendor; he complied with the Act. Not the purchaser, who only did what the law allowed him to. Not the recipient, his part in the affair being only that of an intermediary agent. Hence, if the thief could not be discovered—and it would be very difficult to do so under such circumstances—no one would be to blame for a wholesale dissemination of poison."

The Metropolitan Hospital Sunday Fund.

The Hospital Sunday Fund has now reached nearly £29,000, and money is almost daily sent in to the secretary. This is very gratifying, since it exceeds the amount received last year by nearly £3,000. The Committee having arranged an earlier distribution of the bulk of the money in hand, namely £26,280 6s. 8d., what may accrue hereafter is to be apportioned on the same basis at a later period of the year. Of this sum £23,943 10s. is divided between sixty-nine general and special hospitals and four convalescent institutions, and £2,336 16s. 8d. to forty-five dispensaries. The Committee, it appears, having freely invited the representatives of any hospital or dispensary to confer with them in every case in which there was any supposed cause of complaint, those who availed themselves of the opportunity decided upon leaving the decision entirely in the hands of the Committee of Distribution. The only institution that has actually been injured by the Hospital Sunday Fund is the Holloway and North Islington Dispensary. On making an examination, and taking the average of the past three years, we find the loss sustained rather over £250. This we venture to think should be remedied, for there is no reason to permit even one well-conducted institution to be any way a sufferer or loser by the Hospital Sunday. We venture also to suggest to the Committtee that no institution should be entitled to be called or classed among hospitals if it merely administers out-door relief and does not receive *in-patients.*

The Manner of Interment of the Ancient Irish.

From the MS. of O'Connor's "History of Ireland" we extract the following :—

"Eochaid X. was called Aremh, or of the grave, because he first regulated the different modes of interment. He directed that the head should be placed on the west, the foot to the east, and a Leacht, or monument of stone, raised over the whole (Trichiorgaoithe an bhas, lib. 3, halt 8). Some knights had graves dug, the bottoms of smooth marble, the sides built with brick and cement, in the form of a modern coffin, and so finished at top that a large stone so exactly fitted it as to leave no room for dust, &c, to enter. The corpse had all armour on, both offensive and defensive. Inscriptions of very beautiful sculpture were raised round the moulding of the coffin, as may be still seen at Ardfeart, or the lofty burying-place in Kerry. Foreigners of distinction, or those who fell by the sword, had Leachts, or rather carn, raised to them, according to this maxim of Pythagoras, who was himself a Druid, 'Locus lapidibus obtinendus, ubi sanguis humanus sparsus est.' When Cuchullain was mortally wounded he directed his charioteer 'to carry him to yonder carruig (a large stone pitched on one end), to place his body standing against it, his sword in his left hand, his shield raised up, and his two spears by his left side.' The renowned hero, Eogan, slain at Lena, was thus laid out, and a carn raised over him. The following verse in the history of the battle of Lena shows Eogan 'placed erect, his launce by his shoulder, his helmet on his head, his coat of mail on his body, and his sword in his hand.'"

The Perils of Quackery in France.

The *Temps* of the 17th ult. contains a curious report of the hearing, in a French correctional court, of a charge of swindling against a German named Baer, who had become naturalised in France, and whose name is associated with the sale of "Eau antineuralgique." This compound is alleged to cure neuralgia, prevent apoplexy, and combat epilepsy. According to the report of Dr. Bergeron, it consists of bad eau-de-vie, in which tobacco previously exhausted with boiling water has been macerated; to this a little indigo is added. The remedy is sold in 4s. bottles, but sample bottles are considerately provided at 2s. 6d. each. In the course of his explanation the accused asserted that the water had produced "des résultats très-grands," a remark which met with the concurrence of the prosecution on the ground that the proceeds of its sale amounted to 1,800,000 francs yearly! The charge of swindling was established, and the accused was sentenced to one month's imprisonment. Oh! for a little wholesome despotism in our own little island, and a little less of that form of paternal government which patronises the imposition of these nostrums upon the public so long as the proprietors are able to purchase such patronage by payment of a tax. Are there not scores of nostrums as fraudulent as the bad tobacco-water of the German quack sold every day and from year to year without interference, nay, rather under the authority of English law? And yet the British consumer is supposed to be able to protect himself, while the Frenchman is guarded by the Government against such impositions.

How to make Leeches Bite.

EVERY practitioner must have found how difficult it is at times to make leeches bite, and perhaps the following method, which we take from a recent number of *Le Progrès Medical*, may interest our readers :—

"In order to make leeches 'take' immediately we should put them into a glass half filled with cold water. We should next carefully bathe with warm water the part to which we wish to apply the leeches, and then quickly apply the glass to the skin. By this means the leeches will attach themselves to the skin with surprising rapidity, the patient merely feeling one single bite. When all the leeches have taken, the glass should be removed in such a manner as not to wet the patient. To accomplish this it will be sufficient to receive the water at the most depending part into a sponge. If we wish to apply the leeches to only a very limited surface, all we need do is to place on the glass previously to its application a sheet of strong paper with a hole cut in it of the required size."

The Vivisection Question.

THE *Gardener's Chronicle* remarks of the Vivisection Bill:—"Doctors are not the only people who should look to the clauses of the Vivisection Bill, which some well meaning but utterly inconsistent and wrong-headed enthusiasts are striving to push through Parliament. No one would uphold reckless wanton cruelty, least of all physiologists and doctors—the latter, without exception, the most self-sacrificing class of the community, exposing as they do daily their lives and those of their families to risks that the general public know nothing of. To treat the numerically insignificant experiments of the man of science, when they are undertaken for the highest objects, not for sport or food, as penal, or at least as objects of police supervision, is an utter absurdity on the part of any one who wears a coat of cloth, not to say a sealskin jacket or a feather-trimmed hat, who eats a mutton-chop or an oyster, who indulges in the sport of shooting, hunting, or fishing, or sets traps for rats, rabbits, or moles. As for the gardeners, there must be no smoking of houses, no catching of slugs and snails, no trapping of woodlice, weevils, or earwigs; green-fly, scale, and thrips must be allowed to enjoy their lives unmolested. Indeed, as it is quite impossible to draw the line between the different manifestations of life, animal or vegetable, we may next expect to hear it gravely proposed to be made a punishable offence to cut a cabbage—certainly to prune a peach-tree or pollard a willow : an *argumentum ad absurdum*, some will say, and truly so. All we can reply is, that it is not more preposterous than the proceedings of those who would allow a frog to be vivisected, but who draw the line at cats and dogs"

The Profession at the Antipodes.

ALCOHOLIC stimulation seems to possess a peculiar charm for our Australian brethren if we are to believe the reports which reach us in the journals of that country. Within the space of twenty lines in the last number of the *Melbourne Medical Record*, so many as three "thirsty-souls," two being the only practitioners in one town, and the third in another small township, appear to have imbibed rather heavily. Our contemporary treats the matter as though it were an every day occurrence, a subject for amusement in fact. The first case is summarised thus :—

Of the two medical men practising in ——— one is a Justice of the Peace. The J.P. doctor was one morning called upon to fine his brother medical for being "fou" the previows night, and finding his way to the lock-up. Dire was the rage and loud the threats of the fined one, but by the next evening they were both seen lovingly arm in arm wending their way in *a zigzag manner* up the township.

Of the other, three lines will suffice :—

Dr. M'C———has again been taken up for drunkenness, fined £1, and cautioned by the Bench that if he is brought up again he would be sentenced to three months imprisonment.

We are unfortunately not quite immaculate in Great Britain, but for the honour of our profession, we trust that these three medicos, the only three in fact in two small towns, are not *indices* of the rest of the country : if they are, heaven help their patients ! But we know this is not the case from personal acquaintance with several professional friends resident there. It may be, and probably is the fact that as there is so little to chronicle in a country sparsely populated like Australia, molehills become mountains, and these latter are made to reach the skies. No doubt there is some foundation for the reports given in our contemporary, and we are therefore sorry that they are so flippantly treated. If publicity was necessary it should have been in the form of a dignified rebuke, and an appeal to men, who, if they had no respect for themselves, might at least be induced to show some for the honour of the profession whose badge they wore.

STAFF-VETERINARY SURGEON JAMES COLLINS, of the Enniskilling Dragoons, is the newly-appointed Veterinary Surgeon-General of the Army. The appointment, according to the *Veterinary Journal*, has given great satisfaction.

MR. THOMAS PROCTER, of Elmdale, Clifton, has bequeathed £100 each to the Bristol General Hospital and the Bristol Royal Infirmary. Mr. T. Dyer Edwardes has given a second £100 to the Chelsea Hospital for Women. Under the will of the late Mr. W. Haigh, of Huddersfield, the Infirmary of that town receives the magnificent legacy of £3,999. The same Institution also receives £600 as a legacy from the late Mr. Joseph Hirst.

IN London, according to the Registrar-General's Report, the death-rate rose exceptionally high last week, viz., to thirty per thousand of the population. The deaths included 7 from small-pox, 38 from scarlet fever, 19 from different forms of fever, and 522 from diarrhœa; the seven principal diseases of the zymotic class causing 669 deaths, against 373 and 583 in the two preceding weeks. These 669 deaths were 137 above the corrected average number from the same diseases in the corresponding week of the last ten years, and were equal to an annual rate of 10·0 per 1,000. The fatal cases of small-pox, measles, scarlet fever, and fever were below the corrected average, whereas those of diphtheria, whooping-cough, and diarrhœa showed an excess. Fourteen of the 28 deaths from measles, and

17 of the 38 from scarlet fever occurred in South London. The 7 deaths from small-pox were one less than those in the previous week, and were all recorded in South London.

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BRITISH MEDICAL ASSOCIATION.

The Forty-fourth Annual Meeting of the British Medical Association took place last week, at Sheffield. On the Tuesday about 230 names were down as present in the town, and on Thursday morning the number reached its limit, 400. The proceedings were commenced in the usual manner by attending divine service in the parish church, where an appropriate address was delivered by the Rev. Dr. Gatty ; the text being chosen from St. Matthew's Gospel. "They that be whole need not a physician, but they that are sick." The rev. gentleman alluded to the evolution of man from the lower *animals* as not compatible with religious records. He touched also upon the question of intemperance—a degrading vice, peculiar to man, and at the present time a national disgrace—certainly no inheritance from a lower animal.

The annual general meeting was held in the banqueting room of Cutler's Hall, in the course of which Dr. de Bartolomé was inducted as President of the Association for the forthcoming year.

The annual report showed that the Association had lost 83 members by resignation, 51 by death, and that 726 new members had been elected.

With regard to the pecuniary position, the accounts showed that there had been an increase of receipts amounting to £740, but that the expenditure had increased upwards of £1,300.

A subject of some interest was referred to in the report. It may be remembered that at the general meeting in Edinburgh, it was resolved that a circular should be sent to the members of the Association to ascertain the general view with regard to the admission of women to the membership of the Association. Out of 6,250 circulars sent out 4,161 were returned, 3,072 against, and 1,051 in favour of their admission. Now, as the result of the replies to this circular is a matter of the greatest importance really determining the views of the profession as to the admission of women to the study of medicine, therefore it may be presumed that all who object have not failed to make their objection known. It would appear that one third of the whole profession are absolutely indifferent whether women shall be allowed to qualify or not, and of the rest one third are actually in favour of a qualification being granted to them. It then, appears, that whereas some three years ago the whole profession, with the exception of perhaps a hundred members, looked upon the admission of women as a degradation to the profession, and as a prelude to its retrogression. At the present time only fifty per cent. will trouble themselves to write one single word—"no," although upon that word depends whether or not they shall meet women on an equality to discuss subjects in medicine, surgery, and obstetrics.

We are at a loss to comprehend this sudden change, unless the reason be that our *confrères* have learned to respect themselves, and now conclude that should women ever be successful in getting their names on the register, they may perhaps supply a want, but they will not be able to displace men, except those who need displacing.

Another question treated of in the report is that of intemperance, a resolution having been passed at the last meeting "that excessive intemperance is in many cases a symptom of a special form of insanity, which requires special treatment, with a view (1) to the recovery of those affected, and (2) to the protection and advantage of them and society ; that in the present state of the law such treatment is not attainable ; and that it is desirable that legal provisions be made to render it attainable."

This resolution is now referred to a sub-committee, and it is proposed that petitions should be presented to Parliament early in the next session. The sub-committee have to consider a subject beset with difficulties, and it is questionable whether Government will be at all willing to support a Bill concerning which opinion will be greatly divided. It would be very gratifying, and would bring great *éclat* upon the Association, if the sub-committee should suggest any form of legislation which would diminish drunkenness, and be at the same time not intolerable.

The usual addresses in medicine, surgery, and public medicine given, are being reported in our columns, together with abstracts of some of the papers read in the various sections.

The town which has invited the Association this year is, perhaps, one of the dirtiest in the country. It lies in a hole entirely surrounded by hills, which jealously guard and prevent the escape of the thick smoke from the tall chimneys of upwards of seven hundred factories. The crowds and appearance of the population, and the class of the houses throughout the whole town, differ in no respect from the neighbourhood of St. Giles or Whitechapel. The disadvantages of the town itself were, however, soon forgotten or unnoticed, for the members of the Association almost without exception busied themselves by investigating the industries of the place. The large and wealthy firms showed extreme kindness and courtesy in receiving them at their various works, and in delaying the ordinary business for the purpose of exhibiting the more interesting manufactures of the department, and in answering the ten thousand questions of the curious.

Guns, armour plates, wires, railway lines, silver-plated teapots, and almost every variety of instrument have been specially manufactured for the instruction of the members of the Association. After inspecting the works within the town, excursions were made through the picturesque country around, and the many places of historical fame or other notoriety with which the neighbourhood of Sheffield abounds were visited.

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Literature.

ANNUAL REPORTS OF DISEASES OF THE CHEST. (*a*)

This work is to take the place of Dr. Dobell's "Reports on the Progress of Medicine in different Parts of the World," we are informed in the preface. These Chest Diseases Reports form a closely printed octavo volume of over three hundred pages, and the book has a very good index. It is so full of information that it rivals "Bradshaw," which is generally supposed to contain an unusually large number of facts for a book of its size. Moreover, it resembles "Bradshaw" in that it carries the reader over a good deal of country—British Guiana, California, Canada, China, Denmark and Sweden, Egypt, France, Germany and Austria, Holland, India, Italy, Russia, South Africa, Great Britain, and the United States being all laid under contribution.

And, by-the-way, we may suggest that the classification of the Reports would be much more convenient if it depended on the subject matter, than, as in the present volume, on the countries from which the reports come.

For instance, the reader wishing to learn all that he can of recent opinions about mountain air, will have to consult reports from three or four countries in different parts of the book.

We shall mention a few of the more important articles.

(*a*) "Annual Reports of Diseases of the Chest." Vol. I. 1874-1875. By Horace Dobell, M.D., assisted by Adolphe Wahltuch, M.D., and R. Shingleton Smith, M.D.

From France there is an abstract of the method of treatment of lung diseases by rarefied or compressed air, by Dr. Waldenburg's apparatus.

From Italy, notes of a paper by Dr. Malachin de Cristoforis, in which is the remarkable conclusion that "Electrolysis in aneurism has solely a palliative and symptomatic value." But we think that cases might have been found in the period covered by the Reports to contradict *that* statement.

The allusion to Electricity recalls the fact that two observers record unfavourable results of electric stimulation of the heart by needles passed into the organ—Dr. Vulpian (p. 14) and Dr. Mayer (p. 60).

The report from Great Britian contains a *précis* of Surgeon Welch's comprehensive essay on "Destructive Lung Diseases among Soldiers;" an abstract of Dr. H. Fagge and Dr. Dickinson's papers on "The Relation between Diabetes and Phthisis;" the discussion on the Similarity and Differences between Membranous Croup and Diphtheria; and many other notices of the work done by British physicians in this particular class of diseases. As home work is more familiar to the reader than foreign work, we pass over the rest.

From Canada, there is a paper by Dr. Howard disputing the accuracy of the opinions about the origin of tubercle which have been propounded by Villemin, Burdon-Sanderson, and others.

From Sweden, short notes on climatic matters.

Dr. Gordon sends an interesting account of the population, climate, and diseases of British Guiana, in which he records a death-rate for the whole colony in 1871 of 37.4 per 1000; for Georgetown in 1874 the rate was 51.8 per 1000! In August 1874, nearly 16 inches of rain fell on 17 wet days; the total rainfall for the year being rather over 10 feet.

The Californian report is taken up with statements as to the moistness of the air, but unfortunately no details as to the numbers of phthisis, and other pulmonary deaths, are given.

"Notes for Nile Voyagers" are sent from Cairo by Dr. Grant.

The most interesting part of the Indian report is that which relates to some native drugs, one of them, rejoicing in a name equivalent to "confection of squash," being very useful in hæmoptysis.

From South Africa Dr. Dyer sends a summer meteorological report very valuable to intending emigrants to the Diamond Fields.

And, lastly, the United States medical literature contributes." Notes of Laryngeal Phthisis," by Dr. Lincoln; "Treatment of Pulmonary Cavities by Injection through the Chest Walls," by an enterprising Dr. Pepper; a remarkable case of air in the pericardium; and to close the book, notes of the case of a woman who lived 16 days after the external rupture of a large aneurism of the arch of the aorta.

Similar volumes of annual reports of other kinds of diseases would be both interesting and useful, especially if arranged with more regard to the reader's time.

◆

ON OVERWORK AND PREMATURE MENTAL DECAY: ITS TREATMENT. (*a*)

A timely and well-written little book on a subject of great interest, of sufficient length to enter into detail, and yet not so long as to be tedious. The effects of overwork are first studied in relation to the structure and composition of the brain, then the statistics of mental diseases are given to show the results of advancing civilisation.

Dr. Routh points out the symptoms of overwork in the [illegible], the schoolboy, the hyperfecund mother, the busy [illegible]. Among instances of mental fatigue in men the author gives an interesting interview with Dr. Golding Bird six weeks before his death, in which he spoke of his full waiting-room, his large professional income, as being no matter for congratulation, seeing that he (Dr. Bird) felt himself a wreck at a little over forty: "My parting words of advice to you are—never mind at what loss—take your six weeks' holiday."

Next follows a fair and lucid description of the mode of action, administration, and uses of *phosphorus*, including its beneficial effects on skin affections, especially acne. As a sedative nitrate (*nitrite?*) of amyl is recommended, in doses of one drop, increased to four or five drops, in water. "It is very quieting, and does not leave the lassitude and heaviness of opiates, nor the depression of chloral."

A number of illustrative cases conclude this very readable work. The publishers must be praised for the attractive form in which it is issued.

(*a*) "On Overwork and Premature Mental Decay: its Treatment." By C. H. F. Routh, M.D., M.R.C.P. Second Edition. London: Baillière, Tindall, and Cox.

◆

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. (*a*)

Since Dublin first instituted a Pathological Society the number of kindred societies has greatly increased, and we believe are still increasing. That great and solid advantages arise from them admits of no doubt. We would not have the heads of the profession attending the meetings so regularly as they do if they did not afford valuable information. It is of a kind, too, which could not by any possibility be got elsewhere. The greater number of all the remarkable cases occurring within the week, and which, having proved fatal, have been examined, are exhibited within the space of from one to two hours. Nor is it to be forgotten that whatever explanation is put on a specimen by the exhibitor, the preparation is there—and usually recent—to speak for itself. Need we add how much precious time is thus saved? Many preparations, too, require much time for their proper exhibition, and so the time of the meeting is by so much economised. In truth the weekly meeting of a Pathological Society is neither more nor less than an accumulation of valuable practical information exhibited in the shortest possible time.

Whilst thus accepting the great value of these societies, we cannot, however, overlook the dangers to which they give rise. For there can be no doubt their tendency is to join into one things that are essentially distinct. We mean morbid anatomy and pathology. No greater mistake, we conceive, can be made. Our knowledge of the former has enormously increased within the last thirty years. But how has it fared with our knowledge of pathology? Has a single step been gained in this direction? Do we know more now how a fever affects us than we did at that period? Or why cancer attacks some individuals and not others? We see, indeed, the results of these diseases, that is, the morbid anatomy; but the causes are hidden as ever. "*Causa latet.*" And from all we see are likely to remain so. We make these remarks because, from the way some morbid specimens are now exhibited, and the minute details given as revealed by the microscope, the impression might go abroad that these details were the real pathology of the matter.

There is still another point, too, in the investigation of morbid changes which must never be overlooked—we mean the marked differences which obtain in different individuals as to the results of disease. An amount of disease which will kill one will be comparatively harmless in another. We might take pneumonia as an example. Persons will die, too, of typhoid fever, and yet the morbid changes found may be of the very slightest. And so of other diseases. It follows from this that our morbid specimens are not always to be regarded as the sole cause of death, but that there is a something over and above to be taken

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(*a*) "Transactions of the Pathological Society of London." Vol. XXVI. Comprising the Report of the Proceedings for the Session 1874-1875. London: Printed for the Society by J. E. Adlard, Bartholomew Close. 1875. Pp. 362.

into the account. This subject we might pursue farther did our limits allow of it ; but we must now proceed to notice the volume before us. It has fallen to our lot to have to speak of many of the preceding volumes of the same society, and we have always done so with pleasure, and this one is no exception to the rule. It is full of interesting cases both to physicians and surgeons. A few, a very few of these we now proceed to notice.

DISEASES OF THE NERVOUS SYSTEM.

Passing by No. 1, which was a tumour of the brain, and exhibited by W. Cayley, M.D., we come to No. 2, by C. De Morgan. It is entitled "Case of Multiple Neuroma of the Forearm," and is a very remarkable case. The patient was a female of 15 years of age, but had been seen in 1867, and from that date forward, as the disease advanced and the suffering of the patient increased. Finally amputation above the elbow was performed. The musculo-spiral nerve was found much diseased, with neuromatous tumours growing on it. We wish we could give this very rare case in full, but without the drawings this would not be possible. Besides the disease of the nerves there was great hypertrophy of the subcutaneous cellular membrane. The disease was congenital.

Amongst "The Organs of Circulation," No. 3, by S. Coupland, M.B., is worthy of notice. It is an instance of far advanced disease of the right ventricle and valves, and also the pulmonary artery. It occurred in a sailor who had spent many years in the navy, and had reached 75 years of age. He had never had rheumatism, and it would seem had not complained till within eight months of his death. The heart weighed nearly twenty ounces. There was very extensive disease of the pulmonary valves, and the artery measured more than six inches in circumference. Its coats were very thin. There was both dilatation and hypertrophy of the right cavities. The dilatation of the pulmonary artery extended into its branches, which also presented marks of atheroma. This case is well worthy of perusal. No. 5, by T. S. Dowse, M.D., is also a case of much interest. It is entitled "Aneurism of the Base of the Pulmonary Artery," and occurred in a female of only 19 years of age. She died of acute pericarditis, caused apparently by a rent in the sac of the aneurism, which was as large as a pullet's egg, and lay on the anterior portion of the pulmonary artery, the valves of which were completely eroded, and replaced by vegetative growths. It was possible the patient may have had syphilis, but under any aspect this case is very remarkable. The aorta was quite healthy. No. 6, by J. F. Goodhart, M.D., is one of thoracic aneurism opening into the lung. We notice it, however, because, whilst the larynx was quite healthy, the trachea and some of its branches presented puckiness, and fibrous bands stretched across the walls of the tube, and to such an extent that the right bronchus was very considerably narrowed, the left being less affected. The lungs were quite healthy. The author thinks the morbid changes in this case were due to syphilis. This may be so ; but as urate of soda was found in each big toe, it seems to us it may have been gouty. No. 7, by W. Cayley, M.D., is entitled "Syphilitic Disease of the Heart." It was found in a gentleman of 28 years of age, who was found dead in his bed, and who had been in the habit of taking chloral. There was some hypertrophy of the left ventricle, and embedded in it and near the apex were several rounded dense nodules of a whitish colour, and which projected both externally and into the cavity of the ventricle. It is not stated whether the valves were healthy, or how far their action may have been interfered with by the morbid growths.

No. 8, by W. Cayley, M.D., is entitled "Extensive Disease of the Aortic Valves in an Infant." This is a very rare case, and was congenital, for from birth the breathing was oppressed. The infant lived to be nine months old. A loud systolic murmur existed over the cardiac region, with hypertrophy of the left ventricle ; the aortic orifice was also much constricted, and the valves were covered with large fibrous vegetations. No. 16, by J. Burney Yeo, M.B., is entitled "Case of Cardiac Tumour in the Cavity of the Left Ventricle." It was found in the body of a man of 27, who died suddenly in the street. He had suffered from attacks of dyspnœa and from faintings. The tumour was one and a-half inches long by one broad, and enclosed, as it were, three of the papillary muscles, and lay so as to cause very considerable mitral obstruction. In structure it would seem it did not agree with any of the usual products of disease. No. 17, by W. S. Grenfield, M.D., is entitled "Stenosis of the Orifices of the Coronary Arteries of the Heart, due to Endarteritis Deformans at the Commencement of the Aorta." It occurred in a woman of 27, whose health was stated to have been tolerable, and who had not had any severe illness. The death was sudden. Disease of the aorta itself had all but closed up the mouths of the coronary arteries. With this state the heart itself, though to the naked eye it looked healthy, was affected with fatty change, which, though slight in degree, was "widely distributed." The age of this person is worth noting, as well as the special features of the morbid changes found. No. 23, by J. F. Goodhart, M.D., is an example of "Spontaneous Cure of Abdominal Aneurism, with Embolism of the Abdominal Aorta." The blocking of the aorta seems to have caused gangrene of the toes. The aneurism was placed close to the cœliac axis, and had caused absorption of two of the bodies of the vertebræ. No. 24, by W. H. Dickinson, M.D., is also "A Case of Abdominal Aneurism compressing the Ureters and Descending Colon, and accompanied by unusual symptoms." Much obscurity hung over the diagnosis of this case, and indeed it is remarkable how many similar cases occur. We ourselves have seen several. In this particular case vomiting and very marked constipation existed, and the patient was brought to death's door by suffering, always referred to the left colon, and spreading downwards from this. The entire look of the patient and disease was that it was malignant. Yet from this state, and having had bed-sores, he recovered for a period of fifteen months, when one day at dinner he was seized with severe pain in left lumbar region and a fainting fit, and shortly afterwards passed a quantity of clotted blood. From this it became evident an aneurism had burst into the bowel. On examination the tumour was found attached to the ureters and colon, and this explained some, but not all the symptoms, which existed during life. The whole case is a very remarkable one. The patient's age, we should have stated, was 76.

(*To be continued.*)

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DISEASES OF MODERN LIFE. (*a*)

The publication of a work of this character by so accomplished a physician is a matter for general congratulation. The attractiveness of the subject-matter, and the acknowledged literary skill of the writer, are sufficient guarantees that the book will prove interesting and instructive. The work is well written and the subjects are handled in a vigorous and graceful mannner. In the preface it is written, "The book, medical in all its aspects, is avowedly written for the study of the intelligent public as well as for medical men ;" and it will be in general request amongst its chosen lay as much as medical readers. What betwixt the recent work of Dr. Milner Fothergill and the one before us, the "lay readers" or the "intelligent public" ought to be fairly well instructed as to how to avoid the causes of disease, and so to maintain themselves well in health. That one or more books of this character are desirable may be admitted, and it is scarcely to be wished for that the views of any one writer should too universally obtain ; nevertheless, there is little scope left for other works on this and cognate subjects. Dr. Richardson has described vividly the ailments which are increasing as the

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(*a*) "Diseases of Modern Life." By. B. W. Richardson, M.D., F.R.S., Honorary Physician to the Royal Literary Fund, &c., &c. Macmillan and Co., 1876. Pp. 512.

consequences of the conditions of modern life. Some might feel inclined to say too vividly. We can scarcely conceive a lay reader perusing the chapter on "Disease from Worry and Mental Strain," without a good many misgivings about himself, and vague fears which will only be allayed by repeated consultations with his physician, and the reiterated assurance that he is sound, and not the subject of severe latent subtle tissue change which is endangering his existence. In this section of the work there is much which reminds one of Winslow's book, "Obscure Diseases of the Mind and Brain," only here the different abnormal sensations indicate rather failure in the heart than in the brain. If the present work proves as profitable to the profession as the one just alluded to, Dr. Richardson will be a species of benefactor to his medical brethren.

In describing the diseases induced by mental strain and physical overwork there is an opportunity offered for displaying those embellishments, which are furnished by an active imagination, and of surrounding the white light of bare fact with a few coloured rays. Indeed, it would be impossible to construct a readable and interesting book without so acting. Nevertheless, we do not say that Dr. Richardson has taken any undue advantage in this way of his opportunities, or that he has exceeded the license fairly permissible. Still to many there would seem a poetic liberty in the following sentence; "In every brain, in fact, there is set up primitively a kingly force, to which all other forces bend. The king may be good or bad, he may be an hereditary king, or a usurper; but he holds the balance; kill the king, and in ninety-nine cases out of the hundred the kingdom is made chaos or dark night." On the other hand, the following sentence recommends itself very clearly to the mind and extorts the admiration: "The man who, after being engaged in business all day, sits down regularly at night to play his rubbers on rubbers, to stake heavily on his games, to bet on his odd tricks, never, I believe, escapes the effects of organic nervous shock. Some of the worst forms of such shock I have seen have sprung from this cause."

Dr. Richardson is peculiar in his way of regarding many things, and often sees with much vividness what is not usually very apparent to others; but, on the other hand, he frequently does not see what is clearly apparent to other people, and his support of Bichat's hypothesis as to the nature of life at the present is an instance of the latter. "We call the force that resists the earth, vital. We say it resists death, we speak of it as stronger in the young than in the old." This method of handling his subject is vigorous, and his arrangement of the various matters of which he treats are distinct. After the diseases produced by mental and physical strain, and from the effects of the passions, he describes the consequences of indulgence in alcohol. With much here written agreement is alone possible, and yet there are points where difference of opinion is unavoidable. We can but admire this statement. "It is assumed by most persons that alcohol gives strength, and we hear feeble persons saying daily that they are being 'kept up by stimulants.' This means actually that they are being kept down; but the sensation they derive from the immediate action of the stimulant deceives them, and leads them to attribute passing good to what, in the large majority of cases, is persistent evil." The diseases which are produced by indulgence in tobacco are made the most of, too much of, indeed; while but one brief chapter is devoted to diseases from narcotics. We are glad to see in it the evils which have sprung from the discovery of chloral hydrate clearly and distinctinctly. "Chloralism" is a disease rapidly growing: and a sad disorder too. After an account of diseases wrought or induced by our food, by the air, by certain occupations, come the diseases due to sloth and idleness, a chapter worth perusal, and then the disease arising from late hours and broken sleep. Dr. Richardson advocates eight or nine hours sleep out of every twenty-four. Less is undesirable, at the present day at least. The whole chapter deserves careful study, and it is impossible to give any idea of it by abstract or extract. The evils resulting from dress follow next, and then disease from moral contagion, followed by a brief chapter on "inter-marriage of disease." The habit of giving a summary of the contents of these popular scientific works is followed here, and in a few pages the reader can go over what he has read in a brief form suited to definite remembrance.

On the whole, the book before us must be approved of, and Dr. Richardson has done good service in its construction. It is a useful book, even if rather sensational in parts, and is pleasant reading. There is much in it which should be read and pondered over by medical men as well as by lay readers, and advice given by which they might profit.

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Medical News.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on July 27th, 28th, 31st, and August 1st and 2nd:—

Bailey, George S., Launceston, Cornwall.
Blackader, A. D., B.A., M.D., Montreal, Canada.
Bouton, George Charles, L.S.A., Dinan, France.
Brett, John, North Kensington.
Chawner, Alfred, Ryde, Isle of Wight.
Christian, John, Barrow, near Oakham.
Clapp, Robert, Teignmouth.
Clark, Frederick, L.S.A., Fenchurch Street.
Conolly, Paul Bennett, Somerset Terrace.
Cumming, Robert F., Exeter.
Davies, John, L.S.A., Treorky, South Wales.
Duke, Thomas, Kennington-park Road.
Dunn, Hugh Percy, Warkworth.
Dutton, Edward G., L.S.A., Hammersmith.
Evans, William M., Cardiff.
Fell, Thos. K., Ulverstone, Warwickshire.
Gaisford, Martin, Ilfracombe.
Garbutt, J. Gilliott, Prince's Square, Bayswater.
Gay, Charles W. E., L.S.A., St. Albans.
Gibson, William, Middlesboro'-on-Tees.
Gilbert, Hy. Langton, M.D., Sherbrooke, Canada.
Griffiths, Gilbert Saunders, L.S.A., York Street, W.
Gross, Charles, Erith, Kent.
Hare, Evan Herring, Putney.
Harris, Arthur Byam, Wootton-under-Edge.
Heald, Robert, Sleaford, Lincolnshire.
Hindle, George, L.S.A., Over Darwen.
Irving, John C., Dunnington, near Spalding.
James, Joseph Brindley, Hackney Road.
James, Joseph R., Sirhowy, Monmouthshire.
Johnson, George S., Savile Row.
Johnson, Thomas, Birmingham.
Jones, David, Llandysil, North Wales.
Jones, Thomas, Ningpo, China.
Kellie, George I., Dunbar, Haddingtonshire.
Lacey, Chas. W., Langboro', Leicestershire.
Lewis, Daniel G., Merthyr Tydfil.
Low, Frank H., Blackheath.
May, Arthur W., Launceston.
Mears, William Pope, Bromley-by-Bow.
Metcalfe, Peter H., Bungay, Suffolk.
Michell, Henry Slyman, Truro, Cornwall.
Middleton, C. F., Sydney, New South Wales.
Mortimer, John, Exeter.
Moullin, Charles W. M., Porchester Terrace, W.
Nicholson, William R., Burnley, Lancashire.
Norman, Walter, Adelaide, South Australia.
Palmer, L. Harold, Haverfordwest.
Parker, William Herbert, L.S.A., Cheltenham.
Parkinson, Sidney G., L.S.A., Northampton.
Perry, Francis Frederick, Hornsey Road.
Pratt, Walter, Billesdon, Leicestershire.
Price, John, Harrow.
Pye, Walter, Ealing, Middlesex.
Reynolds, Wm. Percy, Norwood Road.
Richardson, T. Arthur, Newport, Pembrokeshire.
Roche, Eugenius A., Sunderland Terrace, W.
Sankey, Herbert R. O., Cheltenham.
Slatter, Oliver Thomas, Chepstow.

Smith, Tom, West Bromwich.
Smith, Ernest S., Stanhope Street, Hyde Park, W.
Snell, Edward A., L.S.A., Richmond, Surrey.
Strover, Walter, L.S.A., Jersey.
Thomas, John R., Llanelly, South Wales.
Todd, John, L.S.A., Blackheath.
Turner, Edward B., Sussex Gardens, Hyde Park, W.
Walker, Hyde E., Walsall, near Birmingham.
Walker, William, L.S.A., Bath.
Webb, John R. W., Fairford, Gloucestershire.
Weiss, Herbert Foveaux, Chester Terrace, S.W.
White, Charles Haydon, Tufnell Park, N.
Whitsea, John, Sutton St. Edmonds.
Williams, Alfred G., Carmarthen.
Wood, Edward Joshua, Higham.

Vital Statistics.—From the Registrar-General's report we learn that during last week 5521 births and 4066 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 26 deaths annually in every 1000 persons living. The annual death-rate was 18 per 1000 in Edinburgh, 19 in Dublin, 22 in Glasgow, and 30 in London. The annual rates of mortality during the same period in the other large towns were—Bradford 22, Norwich 26, Brighton 19, Wolverhampton 22, Birmingham 20, Sunderland 26, Portsmouth 24, Sheffield 22, Plymouth 12, Nottingham 26, Liverpool 25, Bristol 27, Leicester 32, Oldham 19, Newcastle-upon-Tyne 24, Hull 26, Manchester 29, Salford 29, and Leeds 34. The annual death-rate from the seven principal zymotic diseases averaged 9·0 per 1000 in these towns, and ranged from 1·0 and 2·2 in Brighton and Plymouth, to 11·6 and 13·2 in Sunderland and Leeds. Scarlet fever continues fatally prevalent in Portsmouth, and small-pox caused 7 deaths in Liverpool and 4 in Manchester and Salford. In the provincial towns referred to 905 deaths were referred to diarrhœa, against numbers increasing steadily from 88 to 669 in the four preceding weeks.

New Act on Poisoning Animals.—By an Act just printed (39 Vict. c. 13) to prevent the administration of poisonous drugs to animals, it is provided that if any person wilfully and unlawfully administers to, or causes to be administered to, or taken by any horse, cattle, or domestic animal, any poisonous or injurious drug or substance, he shall be liable (unless some reasonable cause or excuse be shown on his behalf) on summary conviction to a penalty not exceeding £5, or at the discretion of the Court to imprisonment with or without hard labour, for any term not exceeding one month in the case of a first offence, or three months in the case of a second or subsequent offence. The provision is not to apply to the owner or person acting by his authority, and nothing in the new law is to exempt a person from other punishment, provided he is not punished twice for the same offence. The statute is to be cited as the "Drugging of Animals Act, 1876."

South London School of Materia Medica and Pharmacy.—The following is a list of the pzize-takers at the close of the summer session:—Senior Chemistry (medal) Mr. Amoore; (certificate) Mr. Hicks, Mr. Glegg. Junior Chemistry (medal) Mr. Truman; (certificate) Mr. Widdowson, Mr. Owen. Botany (medal) Mr. Bevan; (certificate) Mr. Evans, Mr. Hart, Mr. Allsworth, Mr. Weston. Materia Medica (medal) Mr. Walker; (certificate) Mr. Amoore, Mr. Collingwood. Pharmacy (medal) Mr. Widdowson; (certificate) Mr. Johnson, Mr. Walker. Practical Dispensing, Mr. Cooper, Mr. Harrington.

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Amaurosis through Suppression of Menstruation.

A young woman, twenty-one years of age, labourer, during menstruation, immersed her feet in a small stream, and the sanguinal flow ceased immediately; this occurred on the 30th of July, and soon afterward she experienced a peculiar sensation of pressure in both orbits. On the morning of the 5th of August she had double amaurosis complete. Absolutely nothing was revealed by the ophthalmoscope at the time. The patient complained of intraocular pain, which was notably increased by compressing the globe of the eye. Bathed the feet in mustard water; sinapisms to the hips, argol administered in refractory doses, blood-letting from the temple. On the morning of the 9th, in consequence of an abundant diaphoresis which occurred upon the right half of [illegible]nd an abundance of lachrymal fluid from the right eye, there was a diminution of pain in that eye, and a partial return of luminous impression upon the central field of vision. Having continued the diaphoresis until the 11th, considerable improvement was made in the vision of the left eye, from which, also, came the lachrymal fluid. The following month, notwithstanding the use of emmenagogues, menstruation did not appear, but returned seven weeks from the date of suppression, and with it disappeared all visual troubles.—*La Crónica Oftalmologica.*

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention t this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

The *Pharmaceutical Journal* never reaches our Irish office until twenty-four hours later than any of its contemporaries which are published on its day of issue. It ought to be possible for the Journal of the Pharmaceutical Society to keep time with its readers as accurately as its competitors.

Dr. J. L.—The matter has not escaped our notice; we are awaiting certain contingencies.

"The Trumpet shall Sound."—An enthusiastic admirer of Miss Victoria Woodhull, who for several years jointly edited Claflin and Woodhull's monthly in America, has just come out with a violent panegyric of his female medical love in the columns of a contemporary. Speaking of the religious trait in her character he says: "Once a sick woman who had been given up by the physicians was put into the care of Miss Woodhull, who attempted to lure her back to life. This zealous woman, unwilling to be baffled, stood over her patient day and night, neither sleeping nor eating or ten days and nights, at the end of which time she was gladdened not only at witnessing the sick woman's recovery, but at finding that her own body, instead of weariness or exhaustion from the double lack of sleep and food, was more fresh and bright than at the beginning. Her face, during this discipline, grew uncommonly fair and ethereal, her flesh wore a look of transparency; and the ordinary earthiness of mortal nature began to disappear from her physical frame and in its place to be supplied with what she fancied were the foretokens of a spiritual body. These phenomena were so vivid to herown consciousness and to the observation of her friends, that she was led to speculate profoundly on the transformation from our mortal to our immortal state, deducing the idea that the time will come when the living human body, instead of ending in death by disease and dissolution in the grave, will be gradually refined away until it is entirely sloughed off, and the soul only, and not the flesh, remains. It is in this way that she fulfills to her darling hope the prophecy that 'The last enemy that shall be destroyed is death.'" Having passed the meridian of life we cannot recall to memory the transparency of our sublime person; but then we were of the opposite gender, and could hardly expect that our external frame and our internal organs should have obtained that glassy appearance at the maiden age of 40, so that our friends could "see through us" ere we were "sloughed off" from the face of this cruel earth, as they appear to have done with our editorial friend some few years later.

Spes.—You will find full particulars and directions in our "Students' Number" of Sept. 22, 1875, by reference to which you will gain more information than we could give you by answering your queries in the order you have put them.

The German Army.—From official sources *The Veterinary Journal* learns that "in 1873 the German army had 693 veterinary surgeons. The number of horses was 94,742, of which 69,161 belonged to the cavalry, 15,163 to the artillery, and 2,274 to the transport. During the Franco-German war the army numbered 1,350,787 men and 263,735 horses. Of this amazing number 936,915 men and 232,393 horses were in the active army, and 413,872 men and 31,337 horses in the reserve."

Americana.—The institution is closed for repairs.

Mr. Parker, M.R.C.S., of Bath, sends us a copy of a post-card he addressed to the Right Hon. W. E. Gladstone in reference to the subject of Medical Education, founded on the address at the London Hospital, upon which we recently commented. We are curious to know the ex-Premier's reply to such an ambiguous question; we have puzzled ourselves to do so, and have given up the attempt. Perhaps the illustrious Statesman addressed has done the same! *Ubi lapsus quid feci, veritas stabits..*

Dr. Williamson.—The journal referred to is excellently conducted, and contains a good deal of valuable information. The editor is Dr. Gubler.

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VACANCIES.

Royal South Hants Infirmary. House Surgeon. Salary £85, with board and residence. Testimonials, &c., to Dr. Lake, Southampton.

Birmingham Eye Hospital. Dispenser. Salary £70, with partial board. Applications to the Secretary.

Birmingham Eye Hospital. House Surgeon. Salary £100, with board and residence. Applications to the Secretary.

Dover Hospital. House Surgeon. Salary £100. Address Mr. Elwin, 13 Castle Street, Dover.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 16, 1876.

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Original Communications.

ADDRESS IN MEDICINE. (*a*)

By Edward H. Sieveking, M.D., F.R.C.P.,

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(*Continued from page* 108.)

The *second event* of modern times, on which I beg your leave to dwell for a brief space, as specially connected, in my estimate, with the advancement of scientific medicine in England, is closely associated with the name of Sir John Forbes; from 1836, when he resided at Chichester, to 1846, when he had long been a denizen of Old Burlington Street, editor of the *British and Foreign Medical Review*, of which it would be difficult to speak too highly, whether we consider its literary merits, its thorough honesty and impartiality, or its grand and cosmopolitan scientific breadth.

The October number of 1846 concluded the editorial labours of Forbes; and in the parting summary which he presents to the reader of his work in connection with the journal, the editor, among other reasons, mentions the diminished sale, which he attributes in part to an article which he had published, and of which he acknowledged himself the author, in the January number of the same year. It is this article to which I venture to assign the maternity of a new era of the medical profession in its scientific position in Her Majesty's dominions. It was entitled "Homœopathy, Allopathy, and Young Physic."

This article was essentially a protest against the polypharmacy of the day, and a summons to the practitioner seriously to consider and studiously to examine the resources and the methods of treatment at his command. It was, without intending to be so, an amplification of the Hippocratic views so ably propounded by our departed friend, Dr. Warburton Begbie, at our last annual assembly, as to the physician's duties in the face of his great enemy—Disease. Though most of the arguments used by Forbes were as old as the hills, his boldness in bringing them forward at this particular time which he selected startled the profession like a thunderclap, and the author was subjected to much animadversion and misrepresentation.

Thirty years have gone by, and I may assume that few among my present audience are familiar with the article in question; or if they are, that they would hesitate to subscribe to most of the doctrines with which Forbes shook the withering tree of routine. Thirty years ago great agitation prevailed in the profession, owing to the warmth with which many members of the upper classes of the community received and supported Hahnemannian tenets and practice; the hostility which the article aroused was due to its being represented by its cavillers as favouring those views. I am not one of those who can subscribe to the ancient doctrine, that in all diseases we find a *vis conservatrix* or *medicatrix*, inherent in the system of the patient, which has simply to be allowed her own way, to lead the patient to a happy release from his malady. There is, according to my observation, no less a *vis destructrix*, (*a*) which has to be met boldly and decisively. But modern English medicine paid too exclusive attention to the latter, while it ignored the former; it placed its trust in the *armamentarium pharmaceuticum* to an extent which we, of the present day, neither follow nor applaud. The trade spirit also had some part in these aberrations; hence it was but natural, as the laity discovered that they might put aside the customary six bottles a day, in addition to the pill at night and the draught in the morning, sent in (and charged for) by the family attendant, without necessarily becoming a unit in the Registrar's death list, that they often attributed a cure, which we know the *vis medicatrix* is capable of effecting in many cases, when aided by a suitable regimen, to an infinitesimal dose of sepia, pulsatilla, or nux.

In an ancient work on medicine, published in 1559, the author, Mr. Bullein, (*b*) introduces two friends, discussing the merits of their physicians; one says, that being very ill,

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(a) **Read before the British Medical Association at Sheffield.**

(*a*) "Destructrix" is not a Latin word; "conservator" and "conservatrix" are Ciceronian; "destructor" occurs in Tertullian: but although I have no authority for the use of the word "destructrix," I trust it may, from the context, and in accordance with etymological precedent, be considered justifiable.

(*a*) *New Boke of Physic*, by W. Bullein. 1559. **Black letter.**

he had called in three physicians at once, to the astonishment of the other, who fears that his purse would scarcely suffice for the discharge of the customary fee. The reply is, that Doctor Diet, Doctor Quiet, and Dr. Merryman had effected a cure, which had cost the patient nothing in the coin of the realm. These three doctors have never been overlooked with impunity, as some of the most valuable contributions to the literature of the present generation testify. It is, however, not to be denied that, when Forbes's article roused the indignation of his opponents, the elements in treatment which they allegorically represent had given place almost entirely to what was termed heroic methods. Bleeding from the jugular vein and temporal artery, large and repeated doses of mercurial and antimonial preparations, constant venesection and leeching, were in daily use; and it was not to be wondered at, that as physiology and pathology came to be more thoroughly studied, the difficulty of finding a satisfactory reply to an inquiry why these things were done should arrest the thoughtful practitioner. Homœopathy gave him a rude shake, and he found it necessary to unlearn much and to retrace his steps, so as to recover the true path of nature. But it was only on the principle, *fas est et ab hoste doceri.* Forbes made himself the spokesman of many, who, by the support they rendered him, showed that while they recognised this error, they were as far as he was from regarding homœopathy as a development of science. Listen to what he says. After analysing other evidence in favour of homœopathy, he very carefully reviews *An Inquiry into the Homœopathic Practice of Medicine,* by Dr. Henderson, a professor of medicine in the University of Edinburgh, who had become a convert to Hahnemannian doctrine; Forbes remarks upon the cases he reports, and the deductions he adopts: "Men capable of admitting cases of this kind as evidence, and we could extract fifty from Dr. Henderson's book much feebler than this, are demonstrably disqualified to treat of things which demand for their handling the stern logic of a masculine mind." Forbes sums up the results of his entire inquiry into the value of homœopathy in the following words: "If, for the sake of argument, we were to admit that homœopathy were partially true, and therefore that it might fairly be received as one of the recognised methods of treating disease, it would appear to us, according to our present light, to be very unfortunate if this were done. The guiding principles of homœopathy appear to us to be of that character which must render its exercise very injurious to medicine as a branch of science. Based as it is on mere extrinsic secondary phenomena or symptoms, and exclusively engaged in the search for and adaptation of specific remedies to such phenomena, we cannot but regard it as calculated to destroy all scientific progress in medicine, and to degrade the minds of those who practise it. Its direct tendency seems to be that of severing medicine from the sciences and establishing it as a mere art, and thus converting physicians from philosophers to artisans. Of course if, by such a conversion, diseases were to be better treated, and more speedily and frequently cured, it would not only be absurd, but transcendently wicked so to sacrifice the welfare of humanity for the sake of a scientific phantom; but, as we have said, it is anything but proved that such a result would follow the change, and therefore, until the proof is obtained, it behoves all who regard the prosperity and dignity of true art to resist its progress."

The writer further examines the causes of the success which homœopathy enjoyed in his day, and gives numerous interesting and striking illustrations, which lead him to the conclusion "that the curative powers of Nature suffice to explain all the triumphs of homœopathy." He then adduces some o the influences which we, at the present day, certainly do not regard as in any way the special property of the system, and to which Forbes thought they might be fairly ascribed; they are essentially those which Mr. Bullein more than three hundred years ago summarised in the short allegory above recounted.

I have not the slightest desire to revive the controversy on homœopathy, but the preceding remarks and quotations seemed necessary to bring before you an important phase in modern medicine, and from the slight indications that the [illegible] and place permit me to give, to ask you to realise the strides that the last three decennia have effected in the diffusion of scientific views among the great body of British practitioners. We are approaching so near our own time in the consideration of these matters that it would be invidious to go into further detail. Many of the great workers in the various fields of observation who achieved the present results are still among us, and if I mention one or two subjects of inquiry which pertinently indicate the progress that has been made, it is rather by way of illustration and example than because it is possible to exhaust a subject which might fruitfully occupy entire volumes.

Consider the vague manner in which formerly the influence of air and water was treated—the cosmic, telluric, and atmospheric agencies that were accused of affecting man, without any precision greater than that belonging to dreamland. Consider, on the other hand, the rigid investigations that have engaged scientific physicians from the days of Snow (whom Dr. Wilson designated in his Harveian oration before the College of Physicians as "*Nix per æthera notus,*" but whose claim to the gratitude of posterity rests much more on his inquiries into the origin of cholera in contaminated water than upon his connection with anæsthetics); consider the investigations into the causation of disease by impure water, and the brilliant results that have been achieved as regards the influence of that first necessary of life in the origin and propagation of morbid processes; ponder upon the equally important, though, as yet, perhaps, not equally decisive investigations, that have been made in regard to the aerial germs of disease, the invaluable aid afforded to precise knowledge of morbid processes by microscope and thermometer (instruments unknown to the student of my day)—the searching examinations into the operation of medicinal agents; the revelations of the various sources of disease from food contamination and adulteration; and say whether medicine in its totality does not fully deserve the title of a science, and has not already reaped rewards scarcely recognised by the younger generation of medical men, and certainly not appreciated as they deserve by our non-medical contemporaries; rewards such as Forbes and his coadjutors looked for when they challenged their contemporaries to a more reasonable inquiry into the nature and history of disease, and the real value of the various agents at our command for its removal.

And, for practical results to the community at large, look at the increased duration of life wherever the medical man has been listened to; to the enormously increased value of life in the army (in connection with which question allow me to advert to the loss the nation has but just sustained in the death of that great man, our associate, Edmund Parkes); to the general reduction of the death-rate; the check put upon the inroads of disease in many noxious trades and occupations; the reduction, nay, almost arrest of mortality in some diseases that, under "heroic" treatment, more frequently succumbed than recovered—diseases of the head, of the chest, of the abdominal viscera. May we not quote the remarkable revelations with regard to trichiniasis and other parasites as permanent victories? Is it too early yet to speak of what some of us may regard as a victory over the bane of England's youth and early manhood, rheumatic fever, by salicylic acid? Look at the advances of surgery in regard to its conservative labours, its anæsthetics, its antiseptic treatment! Who that scans the changes in medical training and conduct during the last thirty years can deny that mankind is the better for the more scientific development of medicine, and that the more we encourage true scientific work, the grander will be the beneficial results that we and our descendants may reckon upon.

But while we rejoice over our reminiscences, we must not forget that every step in advance opens out to us a new vista of further and higher responsibilities. Many of the inquiries that have been initiated have not yet been terminated; many results attained by the man of science have not yet found their practical application in daily life. An association can do little directly to promote science. Scientific work is rarely well done by large assemblies. The student works in the quiet laboratory, in the secluded library, or at the bedside of his patient, and though he may be encouraged by the sympathy and approval of his contemporaries, science and its results are, and ever will be, his chief rewards. But it is our duty as an association to assist in rendering his results, if not beneficial to the inquirer, at least to his fellow-men, and preventing impediments from being put in his way, that thwart his undertaking, damp his zeal, and enfeeble his powers by the chilling effect of neglect and discouragement. In this direction our association has already done much. We cannot create the *sollers ingenium,* but we may smooth the difficulties in its path, and assist in securing its recognition by those less competent to judge, and yet willing to benefit by its activity.

It appears to me especially the function of an association like ours to spread the knowledge of scientific results, and to secure their application to society. No true work is barren, but it often remains hidden, because its seed falls on uncongenial soil; and it is our part to see that the particular work of the philosophic physician is duly appreciated by those who rule our commonwealth, partly because we are bound to show our gratitude to the benefactors of our race, and partly because the general public are by no means educated in such a direction as to enable them to appreciate the advantages conferred by medical science. Hence, again, I say that the British Medical Association, if it wishes to deserve well of mankind, is bound to exert itself to secure a more public recognition by the State of the aims of the profession, and to obtain for those calculated to represent them properly a more fitting method of realising them than is at present possible. The recognition of state medicine to a claim for university honours is already a step in the right direction, and shows that some of the educated classes are beginning to appreciate the importance of the questions at issue; but how much yet remains to be done is shown by the apathy, of which we forbear to adduce special instances, evinced so frequently by municipal and other legislative bodies in regard to measures of vital importance to their own welfare and that of those around them. Here I hold that our Association has a great sphere of action before it, and what we are able to do in this direction must, if my views are just, be mainly realised by the influence we are able to exert on education in schools and universities.

These observations bring me to the consideration of the *third element* in the modern development of our profession, or our relations to education, to which I crave your indulgent attention yet a little while.

Nearly a quarter of a century ago the poor Welsh apothecary, as he was wont facetiously to denominate himself, and to whom all honour is due, conceived the idea of founding an institution which should, besides providing a home for the invalided and impoverished members of the profession, supply a liberal education, at the lowest possible cost compatible with its scope, for the sons of medical men, many of whom were, as foundation scholars, to receive their training free of all cost. The proposition was warmly received and well supported, so that we may now, in 1876, speak of large and beneficial results. The feeling that animated the supporters of Mr. Propert was doubtless, in the first instance, one of Christian benevolence; but it was also largely based on the desire, now becoming more and more urgent, to give expression to the sense of unity and co-operation pervading the entire profession of medicine. Of course there were some who found fault, and who would have preferred that less money should have been spent upon bricks and morter; but I much doubt whether any scheme would have commanded similar success that had not been accompanied by the conspicuous and tangible product of such a group of buildings as now adorns the heights to the south of Epsom. The eleemosynary character of the institution has been extended, and its typical feature as a centre of professional harmony has insensibly acquired a firmer hold upon the medical public; but it is now gradually achieving for itself a position in the educational institutions of the country which I apprehend will effect a more wide-spread influence than even its sanguine founder anticipated. And it is right that it should do so.

If we look around at the system of education still prevailing in our country to a large extent, can we admit that it accords with the spirit of the times? and do we not rather find that even now the rules that regulated the Trivium and Quadrivium of the Middle Ages hold good to an extent that would seem incredible in a day of railways, electric telegraphs, and penny postage, were the fact not too patent? The bed of Procrustes is still too much the type of modern education. The mind of our youth, whatever its tendencies or aspirations, is still uniformly sought to be moulded upon one monastic system. The glories of Homer, Demosthenes, Horace, or Tacitus, are still forced upon minds incapable of appreciating them, or are made a preparation for a life in which Nature and Nature's laws, a knowledge of mankind in his various relations to internal and outward circumstances, is the first desideratum. No one is more convinced than I am of the value of a knowledge of the literary and social work of the great nations of antiquity; but the question that I would submit to your careful consideration is not how great their value, but how much the manner in which these subjects are taught, and the time that is bestowed upon them when the youthful energies should be trained for the work of life, has interfered with our progress as a nation. Under our prevailing system the highest power that we are endowed with—that of observation and comparison—is forcibly kept down; and even the first requisite of a liberal education, the knowledge of our own language and its marvellous achievements, the power of using and enjoying it to the utmost, is deadened instead of being quickened. At the Epsom College, as is right in an institution which is ruled by medical men, it is sought, so far as is compatible with the requirements of other scholastic bodies, to set an example in giving prominence to the teaching of natural science; and the results, small perhaps as yet, are already giving promise of a greater future, and cannot fail to make a wider impress upon our national system of education.

But is it right that we should wait for the slow progress which our small institution may make in public estimation, without taking further steps to secure what, in and out of our profession, is almost universally admitted to be a desirable or necessary object? Can we not do something to secure better education at large, and a more general adoption of principles which we believe to be irrefragable? It would be useless to put such a question if I saw no remedy; but I believe the remedy is at hand, and that it largely depends upon the medical profession, though it is not their immediate function to occupy themselves with educational matters, to cause a gradual and peaceful revolution in the prevailing system.

To do so, however, we must go, not so much to the primary schools, as to those fountain-heads of English education, which put the stamp and die upon what they regard as success, and thus compel all dependent upon their fiat to work as they list. It would be quite impossible now to discuss the history and growth of our universities; but we, as Englishmen, can scarcely admit that they do now, or ever have, taken that position as teachers of the great body of the nation which we see aspired to or occupied by continental universities. An university should be, as its name denotes, an *universitas literarum*, and not limit its teaching to one or two disciplines, which though valuable in themselves, are simply means, not always appropriate, to an end to be attained elsewhere. To my apprehension, an university does not deserve the name, which does not within itself teach the principles and theory of all science, and which adopts a *régime* and habits that exclude from its precincts all whose mental calibre cannot adapt itself to one formula of a classical or mathematical shibboleth, or whose means compel them to enter a professional calling without unnecessary delay. I maintain that *all* members of learned professions ought to enjoy an university training, and that a country whose universities do not allow of their students acquiring the entire theoretic part of their respective professions within their walls, neglect the first duty for which they were called into existence. I will not now speak of any other profession than our own; but, as regards medicine, I conceive that many of the educational difficulties that have been so long under discussion, and that are far from being removed, will disappear when such arrangements are made at our universities that the great body of practitioners can avail themselves of their advantages. In order that this may be possible, it is necessary that a standard of preliminary training be fixed which shall qualify for admission into the university, and that, at the age of eighteen or nineteen, when young men generally put on the cap and gown, they should be permitted to pass at once from the subjects they have been learning at school to those professional studies which the universities ought to be able to teach infinitely better than the small, self-supporting academies of medicine now scattered over the country.

It is no small credit to the energy of the medical schools as they exist, that they have done as much as they have done; but, with the increase of knowledge and the demand made upon the lecturers, it is simply impossible that the latter should keep pace with the times, unless they are exempted from the *res angusta domi*, and are enabled to devote themselves entirely to science. At present, the majority of lectureships are treated simply as stepping-stones to medical practice, and hospital physicians and surgeons pass from one subject to another, not so much by virtue of special qualification, as by the all-powerful influence of professional seniority. Something may doubtless be said in favour of our present system of competition; but I would ask whether the balance of argument is not in favour of professorships at our ancient universities, where the increased numbers of alumni would render a professorship not only a place of high and laudable ambition, but would make its emoluments worthy of acceptance by those of our body who desire to devote themselves to, and merge themselves entirely in, scientific research. Botany, chemistry, natural philosophy, physiology, anatomy, comparative anatomy, pharmacy, and materia medica, the theory of medicine and surgery—might all be better and more profitably taught at an university than in provincial or metropolitan schools of medicine. The numbers that would flock to our universities if they held out such advantages would render necessary the endowment of more than one professorship for each discipline, and thus a salutary rivalry, without which stagnation would ensue, would be preserved. And if our present university arrangements are insufficient to provide for the two thousand medical students who annually inscribe their names on the registers of our schools, what is there to prevent the establishment of more universities in towns willing to advance the growth of the sciences, and possessed of fewer of those sanitary defects which mar the beauties of Oxford and Cambridge?

It is utterly against my views that an university should belong to a class; and therefore, while I maintain that we physicians and surgeons of England may legitimately labour for the foundation of a new university, which shall embody certain methods and principles, if the older institutions cannot receive us, I should regard the attempt as futile, unless provision were made at once to establish professorships required by all the faculties, so as to ensure an influx of ingenuous youth, destined for all the various walks of life. Has Germany suffered either by the poverty or the number of its universities? Has that great country not ever been to us a model, both in the manner of teaching and in the achievements of the taught?

I value political independence, honour, and integrity even higher than scientific growth; but, as the former are secured to us, as far as institutions can make them sure, is it not time that we throw some of our superfluous energies into the cultivation and development of the scientific growth of the nation, and emulate our cousins on the other side of the German Ocean in the number and power of our universities, as they are essaying to walk in that path of constitutional freedom which has so long been the Briton's birthright? It is not found in Germany that the transition of a student from one university to another either interrupts his studies or checks his professional career. There is a sufficient understanding among these bodies to allow the thread that was broken at one to be taken up at another, the attendance at one admitting to its equivalent position at the other. The benefits that I would thus confer on medical students would react most beneficially upon the community. Students of medicine would enjoy the advantage of the highest teaching intellect that could be commanded, and they would benefit by that free interchange of thought and opinion which is the characteristic feature of the intercourse at an university between young men treading the different paths of life; they would feel themselves to be, more than they now are, an integral part of the republic of letters, of which an university ought to be the type. But I question whether the gain to the nation would not be even greater than that conferred upon the medical student; for, indirectly, the members of the legal and clerical professions, and that large number of the gentry who visit the universities rather for the purposes of general education than with the view to following a profession in after-life, would of necessity interchange opinions with their medical colleagues, and imperceptibly become imbued with a respect for, and a knowledge of, nature and nature's laws, which could not but favourably react upon their execution of future duties.

The gulf that even now in England separates the inquirer into God's laws in Nature from his "educated" fellow citizen, could not be more distinctly shown than has been done by the recent discussions on vivisection, in which the non-medical community have thought it right and honest to hurl at us all the opprobria of language from an entire misapprehension of the means, the scope, and object of our researches. Our legislators would rival the enemies of Galileo; if their views had been in the ascendant when Harvey's discoveries were made, we might still be running after the will-o'-the-wisp of an Archæus; and if our detractors had their way the progress of science and humanity might even now receive a check that would retard the advancement of civilisation. What but a free interchange of thought and opinion between the most educated of the rising generation can prevent the recurrence of similar bathos.

One of the great obstacles to the diffusion of sanitary knowledge, and of a due appreciation of the unselfish labours of physicians, consists in the ignorance which still prevails so largely, even among the higher classes, as to their object and scope. The free intercourse of young men of different professions would do much to remove existing prejudices, and to widen the actual amount of knowledge, so that their cooperation in after-life would be more certain and effective, from the community of feeling and interest created in them by early association.

The practical question remains, whether our present social constitution admits of the realisation of a plan like that suggested. Does it not resolve itself mainly into one of pecuniary means? The greater demands now made by our examining boards appear to answer this in one direction, while the success attending the establishment of a college like Keeble College seems to answer it in another. The present extravagant cost of a residence at Oxford and Cambridge, which elicits the groans of many a *paterfamilias*, is shown not to be a necessity; if it were unavoidable, it would be an argument against the admission of the bulk of medical students to the universities which would silence me. There are many who value their university residence rather because it is a proof of their parents having been wealthy than because they have any superior acquirements to boast of; but I do not think so meanly of the ruling powers as to believe that they would desire to make property the qualification of primary consideration in the test of admission. The heartiness with which the universities have, during the last twenty years, thrown themselves into the great question of educational reform, and given material aid to its intrinsic development, is the best proof that they recognise their high mission. At the same time, it may be doubted whether their energies in directing middle-class examination are not somewhat misplaced. We all know one or more benevolent ladies whose labours for the clothing clubs, soup-kitchens, visiting and missionary societies of their parishes, are unlimited, but whose children are allowed to run wild from want of that home-supervision which their mother's expansive benevolence prevents her from exercising.

Does not *Alma Mater* also tend, with due reverence be it said, to a partial neglect of those duties which lie nearer home in order that she may acquire the name of an universal foster-mother? At all events, if she has spare energies for the chickens that are wandering about untended and uncared for, she ought, surely, first to show that her own brood has received the necessary food and protection, and that she has guarded them from becoming the prey of the designing and watchful fox.

Whether our Association can take active steps towards the consummation of what I would fain hope many of my hearers may consider to be a desirable object is a question that I dare not now dwell upon at large, but I entreat your permission to add a few more words on the subject. I apprehend we have in the first instance to consider, not so much whether it is possible for Oxford or Cambridge to receive our students, as to determine whether it is right and proper that the future generation of medical men shall receive their scientific training at an university or not. If the affirmative be adopted we may then make our wishes respectfully known to the authorities of the old universities. If they read the signs of the times with our interpretation, we should do well to benefit by the *prestige* of their ancient names, and it would be a matter of rejoicing that those seats of learning would secure the advantages which it is believed would accrue to them. The alternative of a new foundation in a southern or northern county town would still remain. For my own part, I venture to think that, if you endorse the views I have offered you, we should more speedily gain our ends if this great Association resolved that a new university, in which the professorial element shall be paramount, is necessary, and proceeded to take such steps as prudent foresight may suggest to secure the realisation of so great an end.

If I have succeeded in obtaining your sympathies, I have little doubt that the ways and means will be forthcoming to enable us to meet what I regard as the summons of the spirit of progress and science, addressed to ourselves and our contemporaries. If you differ from me, I crave your pardon for having taken up your time unnecessarily; but I should scarcely have been true to myself if I had not seized an opportunity, such as the indulgent offer of your Council has given me to-day, of placing before you a summary of the great work that our Association has done, and the still higher objects that I believe it to be destined to achieve. *Salvavi animam meam.*

When I was first invited to deliver this address, I was told that I should meet you at one of the most frequented health-resorts of England, and I naturally asked myself whether I might not appropriately select some topic of general medical interest connected with hygiene, climatology, or balneology, to enlarge upon; but on review of the past history of our Association and of its influence on our common profession, I could not resist the temptation to take a larger scope, and to ask you whether we are to rest satisfied with what our predecessors have done for us, or whether we should not rather emulate their great endeavours, and seek to place medicine on a higher social, political, and scientific platform. Sloth and stagnation are not to be thought of here, in the very centre of England's manufacturing greatness. Everything that surrounds challenges us with the watchword, "Excelsior!" Modern life is a continuous and hard-fought battle of the intellect. Muscular Christianity is necessary to sustain and invigorate the body; but the training requisite to sustain the mind at its highest point of development is surely now more than ever a question of national importance. The workers in brass and iron, no less than the practitioners of medicine, are indebted to science for their greatest achievements.

What say you? Is it possible for the British Medical Association to do more than has yet been done to place science on a footing worthy of an empire upon which the sun never sets? Can this very meeting take steps to inaugurate a new university in which none shall enter but those who, being well prepared for its curriculum, shall be capable of receiving a training by the highest intellects of the country for even higher work in all that adorns and elevates life?

I cannot hope to carry all your suffrages with me; but, however our views may differ, I am satisfied that we all agree in our reverence for the great names of the past, and in our desire to tread in the footsteps of those who have led us to the position we now occupy.

That we may more and more be enabled to work with and for the growth—physical and intellectual—of our fellowmen, that we and our children's children may become more and more identified with our country's greatness, has been the wish that has prompted the thoughts which thus imperfectly and fragmentarily I have ventured to lay before you, the Members of the Medical Association.

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ADDRESS IN SURGERY.

By W. F. Favell, M.R.C.S. Eng.,

Surgeon to the Infirmary, Sheffield.

Mr. President and Gentlemen,—In the first place, allow me to thank the members of the British Medical Association, and particularly those members who are my fellow-townsmen, for the high honour they have conferred upon me in putting this address into my hands; at the same time, when I consider how many amongst the wisest and most eminent of British surgeons have delivered this address in surgery before me, I feel how little anything I can say can rival the memorable utterances of by-gone years, and how much I need (what I know I shall get), viz., the indulgent hearing of the distinguished company here to-day.

If I can tell you nothing *new* to attract your attention or excite your admiration, I hope I may be able to say something useful, and, at all events, to draw attention to facts which will bear investigation again and again. Bearing in mind the rapid advances made in surgery within the last few years, and bearing in mind also the constant changes in surgical practice, it has appeared to me that it is well sometimes, on an occasion like the present, to pass in review some few of the most important changes in practice, comparing them, as far as we can, with recorded results of past experience.

Alterations are by no means necessarily improvements; and, in this age of rapid progress, are we not sometimes in danger of setting too light a value on the things of the past, and of too utterly discarding some remedial measures to which our predecessors attached immense importance? Permit me, in illustration, to quote the words of one of the wisest and most eloquent of surgeons, Sir James Paget. In a very charming and graceful paper, read at the opening of the Section of Surgery at Norwich two years ago, Sir James, referring to his note-book of cases recorded forty years previously, says: "I found there some things which make me still fear, lest in our progress we should have let fall some things which we had better have held, and are now regarding some things too lightly that then seemed very grave, and, perhaps, are so still. For, among the records which I found, are records of methods of practice now almost completely disused, and yet in which I feel confident there was much right. I find, for example, a large and almost uniform practice of bleeding for all acute diseases, for many chronic, for most of those which were unknown and uncertain, and for a large proportion of those in which there seemed to be nothing the matter. Trying to learn something from these things, I come to one or two conclusions, which I am sure the younger members of the profession need to have much impressed upon them. One of them is, that at the *present day we undoubtedly overvalue the blood, and estimate too cautiously the loss of it.*"

Gentlemen, these suggestive words from so profound a thinker and a man of such matured experience are worth pondering over; and may we not meet with many parallel cases in surgery? I know of no class of cases more important, more interesting, and in which more marked change of treatment has taken place within a number of years, than cases of fracture of the skull, and I think no records can offer a more marked illustration of this latter fact than the records of some of the master minds in surgery who have been connected with the hospital I specially venerate, St. Bartholomew's. Permit me briefly to quote the opinion of three men following each other in rapid succession, Pott, Abernethy, and Lawrence.

In Pott's "Surgery," published in 1808 by Sir James Earle, we find that the use of the trephine in almost all fractures of the skull, whether simple or compound, is strongly insisted upon. He says, speaking generally of these fractures: "The number of cases of this kind which are necessarily brought into a large hospital, so situated as St. Bartholomew's, in the midst of a populous city, where all kinds of hazardous labour are carried on, has enabled me to make many observations upon them; and, although I have now and then seen some of them do well without the use of the trephine, yet the much greater number whom I have seen perish with collections of matter within the cranium, who have not been perforated, and for whom there is no other relief in art or nature, has, I must acknowledge, rendered me so very cautious and diffident that, although I will not say that I would always and invariably perform the operation in every case of simple fracture, yet the case must be peculiarly circumstanced, the prospect much fairer than it most frequently is, and my prognosis delivered in the most guarded apprehensive manner when I omit it."

And, again, he expresses his strong opinion, "that enlarging the opening of a fracture by means of a trephine will not produce or occasion much risk or hazard additional to what must be occasioned by the fracture itself that has already let in air upon the membrane; and, therefore, that *that* consideration is, at all events, in some degree at an end;" and so he goes on to argue that, as a matter of *prevention*, operation ought to be had recourse to in nearly all simple or compound fractures of the skull. Moreover, he did not confine his operation to one perforation of the skull, but occasionally trephined in two or three places, so as to embrace the whole of a fracture in the parts so removed; and yet I find, in spite of treatment so heroic, not a few successful cases recorded in his work on "Surgery."

Abernethy differed in his practice from the course insisted on by Pott. He observed that a slight pressure from depressed bone did not interfere with the proper discharge of brain-function; and, whilst admitting that the pressure so exercised might in some cases set up irritation at a future time, he thought that generally the parts beneath became accustomed to it, and no evil results followed, and he thus cautiously expresses his view of the treatment to be pursued. "From all I have learned from books, as well as from the observations I have made in practice and from reasoning upon the subject, I am disposed to join in opinion with those surgeons who are against trephining in *slight* depressions of the skull, or small extravasations on the dura mater."

Lawrence held, perhaps, a more decided opinion than Abernethy, he being certainly opposed to interference in cases of fractured skull, except where symptoms or other conditions clearly indicated it. In an able article on Cases of Injury to the Head, by Mr. Evans of the Hull Infirmary, published in the third volume of "St. Bartholomew's Hospital Reports," Mr. Evans says: "I well remember some years ago the late Sir William Lawrence saying, in the wards of St. Bartholomew's Hospital, where a case had been recently trephined by one of his colleagues, that his experience of forty years in the wards of that hospital was, that such injuries did as well without operation as with it."

Here, then, I have briefly epitomised the opinions of three representative men of one of our great surgical schools, men whose opportunities for observation were immense, and who brought giant minds to bear upon the question; and I could considerably multiply opinions both in favour of and against interference in cases of depressed fracture of the skull, expressed by the leading surgeons of their time. And, though I think I may assert that the balance of opinion is now in favour of interfering extremely rarely in such cases, except where marked symptoms develope themselves, and that certainly a great change in practice has taken place since the teachings of Pott; still, with all the light of past experience to guide us, and with all the recorded results of the practice of the great men of former years for our instruction, the propriety of immediate operation in cases of depressed compound fracture of the skull is still an undecided point in surgery. All authorities agree that, when symptoms of brain-pressure arise as a consequence of such injury, or where inflammatory symptoms develope themselves, not speedily yielding to antiphlogistic treatment, our duty is then to operate by trephining, or using Hey's saw or bone-forceps where practicable, so as to give exit to pus, or remove a source of otherwise fatal irritation; but it seems to me that the important and yet undecided question is, Are we to use these means *at first*, without waiting for the development of symptoms, in order to *prevent* their occurrence? Does the subject of a compound depressed or comminuted fracture of the skull run a greater risk by being trephined at once, though no symptoms exist, or by being left alone?

Two of the most eminent of living authorities strongly advocate immediate interference; you will almost anticipate me when I mention Mr. Prescott Hewett and Mr. Erichsen.

Mr. Hewett distinctly says that, "in cases of compound depressed fracture of the skull, the rule is to operate, and at once;" and Mr. Erichsen speaks even more emphatically. In his very admirable book on "Surgery," he makes the following remarks on the subject:—"So far as my own experience is concerned, which is necessarily drawn purely from civil practice, I can say that, with the exception above referred to, I do not recollect ever having seen a case recover in which a compound depressed fracture of the skull occurring in an adult had been left without operation; but I have, on the other hand, seen several instances of recovery in which the bone had been elevated and fragments removed. The sooner this is done, the better; danger does not arise from early operation, but from delay; the presence of depressed and spiculated fragments pressing into the dura mater must infallibly and speedily induce encephalitis. I have several times triphined under such circumstances as these with success, and have never had occasion to regret doing so. Indeed, there is no class of cases in which the operation of trephining is attended by such successful results as in those of depressed and comminuted fracture." To what circumstances, then, are we to attribute this diversity of practice amongst men so thoughtful and so well able to form opinions? Possibly the excessive use, I suppose I may say the abuse, of the trephine in former times has been one cause of its almost absolute disuse by British surgeons within late years. I think that, in the case of many powerful and active remedial measures, once highly esteemed and strenuously enforced, as extended observation and scientific research prove to us that their employment is frequently unnecessary and often harmful, we are too apt to rush into the other extreme and altogether discard them, overlooking the value of their cautious and carefully considered employment. Another reason, I think, may be the unfortunate results which statistics give in cases where the trephine has been employed; but here, again, if we carefully investigate the existing conditions in many such cases, we must conclude that the same results would have followed, in spite of any treatment. The rule of practice with many eminent surgeons is to have recourse to the trephine *at once* in the treatment of compound depressed fracture, *only* in such cases as are accompanied by symptoms of brain-compression, and rarely, I fear, with a fortunate result; and, although in loose statistics such cases go to swell the number of deaths recorded after trephining, has the operation itself anything to do with the fatal result?

I think that if we come to examine such cases after death, we should almost invariably find some serious brain-lesion which could hardly have terminated otherwise than fatally whatever treatment we had adopted. Permit me on this point to again quote Mr. Prescott Hewett. "It has never fallen to my lot," says he, "to meet with a single case of cerebral disturbance of a formidable or urgent character, in which such symptoms were wholly dependent upon depressed bone. In every case which I have seen with these symptoms strongly marked, there was also some extensive extravasation of blood, or some serious lesion of the brain-substance itself."

(*To be continued.*)

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ON THE USE OF SULPHIDE OF CALCIUM IN THE TREATMENT OF SCABIES, AND ON WORKHOUSE SKIN DISEASES.

By Thomas M. Dolan, L.R.C.P.E., L.R.C.S.E., &c.,
Medical Officer Halifax Union, Infirmary, and Halifax Fever Hospital, Yorkshire.

An experience of seven years with over 700 cases of pure scabies has convinced me of the efficacy of the solution of sulphide of calcium in the treatment of scabies, and the satisfactory results obtained by its use induced me to introduce it to the notice of your readers.

It has the merits of being cleaner, easier of application than the greasy substances usually applied, and if properly used results in a certain cure within a brief period.

It is made, as its name implies, from lime and sulphur; the following formula, from many others, may be used:—

Flower of sulphur ...	100 parts.
Quicklime	200 „
Water	1000 „

Boil the whole for some time, allow the liquid to cool, and decant into hermetically-corked bottles.

It is sold by chemists in the form of a bright yellow solution, and hence is popularly called golden lotion.

Before applying it my patients are ordered a warm bath, so as to cleanse the body and excite healthy skin action; they are then painted with the solution and placed in bed in blankets.

Next morning they present a peculiar appearance, as, owing to the deposit of the sulphur, they are the colour of a guinea. The beneficial results are soon manifest. The itching ceases, the *vesicles* shrivel up, and after another warm bath the patient may be discharged cured.

The over-use of this remedy causes troublesome irritation of the skin, and is often a source of anxiety and trouble until the cause of it is known. It should be at once stopped, the patient bathed in soda and water, when all ill effects will speedily disappear.

It has also the property of destroying anything of a fungoid growth.

When we have itch of long standing in irritable, badly-nourished, strumous subjects, other treatment has necessarily to be adopted to remedy the complications.

There is a sulphide of calcium in powder of which I obtained a specimen from Burgoyne, Burbridges, and Co., London, but it has not the same happy influence as the liquid I have been in the habit of using. There is also a bisulphide in the form of a clear colourless fluid of pungent odour, which is very irritating when applied to the skin. It has no effect in destroying the *acari*, and produces when used an unpleasant erythematous rash.

The clothes of the patients must also be submitted to disinfection, which may be done by placing them in the old sulphur-stove, or by submitting them to heat in some such apparatus as Nelson's patent, whereby the *acarus*, and its eggs are destroyed without injuring the garments. This remedy recommends itself to workhouse medical officers (who have, unfortunately, a large percentage of itch patients) on the ground of economy.

Recruited as are the inmates of our industrial schools and workhouses from tht lowest strata of society, the medical officers of these institutions have but too often to contend with disease resulting from impaired nutrition and hereditary taint, and their skill and patience taxed in arresting at one time it may be the curse of large schools, *ophthalmia*, or at another the invasion of skin disease of a virulent and persistent form.

Having had two epidemics of skin disease amongst the children under my care, the results of my experience may prove useful to some of my younger *confrères*.

The difficulties to be experienced in eradicating an outbreak are very great. The classification of the form of disease is oftentimes a source of trouble, for it presents itself under so many forms of pustules, papules, vesicles, &c., that it cannot be assigned to any of the recognised forms as laid down in our text-books, but must be treated on general principles, always remembering that we have to deal with constitutions lowered by bad diet, specific disease, and that the general health must be improved before topical treatment will be of any avail. Isolation is oftentimes not easy of attainment. Insufficiency of accommodation, want of proper and intelligent nurses, deficient water supply, separation of towels, caps, brushes prevent the medical officer from so speedily effecting a cure as he would be certain to do with patients placed under more favourable circumstances.

Both the epidemics that came under my notice presented very analogous features in invasion, persistence, and decline; they occurred about the same period of the year, spread rapidly, were tedious in curing, were characterised by similar symptoms, and treated on similar principles.

Several medical friends saw the children with me, and were puzzled to give the disease a specific name, though all agreed that the treatment should be constitutional.

In the last epidemic of 1874 I had the benefit of the advice and assistance of Dr. Moual, Medical Inspector under the Local Government Board, who saw the children when they were nearly convalescent.

His opinion was that the disease originated from a vitiated state of the atmosphere of the schools, and that it depended on the presence of some cryptogam.

The first essential thing to do was to obtain perfect isolation, and this was done at once; the children were transferred to well-ventilated and commodious wards, and each placed in separate beds, their clothes were at once taken from them and thoroughly disinfected, each child being well provided with two towels.

In order that if the *acarus scabei* was present and causing mischief it might be at once destroyed, a warm bath with soda was ordered and the solution of sulphide of calcium applied.

The bathing of children is one of great difficulty, as not more than two children should use the same water, and unless the bathing accommodation is ample it is hard to obtain sufficient supply of hot and cold water, and it is also no easy matter to get nurses to bathe them separately.

This was one of my great difficulties, though I afterwards overcame it by substituting a hose and jet with hot and cold water graduated, so that each child was *douched* in clean fresh-aired water.

The action of the sulphide of calcium upon the children had no beneficial effect, thus satisfactorily proving to my mind that I had not to deal with complicated scabies.

The treatment I adopted was directed to the improvement of the general health, of better diet, beer, green vegetables, &c., and by removing them for exercise in the fresh air away from the poor-house. Medicine of an alterative nature was given, with syrup of the iodide of iron, and syrup phosphate of iron in some cases; whilst in others, where I knew there was a constitutional taint, I administered small doses of iodide of potassium and sarsaparilla.

A few of the children presented an eczematous appearance, and these had to be confined to bed, poulticed with bread and water, and emollient applications applied.

Another difficulty is experienced in the giving and making up of medicines for a large number of children. I had to arrange the doses according to the different ages, and it was no little trouble to the nurses giving the medicine at regular times.

The system of douching with the apparatus I have previously mentioned was regularly continued, and glycerine soap substituted for that ordinarily used. Carbolic soap had been previously very much employed, but I find that the persistent application of it gave rise to roughness of the skin and to desquamation of the cuticle.

Under the above general principles of treatment a gradual change took place in my patients, and with pleasure I was able to send back to their school duties each week a batch of eight or nine until the whole were perfectly restored to health.

Bad heads are oftentimes another source of trouble to the poor house medical officer, generally arising from neglect and want of cleanliness.

Girls are more liable than boys to suffer from the presence of lice; their hair is allowed to grow long, and seemingly they present a clean appearance, but on turning up the hair in the hollow of the neck there will too often be found a colony of the above-named animals. The children necessarily scratch their heads, a sore is produced, and soon we get matting of the hair and other well-known symptoms.

This is soon cured, but should not occur in any well-regulated school, and it reflects discredit upon those who have the management of the children to have their pupils in hospital from such a cause.

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ON THE VINEGARS MET WITH IN DUBLIN.

By H. L. Ferguson,

Associate of the Royal College of Science for Ireland.

A very beautiful and delicate process has been made known by M. G. Witz, (*a*) for the volumetric estimation of acetic acid and the acetates in the presence of free mineral acids; it is based on the difference of behaviour of acetic acid and of the mineral acids (hydrochloric, sulphuric, nitric, etc.) on the *violet of methylaniline*. Acetic acid has no reaction whatever on the violet, whilst the mineral acids, even when they exist in the smallest possible quantity in a liquid, turn it a bluish green.

At the suggestion of Professor Galloway, I repeated the experiments of Witz by employing, in the first instance, measured quantities of pure acetic acid of known

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(*a*) *The American Chemist*, vol. vi., page 12.

strength, and adding to each portion a measured quantity of sulphuric, hydrochloric, or nitric acid, the strength of which had been previously determined. I found, as Witz has stated, that the quantity of each of the acids, the mineral and the acetic, could be determined with the greatest exactitude.

We require for the determination a standard solution of caustic soda, and estimate by means of it—1st, the total quantity of the acid in the presence of litmus; 2nd, the quantity of the mineral acid in the presence of the *violet*. Having satisfied myself as regards the correctness and applicability of the process, I employed it in examining eleven samples of vinegar obtained at different shops in Dublin. The price of the samples varied from 4d. to 6d. the pint.

The chemical analysis furnished the following results:—

None of the samples contained a trace of free sulphuric or other mineral acid, although the law allows the addition of one part of sulphuric acid to 1,000 of vinegar, and, therefore, it is only when the quantity exceeds that amount that it can be considered as an adulteration. Four of the samples contained traces of sulphates, and all the samples were free from metallic impurities. The following quantities of acetic acid were found to be present in the different samples:

No. 1. Superior pickling vinegar from Boyd and Goodwin's, Marion Row:—
Percentage of acetic acid, 5·10.
Not a trace of sulphates present.

No. 2. Superior brown malt vinegar from Boyd and Goodwin's:—
Percentage of acetic acid, 5·16.
Sulphates, trace.

No. 3. From Kinigan's, Camden Street:—
Acetic acid, 4.08 per cent.
Not a trace of sulphates.

No. 4. From MacLoughlin's, Patrick Street:—
Acetic acid, 4·50 per cent.
Sulphates, trace.

No. 5. From O'Leary's, Stephen Street:—
Acetic acid, 4·92 per cent.
No sulphates present.

No. 6. From Bewley and Draper's, Mary Street:—
Acetic acid, 5·40 per cent.
Sulphates, trace.

No. 7. From Fawcett's, Henry Street:—
Acetic acid, 7·56 per cent.
No sulphates present.

No. 8. From Slattery's, Ship Street:—
Acetic acid, 5·40 per cent.
Sulphates, trace.

No. 9. From O'Brien's, Bride Street:—
Acetic acid, 5·70 per cent.
No sulphates present.

No. 10. From Merritt's, Sir John Rogerson's Quay:—
Acetic acid, 4·92 per cent.
No sulphates present.

No. 11. From Brooks and Wright's, Lower Baggot Street:—
Acetic acid, 7·92 per cent.
No sulphates present.

As vinegar is deemed to be good as regards strength if it contains four per cent. of acetic acid, the eleven samples were all, as shown by their analysis, good in strength, and two of them exceedingly good. The price and quality did not always correspond, one sample which cost sixpence the pint being inferior in strength to some of the samples which only cost fivepence.

Clinical Records.

CANTERBURY HOSPITAL.

Dislocation of Sternal end of Clavicle upwards and backwards.

(Under the care of HORACE MANDERS, M.R.C.S.)

JOHN MARSHALL, 38, van driver, presented himself in the casualty department, stating that the night before he had met with an accident to his shoulder. Whilst putting his van up for the night, not being able to get out of the way, had his shoulder squeezed between the van and the wall. Thinking it was only a sprain, he paid no attention to it that night, and next morning drove sixteen miles before breakfast, when, finding a difficulty in swallowing, and his arm of little use, he came to the Hospital.

On examination, it was found that he was naturally a long-necked man, the top of the manubrium being much more below the level of the point of the acromion than usual. An inch below and slightly behind the tip of the left acromion was a bruise the size of a florin where he said the wheel struck him. On seeing what he could do with his arm it was found that he could abduct it, rotate it either way with ease, and lift it, with some difficulty, nearly horizontally, but on attempting to adduct it and bring the hand to the opposite shoulder, he immediately had a choking sensation that compelled him to desist. It was noticed that the point of the left shoulder was lower than that of the right, and that the convexity of the left clavicle was not apparent; on digital examination, the articular surface of the sternum was plainly felt with the edge of the sterno-mastoid attached, while the fingers could be passed over and along the first rib, distinctly making out the artery, &c. The head of the clavicle was now sought for, and found two inches above the manubrium, somewhat behind and to the left of the trachea, pressing slightly on the œsophagus. No pain was complained of—only a difficulty of swallowing the saliva. The breathing was easy.

Reduction was effected by placing the knee between the shoulders and drawing them forcibly back, while the head of the clavicle was manipulated by two fingers working from behind the slip of sterno-mastoid attached to the sternum, the patient being directed to hold his head so as to relax that muscle. The bone was now in much better position, the head lying just behind the slip of muscle. A figure of 8 bandage was applied over the shoulders and over a large pad between them at the back, and on bringing the elbow to the side, the head of the clavicle was seen and heard to go in with a distinct snap. As it slipped out during the process a weight was attached to the elbow, which kept it in place. The man could not stay in the Hospital, but information was received afterwards, through the courtesy of Mr. Denny and Mr. Fry, that the cure was perfect. The direction of force in this case seems to have been the same as that which occurred at Bungay from curvature of the spine, where the head of the bone had to be removed.

CEPHALIC VERSION ON HAND PRESENTATION.

MRS. FITZPATRIK, a labourer's wife, age about 24, on her second confinement sent for me (1874). On arrival I found a hand presenting, the "waters" had broken some time previously, but the pains were not strong. I at once proceeded to turn and deliver. Whilst introducing my hand for that purpose, the presenting hand and forearm went out of the reach of my fingers in os uteri, and the acromion presented. I found the fœtus very movable in utero, notwithstanding the fact that the liquor amnii had escaped, so it struck me that by a little manipulation I might succeed in making a head presentation of it without the necessity of introducing my hand completely into the uterus. Accordingly, with the fingers of one hand in os uteri (which was sufficiently dilated for delivery), and with the other hand on the abdomen, I managed to bring the head into apposition with the brim of the pelvis, and left it there. Uterine action went on naturally, but feebly for some time, until the head was well down in the pelvis, when inertia set in, on which ergot had little or no influence, and I had to complete delivery with the forceps. The child, a very small one, was delivered alive and strong. I had no difficulty in applying the forceps, but had to remove the placenta, which I found slightly adherent.

My next similar case occurred in about a year afterwards. The paid midwife of my district, in attendance on Mrs. Burke, a stonemason's wife, sent for me. I found, as in the other case on my arrival, that the "waters were gone," and a hand presented. I lost no time in my attempt to deliver by version, but found that the slightest attempt to introduce my hand brought on violent uterine action, and it was with considerable difficulty, and after a good deal of patient waiting with my fingers in os uteri, that I succeeded in passing my hand in an interval of rest into the womb. I passed it on the anterior surface of the child, but although I felt the foot I could not grasp it, because my hand was completely cramped, owing to the severity of the uterine action, and I had to withdraw it, but in doing so, it *accidentally* brought the head into position for natural delivery. Uterine action, unaided in any way, completed the delivery of a living healthy child in about one hour afterwards.

In the first case, my object was to avoid, if possible, the necessity of a complete introduction of my hand into the womb, and the great mobility of the child tempted me to try the experiment. I think the attendant circumstances and sequelæ justified it. Yet, had I foreseen the inertia and retention of placenta which necessitated the introduction of my hand afterwards, I think I would have adopted podalic version. The second case was purely the result of *accident*. Yet, in conjunction with the first, it goes far to convince one that the operation may be performed in many instances, and with more safety to the mother and child than podalic version.

Since the occurrence of the above, a case of elbow presentation, which terminated by *spontaneous expulsion*, occurred in my practice. I was not sent for till the membranes had ruptured, when the midwife, for the first time, discovered an abnormal presentation. On arrival I found the elbow at os externum. Owing to the intensity of uterine action, I could not introduce my hand. After several attempts I desisted, and sent for another medical man to hold a consultation; before his arrival the case had terminated by spontaneous expulsion, almost exactly as Dr. Douglas has described it. "The uterine action was the most intense I have ever witnessed, in fact, it was *terrific*, and I feel asured that if it had been in a less robust, healthy, well-developed muscular woman, the uterus could not have withstood the strain. She is the wife of a farmer (Mrs. Hickey), and it was her third confinement. I allude to this case merely on account of its rarity. The child was stillborn, but the mother had not one bad symptom during convalesence.

P.S.—I had to send six Irish miles for a consultation.

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We observe that a very high rate of mortality exists in many of the chief cities of the world, notably in America. New York is highest on the list, with 64 per 1,000 of its population—a terrible rate. Brooklyn 55, Philadelphia 54, come next. India contrasts very favourably with these figures; thus, Madras 38, Bombay, 28, Calcutta 23. A high rate also prevails in a few of the cities of Europe; Buda-Pesth having 48 per 1,000, Berlin 46, Munich 36. Fortunately descending still lower in our own cities, London with its four and a half millions yielding only a death-rate of 25 per 1,000, Dublin 21, and Edinburgh 20.

Literature.

CHOLERA EPIDEMIC OF 1873 IN THE UNITED STATES. (*a*)

America is making wide and rapid strides in the cause of state medicine. The number of valuable reports on public health published in the United States bid fair to surpass those of the old country. The work before us is a report of a most elaborate and painstaking investigation into the mode of introduction and progress of cholera in America during the great epidemic of 1873. Our space will not permit us to give in detail any of the special points noticed by the author, but it is sufficient to state that every question connected with the history and progress of cholera is carefully recorded. The disease is carefully traced from its home in India to its invasion of America. Each local outbreak in America is carefully treated of, and every promoting cause considered. The work concludes with a voluminous bibliography of cholera, by Dr. Billings, Assistant-Surgeon United States Army. This portion of the work occupies upwards of 300 pages, and comprises reference to nearly every known writer on the subject. Dr. Billings states that 8,000 volumes of medical journals were consulted in the celebrated medical library of the surgeon-general's office at Washington.

(*a*) "Cholera Epidemic of 1873 in the United States. The Introduction of Epidemic Cholera through the Agency of the Mercantile Marine. Suggestions for Measures of Prevention." By John M. Woodworth, M.D., Supervising Surgeon United States (Merchant) Marine Hospital Service. Washington; Government Printing Office. 1875.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 16, 1876.

THE DEATH OF MR. BRAVO.

The remarkable and protracted inquiry into the death of Mr. Bravo has at last drawn to a close, and we feel it our duty to make such remarks as naturally suggest themselves to a profession which has been in no small measure mixed up with the lamentable events at Balham. Nor can we merely regard this case from a strictly scientific or professional point of view. Used as we are to witness many painful scenes, we cannot look with indifference upon the fate of that young man, who, amid the pleasures and luxuries of life, has been suddenly summoned to an untimely grave.

There is not, perhaps, in the whole annals of medical jurisprudence, a case in which the question of suicide was enveloped in so much mystery as that which has been riveting the attention of the public for the last two or three weeks. As Casper truly remarks, "in the case of poisoning there is seldom any doubt whether death has arisen from suicide or from the crime of a third party." And he rests this assertion only upon the nature of the poisons which are usually selected for suicidal and homicidal purposes respectively.

But with regard to the death of Mr. Bravo, what a variety of facts, and what conflicting evidence, have been adduced to mystify the case, and that too under circumstances which rendered the mystery still more mysterious. Here is a man, who, although dying by violent means, is ill for three days before he dies. During nearly all that time he is perfectly conscious and in the full possession of all his faculties. He is from the commencement assiduously nursed by his nearest relatives. He is repeatedly examined and cross-examined by the medical men in attendance as to what he had taken. A long and searching inquiry is made in which every witness who can throw any light whatever upon the matter is brought forward, and in which eminent counsel appear in behalf of the chief actors in this pitiable drama. And yet, although the coroner's jury has found a verdict of wilful murder against some person or persons, there will evidently be grave doubts in the minds of some as to whether he did not after all commit suicide. That such may be the case, and that there are some whom the verdict will take by surprise, is apparent from the ludicrous blunder of an evening paper, which, wishing to anticipate the verdict of the jury, and believing that the verdict would be an open one, went so far as to say that the jury had actually found that there was no evidence to show how the poison was administered or taken. In fact, "down to the last moment," as remarked in one of our leading daily papers, "public opinion was strangely divided, and in every quarter conflicting conjectures were hazarded," and certainly there was wanting many links in the chain of evidence by which the question of suicide is usually so easily disposed of. There was not the conventional discovery of a dead man with an empty bottle labelled "poison" found by his side. There was no written letter found after his death to account for his rash act. There was no such great despondency of mind observed prior to his death, and no such strong motive, as would be almost alone sufficient to account for his suicide. On the contrary, he himself repeatedly declares that he had taken nothing but laudanum, which was well known not to be the cause of his death. The poison, about the nature of which there was no question, is the very last that would be chosen by anyone with suicidal intentions, and especially by one who had evidently some knowledge of medicine. Nor could it be shown how he had gained possession of the poison, while, finally, there was not wanting some strong circumstantial evidence to throw suspicion upon other parties.

To review here this remarkable case in a satisfactory manner, especially in its toxicological or medico-legal earing, we must go back to the beginning. We cannot wonder that at the outset there was some doubt as to the nature and cause of Mr. Bravo's illness. The profound and prolonged state of collapse in which that gentleman was found, and the suspension of the heart's action, might have been owing to natural causes. On the other hand, the symptoms somewhat resembled those arising from narcotic poisoning, without corresponding to those usually observed in either poisoning by opium or by chloroform, and even when the symptoms were more fully devoloped, it is quite possible that had Mr. Bravo been a poor man and attended by an ignorant practitioner the real nature of his case might never have been discovered, especially as he himself did not entertain any supicion of having been poisoned, and denied having taken any himself. But the professional ability which was brought to bear upon the case soon made out that the unfortunate man was neither suffering from gastritis., enteritis, dysentery, nor any other disease, but from an irritant poison, the exact nature of which, however, could not for obvious reasons be so quickly determined. Sir William Gull and Dr. Moore thought it was arsenic. Dr. Johnson suggested corrosive sublimate. A chemical analysis alone showed it to be antimony. Moreover, both the symptoms and the *post-mortem* appearances were in this case very remarkable, if they did not show that something else besides antimony had been taken. We all know that in some cases of poisoning by tartar emetic, temporary syncope, loss of consciousness, &c., will be produced, but these symptoms are comparatively evanescent, and have only been observed when very large doses have been taken. Taylor, in the last edition of his work "On Poisons," mentions several such cases. But if Mr. Bravo had taken such a large dose of antimony as to give rise to the severe and prolonged collapse under which he first laboured, it seems strange that after death there was scarcely any trace of that local irritant action which almost invariably arises from the swallowing of a large quantity of this poison. At all events, this prolonged collapse and comatose condition was very remarkable, and will be certainly worthy of record in our future text-books of toxicology. With regard to the *post-mortem* appearances, it is, indeed, very remarkable that the throat, gullet, stomach, and small intestines should have been free from those changes which have been generally observed after death from irritant poisoning; and this circumstance can only be accounted for on the supposition that the poison had been taken largely diluted, and that a large portion of it had been rejected by the stomach.

We now come to the most important question of all—that of suicide or homicide. A good deal of the obscurity in which this question has been enveloped was owing to the fact that up to the time of his death, Mr. Bravo persistently denied having taken anything but laudanum, as well as to the fact that it could not be shown how he got possession of that poison. It is not however for us to dwell upon these points, as we have to confine ourselves more to the medico-legal aspects of the case.

Against the theory of suicide much superfluous evidence was adduced to show that he was not a likely man to commit such an act, and that he always appeared in good spirits. But such evidence was almost worthless, and a mere waste of time. Who can tell that a man is not likely to commit suicide? Every chemist knows that while the converse prognostication may be often very confidently entertained, it is impossible to predicate from a man's apparent state of mind his exemption from propensity to suicide. As Mr. Smith very pertinently remarked, one of his own and oldest friends who committed suicide was one of the "jolliest" fellows he ever met with. The fact is, we can only draw inferences as to a disposition or not to suicide from that state of mind and general demeanour which immediately or very shortly preceded the rash act. No one, for instance, ever committed suicide when he was in good spirits. No one could be accused of poisoning himself who had sat down to dinner in the best of health, and in the best of humours, and was shortly afterwards attacked with symptoms of acute poisoning. And as it has been clearly shown that such was, with one or two reservations, the condition of Mr. Bravo's health, and such the state of his mind for several hours previous to his illness, we must allow that the theory of suicide had little or no foundation to rest upon.

Another grave objection to the idea of Mr. Bravo having poisoned himself is the uncertain nature of the poison itself, and the very painful nature of the symptoms attending its action. Tartar emetic has been used for homicidal purposes. It has been frequently taken in large doses by mistake. It has perhaps never been used for the purpose of self-destruction. And considering the position and abilities of this unfortunate gentleman, and that he had evidently some slight knowledge of medicine, it seems the more improbable that he would have taken such a drug with the intention of committing suicide. But the gravest objection of all to the theory of suicide was, undoubtedly, his own repeated denial of having taken anything except laudanum. On this point the medical evidence was particularly valuable, although it must be confessed that this evidence was rather vague and conflicting, and if we carefully peruse this evidence, which, had we space, we should like to quote, we must admit that the confession of the dying man, both to Dr. Johnson and to Sir William Gull, was not so decided and altogether not so satisfactory as was desirable. It did not occur to any of the medical witnesses to ask him pointedly if he had taken any poison for the purpose of self-destruction. Had they done so his answers would not have been of so evasive a character as they appear to have been. As it was, he never said in unmistakable terms, that he had made no attempt upon his own life, and he did not show any suspicion or fear of either having taken any poison by mistake or having been poisoned. Indeed, his general demeanour after he had been told he was dying from the effects of poison, and the absence of all that trepidation and alarm which we would naturally look for in a man who suddenly finds himself either accidentally or criminally poisoned, was certainly one of the most striking features of this extraordinary case.

If, however, we review the whole evidence, and take into consideration what we, as medical men, know of suicide in a medico-legal point of view, we cannot find fault with the verdict of the jury, and can only regret that, with the exception of this question of suicide, the verdict leaves the Balham mystery almost as much a mystery as it was prior to the inquiry.

THE SHEFFIELD MEETING.

The British Medical Association received undoubtedly at its last meeting, from its hosts of the iron metropolis, that which the Brighton doctors, with or without good reason denied to it—a right hearty English welcome—and if the meeting had proved an unsuccess, the responsibility must have been placed elsewhere than upon the hospitable intentions of the medical men of Sheffield. In truth, it can be no subject for wonder that the practitioners of any but the largest towns should hesitate before, by a formal invitation, they pledge themselves to the entertainment and amusement of four or five hundred doctors voracious for the holiday excitement of their once-a-year trip; and of late years the hospitalities of the Association have become so onerous, that it occasions no surprise to learn that invitations are becoming scarce, and that the Council finds itself without a place of meeting for 1877.

The gathering which has just broken up was by no means one of the largest, and perhaps for those who were present that fact was no subject for regret, but it was in all respects a decided and deserved success, and while it has in no respect detracted from the *prestige* of the Association, it has done credit to our medical brethren of Sheffield, both to their heads and to their hearts. The address in surgery of Mr. Favell was a thoroughly practical exposition of the application of science to his art, and a valuable contribution of the result of long experience in a centre of industry, where surgical experiences are abundant and instructive, and the observations of Mr. Brown-Séquard were of great worth as a theoretic indication of the direction in which surgeons may best apply the opportunities of observation which a great manufacturing town affords them. Of the sectional works of the Association, those of the Public Health Division and of the Obstetric Section were certainly the most valuable. In the former especially the communications upon the inebriate question and upon the contagious diseases controversy, and the debates upon these subjects, displayed both ardour, talent, and experience in the investigations of these difficult subjects, and inasmuch as these questions of public health can only be effectively discussed in a conclave of experts, and by an interchange of the ideas of many thinkers, the best result may be anticipated from the proceedings of this section.

The social attractions of the past meeting of the Association proved to be greater than the visitors had any hope for, for the epidemic of hospitality seemed to have spread from the medical entertainers of the Association to their non-medical friends, who vied in doing honour to the stranger doctors. There may be many meetings of the Association yet to come, but there will be few more successful under all the circumstances than that just closed.

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VIVISECTION BILL.

This Bill has now been read a second time, and to our great regret, we add, with a withdrawal of opposition on the part of some of its opponents. We cannot understand indeed the change of tone in some of our contemporaries. The *Lancet*, which has shown a perfect indifference to the whole subject, is naturally not dissatisfied with the Bill as it now stands. The *British Medical Journal* seems to acquiesce under pressure, on the vulgar principle that half a loaf is better than no bread. But surely this important matter is not to be decided in such a loose manner. The Government have made a mistake, and they recognise it, and no one would be more anxious to drop the Bill and to conciliate than the Home Secretary himself; but he fears to acknowledge that he has displayed a weakness throughout the whole transaction. In a long and conciliatory introduction to the second reading of the Bill, he in plain words states that the Bill is a preventive and not a curative, that legislation is not so much required for the present as for the future. But what is to be thought of a minister whose object is to legislate for the unknown, who devotes his time to the making of laws to prevent what will probably never occur, whilst he neglects to give consideration to matters of national importance requiring immediate interference? And to look at it in another light, what would the people say of a minister who, recognising the necessity of some great national law, should after prolonged discussion and expenditure of invaluable time in the constitution of that law, apply it only to Rutland, the smallest nook in the empire? Yet to such in truth the Vivisection Bill bears great resemblance. The suffering to be relieved by the Vivisection Bill resembles the smallest nook; it is but the smallest iota among the forms of cruelty to animals. The columns of our daily papers teem with reports of heartrending cruelty to *man* and other animals. A man—let us call him a *brute*—may bruise, tear, and lacerate—worse than vivisect—his wife almost with impunity; but he who makes the smallest cut on a member of the brute creation for the benefit of the human race shall be branded a vivisector. Is this right? Is it fair? The Bill is *cruel* in itself to a class, whilst it touches but the minimum of infliction of pain upon animals; and that minimum of pain, which it is intended to prevent, is the most justifiable—if not the only justifiable—torture of the lower animals. It is said that this Bill affects the honour of the medical profession, charging them, who least deserve it, of all classes of mankind, with cruelty to animals. Such is undoubtedly the case; but it is not on this point alone that we object to the Bill. We can afford to laugh at our mockers; and though taunted with cruelty, we will pity them in their ignorance, and lay not the sin to their charge. We cannot express surprise at the Bill as it now stands. On the contrary, we may expect other Bills to spring up, calculated even more than the one under consideration to stand in the way of, and to prevent the advance of, science. When an influential law lord can face the House of Lords, and suggest the possibility of meeting the lower animals in a future world, we can scarcely be surprised if his next Bill should have for its object the prohibition of the cure of disease as a defiance of the actions of the Almighty, and we warrant that such a Bill will meet with not a little support.

But with regard to the objections to the Cruelty to Animals Bill as it now stands. We are bound to say that it materially differs from the outrageous and retrograde Bill originally introduced, but several of the modified clauses, we unhesitatingly assert, will still essentially retard the advancement of medical science.

We refer to the several special licences and to the registration. For instance, a physician or surgeon recognises a diseased condition or chain of symptoms which he cannot explain; he will probably endeavour to elucidate the matter by experimentation upon guinea pigs, for which he will obtain a licence, and thus become a known vivisector: if anxious to follow out his experiments upon a larger animal or upon a flesh-eating animal, he will be compelled to obtain another special licence. Is a physician, already overworked, likely to undertake so much extra trouble, and of so annoying a character? No; he will either evade the law, or, with a passing regret, throw aside the investigation. Such instances will constantly occur.

Again, turn to the power of the Home Secretary in dealing with these licences. So long as Mr. Cross holds office it is a matter of little import, for we believe that he would really use his influence to increase justifiable vivisection; but what if Mr. Holt should one day hold that position? We do not at all anticipate that that luminary will, and we sincerely trust he never may be raised to the position of a Secretary of State; but if by chance he or one of a similar mind should be, then experimentation upon lower animals may be said to be at an end.

No, whatever becomes law must be decisive, and must not be left to the caprice of an ever-changing minister. Again, we urge that the Bill, as it now stands, is not fitted to become law.

We contend that the names of those who seek a licence should not be registered or made public, and that the special licence clauses should be removed. They are not needed, and if retained they will, for the reasons given, retard the progress of science.

It is to be hoped that those who have hitherto fought so successfully against the Bill will yet demand either a withdrawal of these clauses in Committee, or else a withdrawal of the whole Bill.

If the Government desire to gain prestige, they may with grace shelve the Bill for the present session, and next year embody a sufficiency of it in a Cruelty Bill on a larger scale, and they will have the support, instead of, as now, the opposition of the whole body of the medical profession unexceptionally.

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RECENT CHOLERA REPORTS.

IV.—The Prevention of Cholera.

As regards the transportation of cholera from one country to another, there is no means of *prevention* which has been so much relied upon, or upon which so much has been written, as that of quarantine. The strict enforcement of quarantine, however, is not so much in favour at the present day as it formerly was. "If, then," remarks Mr. Simon, "human contagion is the one active power in the international spread of cholera, is it possible so to restrict the intercourse between infected and non-infected countries as to prevent the spread of the contagion?" In answer to this question, Mr. Simon submits, as he did also in his 8th Annual Report to the Lords of the Privy Council, that quarantine, "of a sort to be trusted in as a national defence, is not conceivable except in proportion as a people lives apart from the great highways of commerce, or is ready and able to treat its commerce as a subordinate political interest." In corroboration of this opinion he points to the many facts in Mr. Radcliffe's Report, which show how utterly futile were the quarantine establishments of Europe in 1865; and in another place Mr. Simon remarks: "If the constant development and constantly accelerated communication between India and the rest of the world is not to carry with it a constantly increasing terror of pestilence, the safeguard, I apprehend, will consist not in contrivances of the nature of quarantine to maintain from time to time more or less seclusion of nation from nation, but rather in such progressive sanitary improvements on both sides as will reduce to a minimum, on the one side the conditions which originate the infection, and on the other side, the conditions which extend it." Again, Mr. Simon observes that the practice of this country has long recognised that little or no control can be exercised at ports of arrival except as to persons who are found manifestly infected with the disease. "Control to this limited extent, not pretending to efficiency as a measure of national defence, but able to be of some local value . . . . is what this kingdom has in place of quarantine; and it is satisfactory to read . . . . how strongly the balance of European opinion is now inclining to the side of our English practice." There are few who will fail to see the sound practical advice conveyed in these observations; but it may be doubted whether even the old system of quarantine should be altogether abandoned. There is plenty of evidence to show with what success quarantine may in some instances be enforced, and to show that it should still be practised wherever it can be carried out with vigilance and with little interference with the mercantile interests of the place. "It has been clearly demonstrated," says one of the American reporters, "that the City of New York was in 1873 secured from four distinct importations of epidemic cholera by the rigorous quarantine of observation," in which, among other precautions, each case was isolated, and disinfectants judiciously employed. We may also add that while the International Sanitary Conference came to the conclusion that quarantine by land was impracticable and useless, it expressed its approval of quarantine by sea, and concluded that, with the view of preventing fresh invasions of Europe by cholera, the measures recommended by the Conference of Constantinople should be adopted, and that, moreover, quarantine, especially in the Red and the Caspian Seas, should be carried out in as complete and satisfactory a manner as possible.

We admit, however, that quarantine cannot be entirely relied upon as a means of preventing the importation of cholera from one country into another, and therefore it is all the more incumbent upon us to do all we can to restrict the spread of the disease wherever it has gained a footing. Now, of all the conditions upon which the spread of cholera depends, filth, in all its forms and manifestations, is the most potent; not only has our own medical officer of the Privy Council insisted over and over again upon the deplorable consequences arising from the filthy condition of places where cholera has made its appearance, but, as we have already mentioned, every page of the American Reports bears testimony to the truth of the many strong statements which Mr. Simon has made with respect to "Filth Diseases and their Prevention." The space at our disposal, however, will not allow us to enter fully upon this topic; suffice it to say that the term "filth" is to be taken in its widest acceptation, as bearing reference to filthy conditions of water-supply, to bad drainage, to bad ventilation, and impurity of the air, to the presence of infected articles of clothing, and to all kinds of dirty habits. From these Reports we see that, among the very numerous outbreaks of cholera which, in 1873, occurred in various parts of the United States, there is scarcely one which does not show that the epidemic was either occasioned or much aggravated by the existence of one or more of the above conditions, while in many instances it was equally well demonstrated that where due hygienic precautions were taken the spread of the disease was either at once arrested or confined within very narrow limits. It follows therefore that too much stress cannot be put upon the necessity of securing good drainage, good and pure water supply, goo ventilation, and perfect cleanliness, in any district in which cholera has appeared; and that, moreover, if nothing else is done but the removal of all sources of filth we shall have very little to fear from future invasions of cholera.

With regard to the question of *disinfection*, to which we must now devote a few remarks, the Vienna Conference came to the conclusion that there are no means of disinfection known by which the generative or contagious principle of cholera can be certainly destroyed or deprived of its intensity; but the members of the Conference were unanimous in recognising "the great value of hygienic measures, such as ventilation, thorough cleansing, &c., combined with the use of the substances regarded as disinfectants." Pettenkofer's opinions on the subject are to the same effect. He thinks we ought not to abandon disinfection, for it may have hitherto proved unavailing because the cholera-poison does not exist exclusively or even at all in the excrements, or because we have not employed the proper disinfectants, nor employed them in the proper quantity nor in the proper manner. He very justly observes that the value of disinfection "as an essential means of maintaining cleanliness cannot be denied," and that, on the principle of our health and resistance to disease being very much influenced by the purity of the air we breathe, the disinfection of excrements, privies, &c., has advantages independently of the questions whether they contain any specific poison or not. The profession in America, on the other hand, are very unanimous in the favourable opinion they hold as to the great and specific efficacy of disinfection, an opinion which appears to be strengthened, and perhaps biased, by their equally unanimous opinion that the active agents in the distribution of cholera are the dejections of persons suffering from the disease. The able writer of the introduction to the American Reports remarks:—"What vaccination is to small-pox, hygienic regulations are to cholera. The rigid observance of sanitary laws presents to this virulent disease a wall which is almost insurmountable. The foundation of this wall . . . is undoubtedly laid in disinfection." And if we turn to the Reports themselves, we certainly find that the truth of this proposition is strongly corroborated, although not absolutely proved, by the testimony and opinions of various witnesses. Thus, in one place, we read that "the dejections from these two patients were disinfected and buried, the bedding and clothing were burned; the bodies were disinfected. No other cases occurred." In another, we read that on the first symptom of the outbreak in Cairo, Illinois, "the city authorities caused the city to be thoroughly policed. All low, damp places, all privies, &c., were disinfected with sulphate of iron, carbolic acid, and lime. The cases that occurred were isolated, and their excreta thoroughly disinfected. It is undoubtedly the fact that by this thorough system of disinfection the city of Cairo escaped a most serious epidemic; for, &c. . ." Again, at Okawville, Washington County, "the intensity of the disease was owing to its low, malarial situation, and the violation of all hygienic precautions to arrest or control the epidemic," whereas at Addisville, in the same county, "the most rigorous measures were adopted for its arrest by disinfectants and the destruction of bedding and articles of clothing, it was stamped out in two days." We might go on multiplying instances of this kind, but the above extracts are sufficient to show the importance which the American physicians attach to the thoroughly systematic practice of disinfection.

With regard to the kind of disinfectants on which most reliance can be placed, both American and European authorities speak very highly of *sulphate of iron* and *carbolic acid*. But, as Pettenkofer observes, it is not enough merely to use some sulphate of iron and some carbolic acid; they must be used in sufficient quantity. And this quantity is that which will render the excrements acid, and will keep them so until they have been removed from the house, as the cholera-excreta vitiate the air most when they are allowed to become decomposed and to undergo alkaline or ammoniacal fermentation. Linen and cotton fabrics, says Pettenkofer, may be most simply disinfected by being steeped in hot lye made with freshly-slacked lime, so called caustic lye. Woollen articles, cloth, feathers, &c., may be boiled in water or fumigated with sulphur. This eminent authority says little or nothing respecting the disinfecting properties of fresh earth, although the value of this agent as a disinfectant is generally acknowledged, and was fully demonstrated during the late American war. The means adopted by the American reporters, and to which as we have seen so much efficacy is attached, were certainly very thorough and systematic. Thus, among other measures adopted, a deep but narrow pit was dug in the yard adjoining the patient's house, and the bottom of it covered with the sulphate of iron. Each vomit or dejection was then mixed with a saturated solution of the crystals, and emptied into the pit, a few inches of earth being thrown upon each dejection. Where the cholera-excreta had to pass into drain-pipes connected with sewers, each vessel containing the excreta was thoroughly disinfected, and the drains frequently flushed with a concentrated solution of the sulphate. All soiled or infected articles of clothing or of furniture were, if possible, either put into a large wash-tub filled with a strong solution of sulphate of zinc, or of chlorinated soda, or burned at once. If the case terminated fatally, all the clothes and soiled linen were at once removed and thrown into the tub containing the disinfecting fluid. All waters that had been used for washing were disposed of in the same manner as the excreta. Mattresses, if soiled, were destroyed; and the body, after having been thoroughly washed and disinfected, was placed in the "casket" surrounded with crystals of sulphate of iron or of permanganate of potash.

At the outset of our remarks on these reports we intimated that we could not take a comprehensive view of the transmissibility and prevention of cholera, apart from the diseases of endemic prevalence in India, and on this point the remarks of Mr. Simon are so concise and practical that we cannot do better than conclude this paper by drawing the attention of the reader to them.

With regard to the conditions of the spread of cholera over large areas of the Indian continent, Mr. Simon observes that we must take into consideration "the same property of contagiousness, and the same relation of this property to circumstances of filth, as we know to be the essential conditions for the extension of the disease in Europe;" that "the amount of cholera-diffusion in India is likely to be controlled by the same preventive measures as are certainly effectual for the like purpose in Europe," and that the transportation of the disease from India will be less and less, "in proportion as common sanitary government shall more and more bring within control the common filth-diseases of that vast country. And from this point of view it is most hopeful to know that for many past years . . . the British Government has been organising in India such provisions for sanitary government as promise soon to compare not unfavourably with the present institutions of Europe itself." "The distinctive Indian problen, however, is that of the endemicity of cholera in part of the Indian area." It is from within British territory that cholera sallies forth from time to time, and in lower Bengal this disease is said to be as normal to the district as ague to the marsh-lands of Europe, and as definitely related to the seasons as if it were a fruit of the earth." To learn the conditions of that endemicity is a problem of the highest science, and to control them in the interest of mankind will be among the noblest administrative tasks which the responsibilities of empire have ever imposed . . . but her Majesty's Government, now for some years past, has been promoting the study of cholera in India with the best lights of contemporary European knowledge; and no one will doubt that here, as in other departments of medical research, truly scientific study must eventuate in practical good."

We have devoted some time and labour to an examination of these voluminous reports, not only on account of the great importance of the subject, but because those issued from the American press do not appear to have attracted in this country the attention which they deserve. It is to be hoped that some of the recent facts and opinions respecting the transmissibility and prevention of cholera to which we have endeavoured to draw attention, will not only be found to be of some interest, but will show our professional readers, and through them the public, the good results that, in any future invasion of this country by cholera, may be expected to follow from rigorously adopting those means of prevention and those sanitary precautions which have been dictated by science and by our experience of former epidemics.

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Notes on Current Topics.

The Sick and Wounded in the War in the East.

If we are to judge from accounts that have recently appeared in the daily papers, whatever political sympathy we may have shown for the Turkish cause, we cannot say that much is being done for their sick and wounded. In this respect all the sympathy appears to be on the side of the Servians. Mr. J. Lewis Farley, Secretary of the League in Aid of the Christians of Turkey, states that their medical representative, two ladies, Miss Pearson and Miss M'Laughlin, are on their way to Belgrade with a large supply of hospital stores, medicines, lint, bandages, &c., and that more surgeons, hospital dressers, trained nurses, and hospital stores will soon follow. Of course the Russians are not behindhand in sending to their *protégés* medicines and medical aid, as well as arms and soldiers. And well they may, considering the large share they have had in fomenting this lamentable insurrection, and the enormous amount of carnage, misery, and suffering that can be laid to their charge.

> "The Russian Society of the Red Cross, which is under the patronage of the Empress of Russia, has appealed through the Russian Embassy at Vienna to the Foreign Office for permission to pass through Austrian territory the sanitary train and personal staff destined for Servia. A similar train, consisting of 300 large cases and packages, in charge of two medical men, and with a number of dressers and nurses, was sent some time ago to Montenegro. The sanitary train will not arrive before it is wanted, for, according to all accounts, the sanitary service in the Servian army is deplorable. Dr. Mudny, an Austrian medical man, at present at the head of the sanitary service of the Servian armies, has just addressed by telegraph an appeal to his colleagues, the Austrian army surgeons, asking them in the name of suffering humanity to get shorter or longer leave and come to his aid as speedily as possible. He promises them the most friendly reception and a rare opportunity for acquiring practical knowledge in this war, which for cruelties of every kind, he says, stands unique in the history of wars."

We are, however, glad to see from a long advertisement in the daily press that the "Eastern War Sick and Wounded Relief Fund" is to provide medical and surgical assistance for the sufferers in the war irrespective of nationality, that it will act under the rules and regulations of the Geneva Convention, and consequently without any political aim or object. Dr. Laseron, Mr. A. O. MacKellar, assistant-surgeon, St. Thomas's Hospital, and six other surgeons, have proceeded to the seat of war, and will with others about to follow send reports to the committee of the above fund. A telegram has already been received from Dr. Laseron, who says that at the hospital at Porgarenatz (?) there are 400 wounded and only one doctor. He also hears that some thousands have been wounded in the last few days, and strongly appeals to the English public for further help.

Taunus Natural Mineral Water.

This, which may be classed among the most delicious of our table waters, is obtained from a spring in the Grand Duchy of Hesse, near to the Taunus range of mountains. It contains in small quantities the chlorides of sodium and potassium, carbonates of lime, soda, and magnesia, with faint traces of other salts, sulphate and phosphate of lime, silica, and alumina. It is said to contain about 17 in 10,000 parts of carbonic acid in solution, and 29 parts compressed, upon which latter depends its sparkling character. The above analysis shows it to have no medicinal property. It is an agreeable effervescing drink, without colour or smell, and leaves a pleasant, soft, and clean flavour upon the palate. If a bottle be partly emptied and recorked, and placed in a cool place, the water will retain its briskness for some days.

The Rivers' Pollution Bill and our Water Supply.

The Pollution of Rivers' Bill has become law, but this will in nowise help to lessen the evils attendant upon the long drought. From all parts of the country there comes a cry for water; in many country places there is quite a famine, and the inhabitants are, we are told, restricted to the use of water for drinking purposes. This is indeed a terrible state of things, and if a remedy is not soon forthcoming must end in some sad calamity. Of what avail is it to prevent further pollution of rivers if steps are not immediately taken to find a wholesome supply of water for their immediate needs? If people are driven to drink water two-thirds of which is little better than sewage, or the refuse of a deleterious trade, a frightful outbreak of typhoid fever or other disease must ensue. It is strange that there has not been a greater outcry; but then it is only the lives of human beings at stake. Had it been that of dogs and cats there would, in all probability, have been a deputation to the Home Secretary to urge some action, as the digging of wells and grants of money. Whilst your sentimental people are eager enough with their money and time to get up a sensational outcry against the profession, there are apparently, few ready to follow in the footsteps of a member who, in a letter to *The Times* a week ago, told how "in a village only a few miles from London (Surrey) the people had no other source of water than the filthy and poisoned ditches near their cottages. They drank the water of a stream, the privies on the side of which were within sight of their own windows." He was moved to remedy the terrible evil, and believing that water might be got by sinking a well, if he went deep enough, set to work at his own expense, and at three hundred feet struck a vein of pure water—"delicious, pure, cool, and fresh tasting." This he conveyed into a drinking fountain near his house, and now "from earliest dawn to dewy eve" the village waggoner and the thirsty tramp find a means of allaying thirst and avoiding the public-house, formerly their only resort, and close by the fountain.

Militia Surgeons.

In the House of Commons on Friday last, in reply to Capt. Nolan, Mr. Hardy said that the income of militia surgeons derived from the army votes depended upon so many considerations that it was impossible to say whether under a new warrant it would be reduced in some cases by over £100 a year. It depended upon the establishment of the regiment, the number of recruits, whether the regiment went out for training, and whether it went out for a long or a short period.

Prosecutions for Non-Vaccination.

In the House of Commons on Saturday last, in reply to Mr. James, Mr. Sclater-Booth stated that he was aware that Mr. Abel had been fined five times at the instance of the Farringdon Board of Guardians for refusing to have his child vaccinated. He communicated with the guardians some weeks ago, stating that in the opinion of the Local Government Board proceedings of this kind should not be frequently repeated without special care being taken to ascertain whether the repetition of the proceedings was likely to secure compliance with the law. The guardians had replied to this communication fully, and had stated that the fines were paid by an anti-vaccination society. He had done what he could to induce the guardians to consider carefully what they were doing. He could not say that on general grounds he agreed with the policy of the guardians, but at the same time the law had vested them with a certain discretion, and it was not competent for him to interfere with that discretion.

We think this statement by the head of the Local Government Board most unwise and likely to lead to dangerous consequences. It says in effect that a person may be prosecuted for non-compliance only so far as shall determine whether such prosecutions have the effect of compelling him to give in; when it is seen that he intends to continue to set the law at defiance the said person is to be let alone. Whether intentional or not on the part of the Government, we consider that the anti-vaccinators have scored a decided victory.

Alleged Death from Vaccination.

Last Tuesday Mr. Sclater-Booth stated in the House that he had received a statement from Mr. and Mrs. Fag, of Andover, to the effect that their infant child died from the direct effects of vaccination; but an inspector who had investigated the case had been informed by the medical man that death resulted from bronchitis. As, however, Mr. Taylor gave notice that on Friday he would call attention to the case, we shall reserve our comments till we hear what Mr. Taylor has to say on the subject.

Action for Malpractice.

A short time ago a case of this kind was tried at the Worcester Assizes, in which the defendant, Mr. John Alexander Cooksey, gained the day, and the words of the jury, "left the court without a stain upon his character." We now hear of another action brought against a medical man for negligent treatment. The plaintiff, a Mr. Church, alleged that he had gone to the defendant, Mr. Slod, for the cure of a bad leg, and after long attendance and no improvement, consulted Mr. Hutton, the eminent bone-setter, who declared that his thigh was out of joint, and put it in. He accordingly considered that the defendant had been unskilful in not detecting this condition, and sued him for damage.

Mr. Serjeant Sleigh for plaintiff; Mr. Scott, Mr. Day, Q.C., and Mr. Woodhill for the defendant.

At an early period of the plaintiff's case Serjeant Sleigh announced that he had suddenly received an intimation that Mr. Hutton, a witness most important, indeed, indispensable to the proper proof of his case, could not attend before Tuesday; consequently, he felt unable to conduct his client's case with a probable chance of success, and appealed to his Lordship to adjourn the case.

Lord Coleridge observed that this could only be done upon the usual terms—viz., the adjourning party bearing all the costs of the day.

Eventually, Mr. Day waived any objections, as he desired a full inquiry, but as he could not consent to any further hanging over his client of this imputation, a nonsuit was entered by the plaintiff without prejudice to his right to commence any proceedings hereafter.

Plaintiff nonsuited accordingly.

It is to be hoped that we shall hear no more of this case, as in all probability the imputations that have been cast upon Mr. Slod rest upon little or no foundation, as it is not likely that a qualified surgeon would fail in recognising a dislocated thigh. It might, however, be one of those cases to which Sir James Paget some time ago drew the attention of the profession, and in which the rough treatment of the "bone-setter" was reputed to be in some cases beneficial.

Measles in the Fijian Islands.

From a discussion which took place a few nights ago in the House of Commons between Mr. Hunt and Mr. Shaw-Lefevre, it does not appear that the medical officer of the *Dido* was so much to blame as was first supposed.

Mr. Hunt said his noble friend the Secretary of State for the Colonies had stated, in the letter referred to, that he was unable to arrive at any decided conclusion as to the proportion in which the blame for the grave neglect incurred in this lamentable affair should be divided as between the naval and the colonial officers, though he could not admit that the captain and medical officer of the *Dido* had cleared themselves of the charge of having failed to give the fullest notice by the ordinary means of warning of the fact that there was an outbreak of measles on board the vessel. His noble friend then went on to say that it was an unfortunate omission not to fly the yellow flag while the ship was in the harbour. With regard to the share of the responsibility, he could not concur with his noble friend. He was of opinion that the greater portion of the responsibility rested upon the colonial authorities. In reference to flying the yellow flag, that was not required by the regulations when a vessel with measles on board came into a home port, unless there was a special order in council that the yellow flag should be hoisted. Nor was it required in a foreign port unless the quarantine regulations prescribed it. He was not aware that there were any such regulations in Fiji. Directly the *Dido* came into harbour she was boarded by Mr. Layard, the administrator. The captain was on the watch for him, and informed him as he came up to the ship's side, that the doctor wished to see him. The administrator went down into the cabin, and the doctor informed him that there were measles on board.

So that the captain and the doctor took steps to inform the colonial authorities of that fact; but, unfortunately, none of the parties concerned seemed to be aware of the serious nature of the disease when imported fresh among the natives. The Admiralty had informed the doctor and captain that they disapproved of their conduct in not having treated the matter more seriously. The disease was treated by all on board as merely a child's disease. No proper precautions were taken to prevent its communication with the shore, and the consequence was a lamentable loss of life among the natives of the Fiji Islands. The want of precaution seemed to have arisen from ignorance rather than from intentional neglect.'

The fact of the medical officer informing the colonial administrator of the presence of measles on board absolves him from the negligence with which he was in the first instance charged, besides which we have still to hear from the surgeon himself what kind of representation he really did make to the local authorities. It not unfrequently happens that a naval or military surgeon sends in a report throwing out suggestions and urging certain measures to be adopted, and afterwards get blamed for the evil consequences that have arisen through his representations having received no attention from his superior officers.

Cruelty to Animals.

It is somewhat remarkable that the humane British public, which has been recently represented as so dreadfully and universally shocked at the horrors of vivisection, appears to be unaccountably callous to every kind of cruelty that cannot be laid to the charge of medical and scientific men. Quite recently our respected contemporary the *Lancet* drew the attention of their readers to the cruel treatment to which live turtle were subjected during their transit to London, and now it appears that the humanity of public opinion is not so immaculate but that it can tolerate more than one form of cruelty. It appears from the evidence in the case of a young Irish lad who was tried the other day at the Salford Borough Police Court, for torturing a fowl, that the practice was, at any rate a year ago, systematically carried on by a poulterer in Salford. The youth in question was, one day last July, seen by an inspector of police who visited the dealer's premises, to take a live fowl, handed to him by another man, and in spite of its struggles, strip the feathers from the whole of its breast and belly and a portion of the back. The officers were unable then to apprehend the offender, who was only arrested last week in Ireland. The magistrate, who declared that if such a practice were indeed common, it must be effectually stopped, imposed the heaviest penalty the law would allow him to inflict, and sentenced the prisoner to three months' imprisonment with hard labour.

A writer in the daily press well remarks that "this award would scarcely seem too harsh, but for the fact that the sentence is the very same so frequently passed upon men found guilty of cruelly illusing their own wives and children." We readily endorse this well-merited hit at our ultra-humanitarian neighbours. There can be no doubt that our dread of inflicting pain upon the lower animals may be carried too far, and that in our concern for their comfort and humane treatment we may fall short of the duties we owe to our own species. Charity should begin at home, and it is a great shame that the punishment we inflict upon a drunken husband for nearly murdering his wife should be no more than that allowed for cruelty inflicted upon a fowl or a cat.

The Keighley Guardians have been taken into custody and conveyed to York Castle for refusing to carry out the provisions of the Vaccination Act.

Professor Marshall, F.R.S., has been unanimously elected Consulting-Surgeon to the Brompton Consumption Hospital, vice Sir William Fergusson, resigned.

Of the 197 candidates recently examined for the membership of the Royal College of Surgeons, England, only 118 passed to the satisfaction of the Court of Examiners; 28 passed in surgery, and when qualified in medicine will be admitted members of the College. The remainder were referred to their studies for six months.

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NOTES FROM OUR EXCHANGES.

Liquor Potassæ in the Treatment of Chlorosis.

A. P. Reid, Professor of Medicine and Clinical Medicine, Halifax Medical College (*The Canada Medical Record*, May, 1876), advocates the use of liquor potassæ in ten minim doses, three times a day, in cases of uncomplicated chlorosis. Its good effects are due to its powerful diuretic action in the elimination of the solid constituents of the urine, thus removing effete matter from the blood, and allowing the recuperative powers of the body fair play.

He gives the particulars of one case, in which its administration was attended with the most marked benefit. There was no recognisable disease of the various organs of the body. Amongst the symptoms present were the following: amenorrhœa, anæmia, the blood being much impoverished, venous hum, anæmic cardiac murmur, general anasarca, which simulated the last stage of Bright's disease, with inability to even sit up in bed. A variety of treatment had failed to effect the slightest improvement. Under the conviction that the blood, in addition to being very watery, was loaded with excrementitious products, and that the debilitated emunctories were unable to remove these impurities from the blood, the liquor potassæ was prescribed. In two days improvement was apparent; in two weeks she was able to sit up, the anasarca having quite disappeared, and in five weeks she was quite restored to health. He mentions the fact that similar benefit was experienced in six other cases, of uncomplicated chlorosis so treated. The fact of its success is worth bearing in mind.

A Case of Ovariotomy.

Dr. R. Stansbury Sutton (*Med. and Surg. Reporter*, April 29th, 1876), reports a very interesting case of the above, the patient being an Irishwoman, a widow, æt. 49, who had borne three children, the youngest of whom at the date of the operation was 18 years of age. In her 47th year the menstrual flow ceased suddenly during one of the periods, in consequence of a severe fright she received. The tumour was first perceived growing in the left side two months after the cessation of the "menses." It rapidly and constantly enlarged for the space of two years. The following were the measurements taken shortly before the operation :—

At umbilicus, around the body, ...	40	in.
Just above umbilicus	41	„
From ensiform cartilage to umbilicus ...	7¾	„
From symphysis pubis to umbilicus... ...	8½	„
From right supra-spinous process of ilium to umbilicus	9	„
From left supra-spinous process of ilium to umbilicus	10	„

The diagnosis was a multilocular ovarian cyst, which the operation proved to be correct. There were three cysts. In the wall of the largest was imbedded a bone resembling a lateral half of the inferior maxillary containing one tooth ; on the inner surface of the cyst wall was a patch of true skin, with a cartilaginous tubercle in its centre, which was surrounded with a sturdy growth of hairs, and in the contained fluid a roll of reddish-brown hair was found. These elements established the dermoid character of the tumour beyond doubt—a matter of considerable interest, as a microscopical examination of the contained fluid demonstrated the presence of the "*ovarian cell" and albumen.* Many gynæcologists question the presence of albumen and the ovarian cell in the fluid of dermoid cysts ; they believe that these are alone found in pure ovarian fluid, and are distinctive of that, and of nothing else. There was nothing remarkable about the operation itself. The first incision was five and a-half inches in length, made in the median line ; this was subsequently enlarged seven-eighths of an inch, terminating just below the umbilicus. The pedicle was of moderate thickness ; the clamp was used in securing it. There were not many adhesions except where the tumour was in apposition with the lower border of the liver, the transverse colon, and the omentum ; the adhesions in these places were very strong.

The case terminated fatally fifty-six hours after the operation. No *post-mortem* was allowed.

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Correspondence.

MEDICAL PRACTICE IN SOUTH LONDON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to enclose a precious document which is being extensively circulated among my patients and others in this neighbourhood. On referring to the "Medical Register" I find that the advertiser is M.B., T.C.D., and L.R.C.S.I. His N.B., that "the above fees are only charged to the working classes," is not true, as to my knowledge they are charged to well-to-do tradespeople, to the detriment of the regular practitioners. I think the authorities of T.C.D. and R.C.S.I. ought to be acquainted with the doings of Mr. George A. Lewis, and enclosing my card,

Remain Sir, yours truly,
NEMO.

THE SURREY SQUARE
PROVIDENT DISPENSARY,
214 OLD KENT ROAD.
Corner of Surrey Square.

Patients are informed that on account of the great number who have availed themselves of the advantages of the above Institution (over 3,000 during the past year), and the number who require to be visited daily, the hours of attendance will in future be as follows :—

Mornings (Sundays and Thursdays excepted), from 11 a.m. to 1 o'clock.

Evenings—Mondays, Wednesdays, and Saturdays—from 7 p.m. to 9 o'clock.

GEORGE A. LEWIS, REGISTERED PHYSICIAN,
SURGEON, ACCOUCHEUR, &c.,
WILL BE IN ATTENDANCE DURING ABOVE HOURS.

Some of the Special Advantages of this Institution are :—

1. Patients, in order to receive attendance, do not require a letter or order. 2. No time is lost by long waiting, as Patients receive immediate attention. 3. The Fees being so small, no deprivation is felt by the working classes. 4. All the best Medicines are provided.

TERMS :—

Advice and medicine for one week, 1s. 6d. Home visitation and medicine for one week, 3s. 6d. Midwifery from 15s., including full attendance and all necessary medicines. Vaccination and Certificate, 1s. 6d.

THE DISEASES OF WOMEN AND CHILDREN RECEIVE SPECIAL ATTENTION.

N.B.—The above fees are only charged to the working classes and their families and must be prepaid. Patients to provide their own bottles, &c.

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Medical News.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 3rd inst. :—

Bevan, Richard, L.S.A., Redruth, Cornwall.
Boodle, George A., L.S.A., St. John's Wood.
Bullen, Beresford R., Upper Kennington Lane.
Cuming, Charles H., Devonport.
Dowding, Alexander W. W., L.S.A., Ampthill.
Eve, Frederick S., Romford, Essex.
Fabien, Lewis, Trinidad, West Indies.
Gathergood, Benjamin W., L.S.A., Lynn Regis.
Glyn, Herbert A., M.B., Gloucester Street.
Hatch, W. K., M.B., Shrewsbury.
Hume, Frederick N., Meonstoke, Hants.
Mahony, Lawrence F., L.S.A., Dalston.
Paul, Reginald, L.S.A., Langport, Somerset.
Rowbotham, Arthur J., Woolwich, Kent.
Sandwith, Fleming M., Wimbledon.
Stevenson, Leader H., Bexley, Kent.

Royal College of Surgeons, Ireland.—At examinations held on July 25th and following days, the undernamed were admitted Licentiates of the College :—

James Ahern, Joseph Atkinson, John Patrick Barber, John Wm. Beatty, William Joseph Carroll, John Patrick Clarke, William Mayne Clayton, John David Collier, John Conry, James Davidson, John Delahoyde, John Dunbar Dickson, Anthony Doyle, Patrick Dunn, Laurence Finegan, John Flanagan, William John Fraser, John A. Frend, William Hartigan, Henry Stewart Jackson, Hugh Kennedy, William Peter Kirwan, George Reginald Leeper, Michael Macnamara, Jemes M'Mun, Edmund Murphy, Timothy O'Connell, Eugene O'Donovan, Goodwin O'Grady, John Albert O'Meara, John S. Reed, Thomas Russell, John Ryan, George Stoker, Chas. Joseph Trimble, Edward Thomas White, Wm. M'Dowel Wright.

Vital Statistics.—From the Registrar-General's report we learn that during last week 5723 births and 3953 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 26 deaths annually in every 1000 persons living. The annual death-rate was 20 per 1000 in Edinburgh, 21 in Dublin, 26 in Glasgow, and 25 in London. The annual rates of mortality during the same period in the other large towns were—Bradford 24, Norwich 23, Brighton 16, Wolverhampton 27, Birmingham 21, Sunderland 22, Portsmouth 22, Sheffield 27, Plymouth 19, Nottingham 36, Liverpool 27, Bristol 23, Leicester 40, Oldham 31, Newcastle-upon-Tyne 26, Hull 30, Manchester 28, Salford 30, and Leeds 36. The annual death-rate from the seven principal zymotic diseases averaged 8·5 per 1000 in these towns, and ranged from 2·9 and 4·3 in Plymouth and Wolverhampton, to 17·9 and 18·4 in Leicester and Nottingham. Scarlet fever continues fatally prevalent in Portsmouth ; small-pox caused 15 deaths in Liverpool, 12 in Manchester and Salford, and only one in London. The deaths referred to diarrhœa in these towns, which in the five previous weeks had steadily increased from 88 to 904, declined last week to 851. The annual death-rate from this disease was equal to 6·0 per 1000 in London, and averaged 6·8 in the nineteen other large provincial towns, ranging from 2·2 and 2·5 in Plymouth and Oldham, to 13·8 and 15·6 in Leicester and Nottingham.

University of London.—The following candidates have passed the first M.B. Examination :—

First Division.

Baddeley, C. E., King's Coll.
Boyd, J. S. N., University Coll.
Clark, C. A. D., St. Bartholomew's.
Collier, M. P. M., St. Thomas's.
Gabb, J. P. A., University Coll.
George, G. A., University Coll.
Heath, W. C., University Coll.
Lory, W. M., St. Bartholomew's.
Matthew's V., King's Coll.
Neale, J. E., University Coll.
Phillips, S. P. University Coll.
Saunders, J. C., St. Bartholomew's.
Sheppard, C. E., St. Thomas's.
Smith, K. R., University Coll.
Stewart, H. D., King's Coll.
Urthoff, J. C., Guy's.
Wainewright, R. S., Guy's.
Whitney, N. S., University Coll.
Williams, D. J. University Coll.

Second Division.

Andrews, W. S., University Coll.
Berry, F. H., Guy's.
Calhane, F. W. S., University Coll.
Dymott, D. F., University Coll.
Faulkner, J. T., Owen's Coll.
Hadden, W. B., Liverpool School.
Jewell, C. C., University Coll.
Jones, R. H., Liverpool School.
Juler, H. E., St. Mary's.
Lendon, A. A., University Coll.
Mackern, G., Guy's.
Manby, H. L., Guy's.
Marsh, J. H., St. Thomas's.
Notley, W. J., Edinburgh University.
Russell, G. H., Guy's.
Salter, J. R., University Coll.
Sheldon, T. S., Guy's.
Tuke, W. S., University Coll.

Excluding Physiology.

First Division.

Meek, J. W., Guy's.

Second Division.

Barker, F. R., St. Thomas's.
Clark, J. R. A., University Coll.
Hughes, R., Owen's Coll.
Shaw, G., Westminster.
Vinrace, J. H., Queen's Coll. Birmingham.
Williams, D., University Coll.

Physiology Only.

First Division.

Blake, W. H., University Coll.
Cuming, C. H., University Coll.
Plumbe, S. T., St. Bartholomew's.

Second Division.

Drysdale, A. E., Univ. Coll., and Liverpool School.
Pickup, W. J., Univ. Coll.
Ryley, J., University Coll.
Smith, H. U., St. Thomas's.

Royal College of Surgeons, Edinburgh.—The following gentlemen have passed their first professional examination :—

Beresford, F. J., Leicester
Gordon, Richard, jun., Sligo
Maclean, Kenneth, Ross-shire
Ryan, Mark F., Kilconly
Thatcher, Chas. H., Edinburgh

The following gentlemen passed their final examination, and were admitted Licentiates of the College :—

Fraser, Peter, Hamilton
Forbes, Duncan, Dumfries
Hamilton, J. A. G., Co. Tyrone
Hardie, Robert, Leith
Hunter, Henry, Co. Derry
Irving, R. W., Blair Athole
Jolly, S. A., Portarlington
MacRitchie, Donald, Inverness
Magill, James, Derry
Maull, Wm., Auchterarder
Nichol, J. T., Newcastle-on-Tyne
Norris, R. Hill, Birmingham
Smith, William, Preston
Willard, Rufus, Illinois

Royal College of Physicians and Surgeons, Edinburgh.—Double Qualification.—The following gentlemen passed their first professional examination during the recent examinations :—

Andrianaly, Madagascar
Christie, J. W., Stirling
Dobson, Arthur, Leeds
Grealy, Joseph, Galway
Hutchinson, J. G., Cumberland
Kennedy, S., County Down
Legat, A. E., South Shields
Leiper, Alexander, Stonehouse
Mason, A. H., Kent
M'Callum, Edward, Edinburgh
Paine, Frank Trevor, Cardiff
Parry, J. H., North Wales
Rajaonah, Madagascar
Reid, R. S., New Zealand
Roberts, A. R., Worcestershire
Service, John, Kilwinning
Simpson, Rbt. Parkyn, Boston
Tanner, L. J., Newman, Cork
Whiteley, E. A., Wakefield
Witz, James F., Tobago

The following gentlemen passed their final examination, and were admitted L.R.C.P.E. and L.R.C.S.E. :—

Badcock, G. S., Brighton
Baker, Jas. Payne, Maidstone
Balbirnie, J. P., Leamington
Blumer, Wm. P., Sunderland
Brander, Edward S., India
Brown, Horatio B., Folkestone
Bull, Joshua Edward, Cork
Calwell, Wm., Ballyreagh
Darutz, Jean A. C., Mauritius
Deacon, Wm. Oliver, Armagh
Dockeray, John A., Rathvilly
Elliott, Jas. May, Dungannon
Fletcher, F. A. C., Yorkshire
Green, Albert, Bradford
Hiffernan, James Eld, Mallow
Kay, Alfred, London
Kirk, Robert, Bathgate
Lord, Frederick, Kent
Lucas, J. H. R. W., Liverpool
M'Glade, James, Kent
M'Kinney, S. B. G., Belfast
Morrison, A., Linlithgowshire
Osburne, Cecil A. P., Cork
Roberts, T. M'Guire, Dublin
Sanctuary, Thos., Dorsetshire
Scott, W. E., Northamptonshire
Shorten, James, Co. Cork
Stuart, J. A. E., Berwickshire
Wallis, Hugh, Sussex
Williams, A. D., London
Wood, Francis H., Wakefield

Metropolitan Hospital Sunday Fund.—At the meeting of the Council of the Hospital Sunday Fund, held at the Mansion House on Thursday week, the following awards were made. It is to be hoped that the Council will another year see their way to exclude many of the special hospitals, or rather private institutions from a fund subscribed for the benefit of hospitals and dispensaries. We contend that petty places devoted to the treatment of the throat, heart, stone, hip diseases for children, dental, &c., should at all events not be classed among hospitals.

General Hospitals: Charing Cross, £816 13s. 4d. ; French, £122 10s. 0d. ; German, £632 4s. 4d. ; Great Northern, £259 14s. 0d. ; King's College, £1,164 3s. 10d. ; London, £2,307 16s. 8d. ; Metropolitan Free, £291 13s. 4d. ; Poplar, £350 0s. 0d. ; Royal Free, £641 13s. 4d. ; St. George's £2,100 0s. 0d. ; SS. John & Elizabeth, £151 13s. 4d. ; St. Mary's, £1,050 0s. 0d. ; Seamen's, £816 14s. 4d. ; the Middlesex, £1,633 6s. 8d. ; University College, £8 62 4s. 9d. ; Westminster, £758 6s. 8d.

Special Hospitals, viz:—(Chest Hospitals.) City of London, for Diseases of the Chest, £700 0s. 0d. ; Hospital for Consumpton, £888 9s. 5d. ; North London Consumption, £239 3s. 4d. ; Royal Hospital for Diseases of the Chest, £116 13s. 1d. ; (Children's Hospitals), Belgrave, £105 0s. 0d ; East London, £235 0s. 0d. ; Evelina, £350 0s. 0d. ; Hospitals for Sick Children, £408 6s. 8d. ; Home for Sick Children and South London Dispensary for Women, £59 10s. 0d. ; Hospital for Hip Diseases in Childhood, £140 0s. 0d. ; North Eastern, £140 0s. 0d. ; Victoria, £190 7s. 1d. ; (Lying-in Hospitals.) British, £58 6s. 8d. ; City of London, £58 6s. 8d. ; General, £87 10s. 0d. ; Queen Charlotte's, £151 13s. 4d. ; (Hospitals for Women.) Hospital for Women (Soho Square), £175 0s. 0d. ; Hospital for Women and Children, £41 13s. 4d. ; New Hospital for Women, £110 16s. 8d. ; Royal Infirmary for Diseases of Women and Children, £116 13s. 4d. ; Samaritan Free, £327 16s. 8d.

Other Special Hospitals: Cancer, £70 0s. 0d. ; London Fever Hospital, £262 10s. 0d. ; St. Mark's (Fistula), £175 0s. 0d. ; National, for Diseases of the Heart, £70 0s. 0d. ; Lock Hospital, (Female), £175 0s. 0d. ; Lock Hospital (Male), £163 6s. 8d. ; Hospital for Diseases of the Nervous System, £116 13s. 4d. ; National, for Paralysis and Epilepsy, £303 6s. 8d. ; Royal London Ophthalmic, £347 2s. 11d. ; Royal South London Ophthalmic, £35 0s. 0d. ; Royal Westminster Ophthalmic, £93 6s. 8d. ; Western Ophthalmic, £29 3s. 4d. ; National Orthopædic, £75 16s. 8d. ; Royal Orthopædic, £40 16s. 8d. ; Hospital for Diseases of the Skin, £35 0s. 0d. ; St. Peter's, for Stone, £35 0s. 0d. ; Hospital for Diseases of the Throat, £102 18s. 0d. ; London Homœopathic, £250 16s. 8d. ; Dental, £71 3s. 4d. ; National Dental, £5 16s. 8d.

Convalescent Hospitals: Metropolitan Convalescent Institution, £700 0s. 0d ; Mrs. Gladstone's, £233 6s. 8d. ; Mrs. Kitto's, £30 6s. 8d. ; Mrs. Marshman's, £53 13s. 4d. ; Mrs. Rusher's, £46 13s. 4d. ; Seaside Convalescent Hospital (Seaford) £58 6s. 8d. ; St. Andrew's Convalescent Home, Clewer, £156 11s. 4d.; St. Mary Magdalene Convalescent Home, £23 6s. 8d.

Cottage Hospitals: Beckenham, £35 0s. 0d. ; Bromley, £24 10s. ; Wimbledon, £25 13s. 4d.

Dispensaries: Battersea (Provident), £12 16s. 8d. ; Bloomsbury, £47 16s. 8d. ; Camberwell (Provident), £58 6s. 8d. ; Chelsea, &c., £52 10s. 0d. ; City, £99 3s. 4d. ; Clapham (General), £46 13s. 5d. ; Dulwich, £17 10s. 0d. ; Eastern, £32 13s. 4d. ; Farringdon, £50 3s. 4d. ; Finsbury, £58 6s. 8d. ;

Holloway and North Islington, £93 6s. 8d.; Islington, £58 6s. 8d.; Islington and North London (Provident), £10 10s. 0d.; Kensington, £58 6s. 8d.; Kilburn, £58 6s. 8d.; London, £14 0s. 0d.; Margaret Street Infirmary for Consumption, £35 0s. 0d.; Metropolitan, £54 16s. 8d.; North West London (Children) £18 13s. 4d.; Notting Hill (Provident), £44 6s. 8d.; Paddington (Provident), £17 10s. 0d.; Portland Town, £43 3s. 4d.; Provident Medical Institution, £21 0s. 0d.; Public, £60 13s. 4d.; Queen Adelaide's, £46 13s. 4d.; Royal General, £54 16s. 8d.; Royal Kent, £122 10s. 0d.; Royal Maternity Charity, £29 3s. 4d.; Royal Pimlico, £75 16s. 8d.; Royal South London, £93 16s. 8d.; SS. George's & James's, £59 10s. 0d.; St. George's, Hanover Square (Provident), £67 13s. 4d.; St. John's Wood (Provident), £40 16s. 8d.; St. Marylebone, General, £58 6s. 8d.; St. Pancras & Northern, £52 10s. 0d.; SS. Paul & Barnabas, £52 10s. 0d.; South Lambeth, £40 16s. 8d.; Stamford Hill, &c., £24 17s. 10d.; Surrey, £35 0s. 0d.; Tower Hamlets, £52 10s. 0d.; Westbourne (Provident), £29 3s. 4d.; Western, £81 13s. 4d.; Western General, £116 13s. 4d.; West Ham & Stratford, £44 19s. 10d.; Westminster General, £64 3s. 4d.

Institutions: Establishment for Gentlewomen, £175 0s. 0d.; Royal Sea Bathing Infirmary (Margate), £315 0s. 0d.; National Sanatorium (Bournemouth), £145 16s. 8d.; National Hospital for Consumption (Ventnor), £116 13s. 4d.; St. George's, Hanover Square (Provident) Dispensary, amount deducted in error in 1875, owing to incorrect information sent to the Committee of Distribution, £32 4s. 10d.

Indian Medical Service.—The following gentlemen were successful at both the London and Netley examinations recently held, having passed through a course of instruction at the Army Medical School, Netley:—

	Marks.		Marks.
‡Tomes, A. . .	5816	Henderson, W. G. H. . .	4426
Meredith, E. B.	5220	Doyle, B. . .	4412
Mawson, W. A.	4902	Cobb, R. . .	4266
Maitland, J. .	4856	Stephens, A. A. R. . . .	4259
MacGregor, J. .	4837	Cadge, W. H. .	4220
Peevor, G. H. .	4818	Hunter, J. . .	4085
Dantra, S. H. .	4746	Swaine, C. L. .	4067
Macdonald D. J.	4650	Smith, M. H. .	3966
Stewart, A. K.	4625	Dalal, K. A. .	3920
Walter, G. L. .	4502	Boyd, H. W. P.	3886
Hamilton, H. .	4462	Farrell, P. J. .	3662
Halpin, J. N. .	4440		

‡ Gained the Herbert Prize.

Naval Medical Service.—The following candidates were successful at both the London and Netley examinations recently held, having passed through a course of instruction at the Army Medical School, Netley:—

	Marks.		Marks.
Thomas, R. H. .	5170	Sibbald, T. M. .	3120
Cree, W. E. .	4105	Thompson, Wm.	3042
Crocker, H. L. .	4005	Yeo, R. F. . .	2775
Popham, T. D. .	3945	Armstrong, J. B.	2548
Colthurst, L. T.	3703	Smith, George .	2536
Kellard, J. T. W. S. . . .	3150	Cuffe, G. M. .	2353

National Orthopædic Hospital of Ireland.—We hear that an Orthopædic Hospital has at last been established in Dublin. We were aware that for more than a year past such an institution was in contemplation, the delay being caused by want of suitable premises, which difficulty has now been overcome. The new institution is under the auspices of Mr. Porter, Surgeon to Her Majesty the Queen in Ireland, and Mr. Smyly, Surgeon to the Lord-Lieutenant, as consultants. Mr. Lambert H. Ormsby, Surgeon to the Meath Hospital, and author of "Deformities of the Human Body," being Surgeon in charge.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials,* and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention t this rule.

Erratum.—In Dr. Griffith's article on "Hydrocyanic Acid" in our last issue some errors have crept in. The author desires to mention that in the transcript of Dr. West's formula the quantity of *Mist. Amygdalæ* should have been ℥i., not ʒi.

A Taste for Linen.—Last week a bullock, on the Commons, Coleraine, ate two shirts, a lady's night-cap, and six gentlemen's collars, from a washerwoman. An extraordinary circumstance connected with the affair is this:—The bullock was killed in the evening of the day, and five of the collars were found in the stomach, with scarcely an impress of a tooth on them. They were returned to the owner, and have since been washed and made up, and look well, after being secreted in the stomach of the bullock for half-a-day.

Dr. L.—Your suggestion received with thanks; the gentleman most immediately interested is on the Continent at present, and will doubtless reply on his return.

Dr. Elliot.—The prescription to which you refer in Dr. Handsel Griffith's last communication was an error. You will find the rectification in an erratum this week.

Mr. Harston.—Sorry we cannot find space for your communication; it is scarcely suitable.

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VACANCIES.

North Staffordshire Infirmary. House Surgeon at a salary of £120, and a House Physician at £80 per annum; each with board and residence. Applications to the Secretary at Hartshill, Staffs.

Swansea Hospital. Resident Medical Officer. Salary, £100, with board. Applications to the Secretary, Gower Street, Swansea.

Dover Hospital. House Surgeon. Salary £100. Address Mr. Elwin, 13 Castle Street, Dover.

Brighton Dispensary. Resident Medical Officer. Salary £130 per annum. Applications to the Hon. Sec., Queen's Road, Brighton.

Royal South Hants Infirmary. House Surgeon. Salary £85, with board and residence. Testimonials, &c., to Dr. Lake, Southampton.

Sussex County Hospital. House Surgeon. Salary £80, with board and lodging. Address the Medical Superintendent, Brighton.

Northampton General Infirmary. Surgeon. Honorary. Applications to the Secretary.

West London Hospital, Hammersmith. House Surgeon. Salary £70, without board. Address the Secretary.

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APPOINTMENTS.

Bindley, P., M.B., Resident Medical Officer to the General Hospital, Birmingham.

Blake, Dr. W., Medical Officer, &c., for the Kilkelly Dispensary District of the Swinford Union, co. Mayo.

Cameron, Dr. R., a Medical Officer to the Dewsbury Hospital and Dispensary.

Connon, W., M.D., M.R.C.S.E., a Medical Officer to the Dewsbury Hospital and Dispensary.

Frazer, Dr. W., Resident Medical Officer to the Royal National Hospital for Consumption, Ventnor.

Hatfield, W. H., L.F.P.S.G., M.R.C.S.E., a Medical Officer to the Dewsbury Hospital and Dispensary.

Hayes, Thomas, Esq., M.D., M.R.C.S.Eng., Medical Officer to Rath-

Holmes, Mr., Apothecary to the City of Dublin Hospital, *pro tem.*

keall Union Workhouse and Rathkeall (No. 2) Dispensary; Consulting Sanitary Officer to Rathkeall Union; and Medical Attendant to the Royal Irish Constabulary at Rathkeall.

Houghton, W. B., M.B., L.R.C.P.L., M.R.C.S.E., Medical Registrar to the Charing Cross Hospital.

Johnson, H. S., L.K.Q.C.P.I., Medical Officer for the Buckfastleigh and South Brents Districts of the Totnes Union.

MacDonnell, M. A., M.D., Resident Assistant House Surgeon to the North Dispensary, Liverpool.

Newby, C. H., L.R.C.P., M.R.C.S., Surgical Registrar to St. Thomas's Hospital.

Preston, W., M.B., C.M., Honorary Surgeon to the Lancaster Infirmary and Dispensary.

Rhodes, G. S., M.R.C.S.E., a Medical Officer to the Dewsbury Hospital and Dispensary.

Shanahan, J. F., L.K.Q.C.P.I., L.R.C.S.I., a Medical Officer to the Dewsbury Hospital and Dispensary.

Thornton, P., M.D., M.R.C.S.E., a Medical Officer to the Dewsbury Hospital and Dispensary.

Thornton, W. H., M.D., F.R.C.S.E., a Medical Officer to the Dewsbury Hospital and Dispensary.

Watson, W. M., M.D., Medical Officer of Health for the Hoylandswaine Urban Sanitary District.

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Marriages.

Lyster—Darsie.—On the 9th inst., at Canning Street Presbyterian Church, Liverpool, C. E. Lyster, M.D., to Marion, eldest daughter of J. R. Darsie, Esq., of Grove Park, Liverpool.

Mosse—Macdonald.—On the 3rd inst., at Athy, co. Kildare, Charles B. Mosse, C.B., Surg.-Major, to Margaret Celestina, third daughter of Rev. Canon Macdonald, Rector of Athy.

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Deaths.

Kirk.—On August 3, at Westfield, Malton, William Kirk, jun., M.R.C.S.E., of Hedon, Hull, aged 41.

Peake.—On August 8, at Colchester, George William Peake, M.D., Staff Surg.-Major, Army, aged 5 .

Pegum.—On August 2, at Carrigaholt, co. Clare, of Fever, Thomas Pegum, L.R.C.S.I., L. & C.M.K.Q.C.P.I.

Rainy.—On August 6, at Woodside Place, Glasgow, Harry Rainy, M.D., aged 83.

Tindall.—On July 31, at Abbotsford Place, Glasgow, David Tindall, L.F.P.S.G.

Tomlinson.—On August 3, at Preston, Watson Tomlinson, L.R.C.P.Ed., aged 29.

IRISH POOR-LAW INTELLIGENCE.

BALLINA SESSIONS.

CHARGE OF "UNLAWFULLY SELLING POISON."

SUB-INSPECTOR SOMMERVILLE *v.* JOHN MACAULAY.

The charge was that defendant did on the 17th September last unlawfully sell poison, to wit, a portion of tartar emetic, for that whereas the wrapper or cover in which the said poison was contained was not labelled with the name of the article, nor with the word 'poison,' nor with the name of the poison; and whereas on the sale of the said poison the seller did not make, or cause to be made, an entry in a book to be kept for that purpose, giving date of sale, name and quantity of the article sold, and the purpose for which it was stated it was required, and to which the signature of the purchaser was not affixed."

On 17th September a Mrs. Beirne, desiring to give "cream of tartar" to her children, sent a shop assistant, named Neary, to Mr. Macaulay, who sells medicines and poisons it appears in the next street; Mr. Macaulay, through his servant, gave one ounce of what was understood to be cream of tartar, for which the usual price was paid. The messenger returned, and Mrs. Beirne, believing that the article was what she sent for, administered it to her children, and partook of some herself. The children became immediately so sick, and their lives so evidently in danger, that Dr. Nolan was at once called in, and owing to his skill and prompt measures, under Providence, the lives of all concerned were saved. The defendant had no licence to sell poisons, and no authority to sell them, and undertaking their sale he neglected altogether the provisions of the Act of Parliament, wisely framed for the protection of the public.

Mr. Bourke—My learned friend is departing altogether from the charge, which is that defendant did not label a certain article which he sold.

Chairman—I beg your pardon. The charge is that defendant did "unlawfully sell poison." Mr. Jordan's observations are quite pertinent to that.

Mr. Bourke—Then I say that it is no offence to sell poisons, and no Act of Parliament is violated by their sale.

Mr. Jordan—I say that a person selling poisons must comply with certain rules and regulations provided by the statute, and that if he even have a licence, that would not justify him in dispensing with the precautions necessary to be taken. The case appears to me to be one of vital importance to the public, and in the public interest the Attorney-General has directed this case to be prosecuted, to save the people from the consequences which must follow when the sales of poisons is undertaken by ignorant and unskilled people.

Chairman—Do you not think it necessary to explain why the case has been allowed to lie over for ten months?

Mr Jordan—With regard to that, it appears that some correspondence took place by which time was lost, and that then Mrs. Beirne, finding that her children's lives were saved, became unwilling to prosecute the vendor of the poison, and it was not till June that a prosecution was decided on.

Chairman—You are aware that proceedings under the Petty Sessions Act, except in some particular cases enumerated in it, must be brought within six months after the commission of the offence.

Mr. Bourke—If the Act of Parliament says that no proceedings can be taken after six months, I would ask you not to go into the case.

Chairman—The Attorney-General gave directions in this case in June last, and it may be possible he overlooked this point. We will hear the evidence, which has been brought here at much expense, and then formally adjourn the case, in order to take the opinion of the Law Adviser.

Mr. Bourke—In point of fact the Court has no jurisdiction.

Chairman—That is my impression.

Mrs. Jane Beirne to Mr. Jordan—I recollect sending to Mr. Macaulay's before Christmas for an ounce of cream of tartar; what was brought back I gave to the children, and I saw no difference in the colour. I put it in spring water. I gave it to them between eight and nine o'clock, as they were going to bed.

Chairman—In how much water did you put it? In five noggins. I gave it first to the eldest boy, who took about two mouthfuls; I then gave it to the second boy, who said he found a queer taste on it, and he only tasted it. I then took one or two small sups of it myself to show that there was nothing at all in it; the fourth and fifth children then took some; the third child was then asleep.

Mr. Jordan—Were the children up to this in good health and spirits? I remarked nothing wrong with them?

How long had they taken this when they became unwell? It was their father detected it first.

Chairman—Did you yourself see them? Yes, in about an hour after.

What was wrong with them then? They got a wrenching of the stomach.

All of them? Yes. They had beef for dinner, and I thought it was diseased meat they had eaten, as there was some in the town at the time.

Mr. Jordan—Were the children still unwell? Indeed they were. The doctor examined them and saw how they were affected; he asked what they had eaten, and I told him; he asked where the meat was got, and being told, he said he had had some of the same himself, and that was the best beef in the town. He asked did they get anything else, and I told him I had given them a drink of cream of tartar; he told me to show him the vessel, and having stirred it round, he said I had the "children killed."

How long did the children continue ill? They were up the next day.

Did the doctor give them anything to relieve them? He said they had taken tartar emetic, and he gave them strong tea and hot brandy.

Chairman—Were you unwell yourself? I was.

Did you take the same remedy the children got? I took nothing at all.

Dr. Nolan examined—I was called in to see the children of Mr. Beirne in September last.

What state were they in? They were very sick;

vomiting very much; scarcely a pulse; teeming with a cold perspiration, and cramped.

All these symptoms were indicative of an irritant poison? They were. I asked where was the poison, and was shown a mug, and having stirred what was in it, I said to Mrs. Beirne she had the children poisoned. I then got some strong tea and brandy, and gave it to them, and went to the hotel for soda water, as one of them was in a collapsed condition. They were very uneasy about the children, and I said it would be well to ascertain what they had taken, and I told Mr. Beirne to get a bottle, and I would send what remained in the mug to Dr. Cameron for analysis. He got a soda-water bottle, and when washed I put the matter into it; he sealed it and I took it away.

Chairman—Is there not a marked difference between cream of tartar and tartar emetic? The former is easily soluble, the latter not so.

Mr. Bourke—Would not these effects be produced by an overdose of cream of tartar? It is not very likely.

Chairman—What quantity of cream of tartar would produce the effects you describe? No quantity. It might act as a purgative, but would not even sicken. The vomiting is an effort of nature to eliminate the poison.

Mr. Bourke—Would not a large quantity of cream of tartar produce vomiting? I have never known it to do so.

Mr. Jordan—What these children got would not produce vomiting if cream of tartar! No. Six grains of tartar emetic would poison a person.

Chairman—There was an ounce divided into ten parts. Some of the children must have taken sixty grains.

Dr. Nolan said there was less danger in taking this quantity than the smaller quantity, as it was easily eliminated. If you gave a dog forty grains of arsenic it will not kill it; give it six grains and it will kill it.

Dr. Charles A. Cameron sworn—Did you examine the contents of the bottle? I did.

What did you ascertain it contained? Tartar emetic. I kept the bottle for a considerable time. I always keep the specimens sent to me till they are disposed of, and in this case I wrote to Dr. Nolan, asking him if any proceedings were to be taken in reference to the matter; he wrote back to say that there would be no prosecution, as the parties declined to prosecute. In March last, in my report to the Grand Jury, I sent forward Dr. Nolan's note explaining why there was not a prosecution, as the matter came before me officially. I kept the bottle till June, then having to go to London, I had to clear away a number of things, and I recollect emptying this bottle with my own hands.

Chairman—For all you know the letter and box went by the same train?

Dr. Nolan (recalled)—Yes. I labelled the bottle, "supposed to be cream of tartar."

Chairman—Was there anything in connection with the bottle to lead you to conclude it was the same that was sent by him? There was. I got his letter that morning, saying he had forwarded the box, and then when I opened the box I found it to correspond with the letter. Then there was the word "Ballina" on the label, and on the whole I have no doubt it was the box sent by Dr. Nolan.

What did the bottle contain? Water and tartar emetic.

That you have no doubt about? Oh, not the slightest. I satisfied myself that the bulk, if not the whole, of the article was tartar emetic, but I will not swear there may not have been some cream of tartar.

Chairman—Did you take a note of the analysis in your book? Yes, and I have an extract from my laboratory book here. [Extract read, stating that on 19th September witness received from Dr. Nolan, workhouse, Ballina, a soda water bottle containing a light powder, given to some children as cream of tartar, but which proved to be tartar emetic.]

The Chairman went over the evidence, and Mr. Jackson and he agreed that there could not be a reasonable doubt about the identity of the bottle. The only difficulty in the case was the six months elapsing before it was brought.

Mr. Bourke—I now ask Mr. Jordan what charge does he bring against my client?

Mr. Jordan—It is very plain and intelligible—that he unlawfully sold that which the law says he should not sell.

Chairman—The onus is on you, Mr. Bourke, to produce the book in which is the entry of this sale, if suc book there be.

Mr. Bourke—Do you contend here that Mr. Macaulay cannot sell tartar emetic without being duly licensed?

Mr. Jordan—My contention is, that Mr. Macaulay, or other trader, cannot sell poison unless he complies with certain requirements pointed out by the Act of Parliament.

Mr. Bourke—Is a license one of these?

Mr. Jordan—No.

Mr. Bourke—Then you commenced with that.

Mr. Jordan—Yes, I said that even if he had a license it would not excuse him for selling poison while he neglected the requirements provided by the act.

Mr. Bourke—Well we have got rid of the license.

Mr. Jordan—There are several conditions required, none of which have been complied with.

James Loftus, servant of Dr. Nolan, here came in, and being sworn, said he delivered a box at the railway station, for his master, in the usual course of his business paying the carriage of it.

The case for the Crown closed here.

Mr. Bourke then submitted that the case was outside the jurisdiction of the court, as the proceedings should have been taken in six months from the date of the occurrence.

The Chairmen said the court fully concurred with Mr. Bourke in that, and intended placing it before the Law Adviser with a statement of the facts of the case. The evidence was quite clear that it was tartar emetic that was given, but while this was so Mr. Macaulay was, at the same time, entitled to his rights.

Mr. Bourke said he could not hope to disabuse the mind of the court as regards that, but he would show that it was not the intention of his client to evade the Act of Parliament, and that it was not necessary that he should have any certificate or special qualification to authorise him to sell poison, if he did sell any. Mr. Macaulay's statement was this, that he bought this article as cream of tartar from a respectable druggist; that he kept in a box properly labelled, and that it was from this box Mrs. Bierne was supplied.

Alexander McDonnell examined by Mr. Bourke—I am in the employment of Mr. Macaulay: I recollect Patt Neary coming into the shop and asking for cream of tartar; there were cream of tartar and tartar emetic in the shop; the latter was in a bottle, and labelled "tartar emetic, poison;" the other was in a drawer, and had also a label on it. I went to the drawer, and supplied him out of it.

Do you remember selling cream of tartar frequently? Yes, before this, not since.

Chairman—You often sold cream of tartar before—did you on any occasion make an entry in a book? Sometimes.

Then it was merely by chance. Did you ever sell tartar emetic? Yes.

How often? I cannot say. About half a dozen times.

What was the largest quantity? A quarter of an ounce.

The Chairman said that the Act of Parliament dwelt with the sales of poison, and required of persons selling poison they should label the quantities sold, make entries &c. In this case it was not a poison that was asked for, nor was it a poison that was intended to be given, and, therefore, the label and other precautions provided for in the case of the sale of a poison did not seem called for or necessary. It was plain from this that the case was one about which there was considerable difficulty and doubt.

Mr. Jordan said that it may not have been intended to sell poison; but the Act of Parliament did not deal with intentions, but with facts, and a poison having been sold, the requirements of the Act of Parliament should have been attended to, in order to make the sale a legal one.

Chairman—I merely give my opinion that the case is not one of those contemplated by the Act. This view of it has occurred to me, and it is worthy of consideration. Cream of tartar was asked for, and in mistake tartar emetic was given.

Mr. Macaulay asked to be allowed to make an explanation. He said that tartar emetic was only kept in small quantity, in a bottle apart by itself, and duly labelled, while the cream of tartar was in one of a nest of drawers four yards away, and the witness for the crown proved that it was out this drawer the article he got was taken. He got the cream of tartar in a hundredweight from a druggist in Dublin, and it was put in the drawer just as he received it.

Chairmen—I dont believe that state of facts. I believe your man, by mistake, went to the bottle instead of to the drawer.

Mr. Macaulay—I wish to have Neary examined again.

Neary was recalled, and he stated that McDonnell went to a drawer, not to a bottle.

Chairman—Then how do you account for the tartar emetic being in it?

Mr. Macaulay—Some of my boys through carelessness must have thrown some in.

Mr. Jordan—This is quite in keeping with my statement that the lives of her Majesty's subjects are endangered by drugs and poisons being vended by unskilled and careless persons.

McDonnell was recalled, and in reply to the Chairman said the tartar emetic never was in a drawer to his knowledge.

Was it changed from the drawer to a bottle since Sept? Not to my knowledge. The goods I sold came from the same party in Dublin.

From where did you take what you gave Mary Lacken? From the small drawer, if that satisfies you, in case I gave it at all.

Chairman—The conclusion we have come to is this, that this man did give tartar emetic for cream of tartar, and the gravity of that mistake is too great for language.

The case was then adjourned for a fortnight, in order that the opinion of the Law Adviser may be obtained on the points raised.

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THE LATE DR. ARMSTRONG, M.D., OF COLLOONEY.

A MONUMENT has been erected in the Collooney burying ground to the late Dr. Armstrong. It is made of limestone, finely cut, and ornamented, standing ten feet high. The middle slab is finely polished, black, and smooth as marble, and the inscription is truly touching. It is—

"William Armstrong, Medical Officer of Collooney district, died on Friday, April 16, 1875, of fever, taken in the faithful and fearless discharge of his duty, aged thirty-six years." This monument is erected to his memory by many friends who knew and loved him well.

The grave is surrounded by a cut stone base, to be surmounted by an iron railing.

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QUESTION AS TO A CORONER'S WARRANT.

Mr. JUSTICE BARRY sat in the Queen's Bench Office to hear an application in the case of the Queen v. Mary M'Gurk.

Mr. Ulick Bourke applied for a *habeas corpus* to bring up Mary M'Gurk, who is at present in Omagh jail, charged on suspicion of having by poison caused the death of her step-son, Peter M'Gurk, of Amolis, in the month of May last. It appeared that the coroner for the district held an inquest on the body of the deceased, and adjourned it pending the analysis by Professor Hodges, of Belfast, of the deceased's body. Pending his report Mary M'Gurk was remanded by the magistrates from time to time, the last remand expired on the 13th of July. Upon the same day the coroner (Mr. W. Oliver Orr) issued a warrant under which the woman was arrested, the terms of the warrant being to keep her in custody "till discharged in due course of law." Counsel submitted that the coroner had no jurisdiction to issue any warrant at all till the inquisition was found, and that the writ of *habeas corpus* should therefore be granted. The delay in completing the inquest was not the fault of Mary M'Gurk, but of those who had charge of the proceedings.

Mr. Justice Barry said he would grant a conditional order, to be served on the governor of Omagh jail, the coroner, and the crown solicitor.

DEATH BY POISON.

HENRY HANDER, a medical student, aged 22, the son of Mr. Hander, photographic artist, Patrick Street, Cork, came by his death on Tuesday week under melancholy circumstances. His father was preparing a bath for photographic purposes, and the young fellow went into the room and swallowed a quantity of cyanide of potassium. Medical assistance was immediately summoned, and though the stomach-pipe was applied all efforts proved futile, and he died in a few hours.

ADDRESS AND PRESENTATION TO DR. W. F. SWEENIE.

ON the 27th ult., a deputation from the friends of Dr. Sweenie, Newtowncunningham, wated on that gentleman at his residence, and presented him with an address, accompanied by a gold watch and chain, and a cheque for £100.

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A FOSSIL ELK FOUND IN TYRONE.

A FEW days since a farmer named Carbarry, residing near Carnteel, Tyrone, discovered buried in a bog, and covered with water, about five feet from the surface, the complete skeleton of an elk. The horns, which measure between four and five from tip to tip, have sixteen antlers. All the bones are in a most perfect state, not a single tooth being missing from the jaws.

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A SUICIDE of a most distressing and painful nature has been committed at Ferbane, in the King's County. Dr. Smyth, medical officer of that district, who for some days previously suffered from hypochondria, took a large dose of strychnine which terminated fatally shortly afterwards. At first it was supposed that the unfortunate deceased died of heart disease, but subsequently part of the fatal draught was discovered in his chamber. The deceased leaves a large family to mourn his unexpected and untimely decease.

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LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTHS OF JULY, 1876.

JULY 1st.—Sproulle, Oliver William, Moville, co. Donegal, M.B. 1876, and Lic. Surg. 1876, Univ. Dub.

1st.—Mara, Wm. Francis, Athy, co. Kildare, Lic. 1867, and Lic. Mid. 1875, R. Coll. Surg. Irel., Lic. K. Q. Coll. Phys. Irel. 1875.

1st.—Geoghegan, Francis Meagher, 55 Stephen's Green, Dublin, M.D. 1876, and M.Ch. 1876, Q. Univ. Irel.

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28th.—Corbett, Joseph Edward, 12 Clare Street, Lic. R. Coll. Surg. Irel. 1875.

29th.—Peyton, Jones Lloyd, County Infirmary, Roscommon, M.B. 1876, and Lic. Surg. 1876, Univ. Dub.

29th.—Charlton, George Robert Deighton, Clonmacnoise, Shannon Bridge, King's co., Lic. R. Coll. Surg. Irel. 1876, Lic. 1876, and Lic. Mid. 1876, K. Coll. Phys. Irel.

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TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, August 5th,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, AUGUST 5TH, 1876.														
								NUMBER OF DEATHS FROM									
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	21	187	129	30	30	...	2	3	...	3	2	6	2	6	35
BELFAST . . .	20,687	182,082	23	120	80	20	8	...	...	3	1	...	2	2	2	3	17
CORK . . .	13,816	91,965	16	35	28	3	6	...	...	..	...	...	1	...	...	1	9
LIMERICK . . .	8,509	44,209	15	13	13	1	1	...	...	...	...	...	...	...	...	...	2
LONDONDERRY . .	21,865	30,884	16	11	7	1	3	...	...	...	...	...	...	1	1	1	1
WATERFORD . .	17,209	30,626	10	13	6	1	...	...	...	...	...	...	...	...	...	...	...
GALWAY . . .	21,358	19,692	13	2	5	...	2	...	...	...	...	...	1	...	...	...	4
SLIGO . .	30,835	17,285	6	7	2	...	1	...	...	...	...	..	...	...	...	...	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 23, 1876.

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ON THE SCIENTIFIC AND EMPIRICAL INVESTIGATION OF EPILEPSIES.

By J. Hughlings Jackson, M.D., F.R.C.P.,

Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER IX.—*Unilaterally beginning Convulsion.*

In the last chapter we spoke of unilaterally beginning convulsion merely in order to illustrate the method of investigation of Epilepsies in general. We now consider this class of cases in detail.

They are in our definition of the term Epilepsies. They are, I consider, the results of Discharging Lesions beginning in subordinate nervous centres—viz., in the convolutions which are near to the corpus striatum. They are, as has been repeatedly stated, the mobile counterparts of cases of that unilateral paralysis which depends on "destroying lesion" of the corpus striatum. The rule is that these fits begin in those *parts* which *suffer most* in cases of hemiplegia—(1) hand, (2) face, or tongue, or both, (3) foot. This is an illustration of the Law of Dissolution. For both in hemiplegia and in these convulsions the parts which suffer first and most are those which have the most varied uses—that is, parts in the order above given. The seizures which begin in the hand are the mobile counterparts of those cases of hemiplegia in which the arm suffers more than the leg. These are the commonest cases of hemiplegia and of unilaterally beginning convulsion. The fits which begin in the face are the analogues of those cases of hemiplegia in which there is a complication of aphasia. (In the convulsion there is stoppage of speech at the onset, and speech may be left temporarily impaired when the discharge is over.) This is the next commonest corresponding pair of cases. Fits which begin in the foot are the analogues of those cases of hemiplegia where the paralysis affects the leg most. This pair is least common.

We see that the order of *frequency* in which parts suffer also illustrates the Law of Dissolution. Fits beginning in the hand are commonest; next in frequency are those which begin in the face or tongue, and rarest are those which begin in the foot. The law is exemplified in details. When the fit begins in the hand, the index finger and thumb are usually the digits first seized; when in the face, the side of the cheek is first in spasm; when in the foot, almost invariably the great toe. These facts are very significant.

It is very interesting that Ferrier's independent researches confirm the general principle regarding the modes of onset of these convulsions so far as experiments on lower animals can be supposed to be comparable with the experiments disease makes on man. (The parts which have the most varied uses will not be the same in each animal.)

The following general remarks will show how the mode of onset of convulsive seizures illustrates the law of dissolution :—

In this group of fits the spasm "prefers," so to speak, to begin in those parts which have the more voluntary uses; in other words, in those parts which have the more leading, independent, separate, and varied movements; in other words still, in those parts the movements of which are last acquired ("educated"). In strict physiological definition, a voluntary part—the hand, for example—is one which has the greater number of *different* movements at the greater number of *different* intervals; (a) shortly, the more "varied" uses. An automatic part—the chest, for example—is one which has the greater number of more nearly like movements at the greater number of more nearly equal intervals; shortly, the more "similar" uses.

(a) It will be seen that the definition takes count of what I have called Time Co-ordination. There is a Melody of movement as well as a Harmony of movement.

That convulsions which begin in the hand begin in most cases in the thumb and index-finger—in the most "voluntary" parts of the whole body—is a very significant thing. The thumb and index-finger are the most voluntary or specialised parts of the body; they have the most varied uses. The thumb in man has a distinct flexor longus pollicis. In the *Anthropomorpha*, Huxley ("The Anatomy of Vertebrate Animals") says: "The *flexor pollicis* is more or less closely connected with the *flexor communis perforans*, or with that part of the muscle which goes to the index digit." On the intellectual importance of this muscle Duchenne insists strongly. "En somme, ces faits cliniques demontrent que le long fléchisseur du pouce est l'un des muscles qui sont essentiellement destinés, chez l'homme, aux usages manuels les plus delicats; à tenir et à conduire la plume, le crayon, le pinceau, l'aiguille, &c.; qu'il aide, en un mot, à l'execution des travaux manuels qui sont à la hauteur de son intelligence supérieure" ("Physiology of Movements," p. 251). And in his work on "Electrisation," he says that when the small muscles of the thenar eminence are atrophied, the hand loses its distinctive human character and approaches that of the monkey. The thumb in the monkey is less specialised than in man. If, then, we discover in a monkey the homologue of the centre discharged in man causing fits beginning in the thumb and index-finger, we shall expect from *its* discharge a fit of a less special kind; for example, not a fit beginning in the animal's pollex, but more likely one beginning in the whole of its five comparatively little differentiated digits at once, if not in the whole arm.

It is not supposed that there are abrupt demarcations betwixt the two kinds of movements. Movements of the shoulder (intermediate betwixt the arm and the thorax) may be considered as "voluntary" when compared with those of the chest, and automatic when compared with those of the forearm; they are more "varied" than the movements of the chest, and more "similar" than those of the forearm.

An automatic part may possibly be more *often* in movement than a voluntary part, and thus it may in a sense be said to have more movements. But we are speaking of numerous *different* movements. The numerous movements of an automatic part are often but repetitions of one kind of movement in different degrees, or the persistence of one movement, or of several allied, movements. Thus, the muscles of the spine are always in action except in sleep (I am not here referring to mere tone of muscles). But the movements of these muscles when most varied, as in walking, are comparatively little varied; in standing or in sitting there is scarcely any variation in their action; there is little more than one continuous "tetanoid" contraction. Moreover, what is just as important, when in their most varied action there are fewer distinct intervals; indeed, the movements glide into one another. But there are parts which have fewer variations in their movements than even the muscles of the back. Indeed, the ciliary muscle has but one kind of movement, although an infinite number of degrees of that movement. (*a*)

It is, however, granted that convulsion may begin in any part of the region which is paralysed in hemiplegia, for example, in the shoulder, thigh, &c. I speak in this chapter of the cases which are most common. It is a very important matter in the physiology of epilepsies that the spasm "prefers" the parts which have the most varied uses. We saw (Chapter v, p. 421, May 19, 1875) that the parts whose muscles are represented in the greater number of *different* movements would be represented by the greater *quantity* of grey matter.

Spencer has pointed out that the quantity of grey matter in an animal's nervous system varies not so much with the size of its muscles as with the complexity of its movements; or we may put the principle in more detail, that the quantity of grey matter varies not so much with the size of the muscles of a part as with the number of different movements of that part. Thus the small muscles of the hand will be represented by much more grey matter in the highest centres than will be the large muscles of the upper arm, because they serve in more numerous different movements. It is equally obvious that the larger quantity of grey matter representing numerous *different* movements must be made up of a great number of separate parts. Each movement, so far as it differs from all others, must have so far special representation in the nervous centre. Greater differentiation of function implies greater physical separation. There must be separate representation, however little different the movement may be from other movements, and however much of it may be a re-co-ordination of other movements. So far as there is a degree of independence of movement, so far must there be a degree of separateness of representation of that movement by (*a*) distinct cells in the nervous centres. And yet, of course, the separation is not isolation; on the contrary, the greater the differentiation, the more complete the integration of the separate elements, for they have to act together or in succession.

Each of these varieties of fits beginning unilaterally depends, I believe, on discharge of the nervous arrangements of some particular series. The mode of onset gives us a clue to the series. Thus, those convulsions which begin in the hand are supposed to depend on a discharge beginning in parts of the cerebrum where the hand is largely represented in movements to which other movements (those of the arms, eyes, and leg) are sequent and

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(*a*) I requote the following from an article I published *Brit. Med. Journ.* May 10th, 1873:—

"The significance of the fact, that the hand is the part in which convulsions, beginning unilaterally, most often start; that the arm suffers first, or most, or both, in the greater number of motor affections from brain disease (hemiplegia, chorea, paralysis agitans), will be better realised after reading Herbert Spencer's remarks on tactual organs, in chap. viii., vol. i., p. 359 of his "Psychology" (second edition), from which I give these extracts.

"He points out and shows the significance of the 'striking instances which the animal kingdom presents of unusual sagacity co-existing with unusual development of organs, which, by the help of complex muscular arrangements, give complex tactual impressions.' After remarking, that it will perhaps be difficult to understand why *touch*, the simplest and earliest sense, should in its higher forms be more than any other sense associated with the advance of intelligence, he says: 'The explanation lies in the fact that tactual impressions are those into which all other impressions have to be translated before their meanings can be known.' Of the human hand:—'All that we need here notice is, the extent to which, in the human race, a perfect tactual apparatus subserves the highest processes of the intellect. I do not mean merely that the tangible attributes of things have been rendered completely cognisable by the complex and versatile adjustments of the human hands, and that the accompanying manipulative powers have made possible those populous societies in which alone a wide intelligence can be evolved. I mean that the *most far-reaching cognitions, and inferences the most remote from perception*, have their roots in the definitely combined impressions which *the human hands* can conceive.' [No italics in original.]

"The study of cases of disease of the nervous system appears to me to supply continual illustrations of the correctness of many of Spencer's deductions."

In an article, *Lancet*, Feb. 15, 1873, also I referred to the above remark by Spencer, and pointed out that cases of hemiplegia and unilateral convulsion with lateral deviation of the eyes show us part of the physical process for the "translation" of visual ideas into tactual ones. I there also refer to the corresponding sensory symptoms, hemiopia and hemi-anæsthesia.

(*a*) It seems to me to accord with this that the highest centres (anterior and posterior lobes) have smallest cells. Hitzig and Ferrier's points of excitation, that is to say, the subordinate motor centres have many very large cells. I should, for theoretical reasons, expect that of the subordinate centres, those which represent movements in small muscles (eyes, face, and hands) will have cells comparatively small—smaller than the cells superintending movements of the large muscles of the limbs, but not so small as the cells of the very highest centres. As previously suggested it is probable that instability of numerous small cells will produce currents of greater "intensity" than instability of the same quantity of grey matter in few large cells; or it may be more correct to say that when small and large cells are subjected to the same abnormal nutrition the small cells sooner become unstable.

subordinate. It is probably a discharge of the motor element in the substrata of tactual ideas. Convulsions which begin in the side of the mouth or tongue probably depend on discharges of centres which are the substrata of words. Again, in fits beginning in the foot the internal part discharged contains nervous arrangements for certain movements of the foot and lower limb, to which certain other movements (those of the upper limb) are sequent and subordinate. In *this* series the foot has the leading representation. Hence the remark that the mode of onset is the most important matter in the paroxysm for our consideration. *It points to the part of the brain which discharges, or where the discharge begins.* The leading movements are developed first. As is thus implied, I do not believe that nervous centres represent limited regions of muscles, nor even isolated groups of movements. There are parts where, for example, the ocular, manual, and pedal movements have the *leading* representation. This statement implies the further belief that any part, especially such an one as the hand, is represented in innumerable places. Hence "compensation" (never absolute) in "destroying lesions." The seizure may be limited or universal; there are all degrees of range. But it is to be observed that when universal it becomes universal; the spasm is not at once contemporaneous; it is a sequence. It begins in a certain part in each patient, with rare exceptions, in the same part, and *spreads* over the body. Probably in no case of convulsions, even in those of "genuine" epilepsy, is the convulsion ever universal in the sense that the whole of the muscles of the two sides of the body are convulsed absolutely equally and quite contemporaneously. In those cases of epilepsy where the spasm is nearly universal and contemporaneous, there is some part which suffers somewhat sooner, as well as some part (one side) which suffers somewhat more. Indeed, it follows from the doctrines of Evolution that there may be all degrees of difference, from cases in which the spasm begins very locally, very deliberately, and spreads very gradually, to cases in which the discharge is sudden and nearly universal at once. In the former there is discharge of lower, in the latter of highest centres. (a)

The reader will note that there are two *kinds* of difference here spoken of—(1) that convulsions depending on discharge of lower centres will begin deliberately in parts and spread to other parts, whilst the convulsions from discharges of higher centres will be more nearly universal at once; (2) the discharge in the former will be slower than in the latter; it will be of less "intensity." In what follows we limit ourselves to the unilaterally beginning seizures.

A patient may have attacks of spasm limited to the hand, or even to one finger, or to the arm. A patient may have spasm of one side of the face only, or spasm of one foot or of one toe. It not unfrequently happens that the patient has limited fits before he has his first one becoming universal. Both the limited fits and those becoming universal begin in the same part. The patient who has been long subject to fits may have on one occasion a partial fit, and on another a universal seizure. Thus, suppose the fit to begin in the right index finger and thumb, there may be one day twitching almost limited to these digits, another day the arm may be in spasm, on another occasion the whole of the right side is seized, on another occasion the spasm may spread to the left side—the patient becomes universally convulsed. Hence, then, we have to speak not only of Ranges of the spasm, but of the order in which parts are involved in any range—Sequence of spasm. In observing a paroxysm we have to note both with care.

Let us take in illustration a case in which the spasm begins in the hand:—(*a*) We note the complete range of the convulsion; for example, we may have to say "the spasm involved the arm, face and leg of the right side: (*b*) we note the order in which it "went over" the parts of that range; as, for example, we may have to say, "it began in the hand, passed up the arm, attacked next the face, passed down the leg." We shall afterwards point out that this sequence is a compound sequence, although, for convenience, it is here spoken of as if it were simple.

(*To be continued.*)

ADDRESS IN SURGERY.

By W. F. Favell, M.R.C.S. Eng.,

Surgeon to the Infirmary, Sheffield.

(*Continued from page* 130.)

Again, perhaps, the most obvious cause of these diverse opinions lies in the fact that, in cases of depressed fracture, we can hardly lay down a hard and fast line of treatment—much must be left to the careful and anxious consideration of the surgeon unhappily meeting with such cases. I think recent experience has abundantly proved that compound depressed fractures of the skull in adults do get well without operative interference; and in illustration of this fact, I beg for a moment to refer you to three cases published in the *British Medical Journal* of July 8th by Mr. Gamgee, of Birmingham. Here we find rapid and uninterrupted recovery from compound depressed fracture of the skull in adults, one man being fifty-five years of age, and the other two twenty-five years old. They were all treated by perfect rest, cold to the head and aperients. I could adduce other instances, but I refer to these as cases recently published, and probably familiar to many readers of the journal.

On the other hand, it is a well-known fact that such happy terminations are by no means constant, and that the trephine or some similar instrument has sometimes to be used to relieve inflammatory symptoms, which occur as the result of irritation set up by the fractured bone, or to give exit to pus. Even then recovery is by no means to be despaired of, though, of course, operative interference under such circumstances is far less promising than when undertaken without the inflammatory complication. Referring to my notes of cases in the hospital, I find that only once in the last five years have I had recourse to the trephine, and I did so in what, I almost think, is a typical case for operation.

H. D., a woman, aged 39, was brought into the infirmary with a history that she was engaged in some street row, and was knocked down by a stone thrown into the crowd. I found a large wound leading down to a comminuted punctured fracture, the portions of bone being driven deeply down. There were no head symptoms. Finding it impossible to pick out the depressed portions with forceps, I removed a semicircular piece of the sound bone with the trephine, and was able then easily to remove six comminuted portions of bone, some of them driven under the uninjured bone, and amounting in the aggregate to a piece as large as a half-crown. The dura-mater was scratched, but not punctured. The woman was kept quiet, with cold to her head, and made a rapid recovery without any untoward symptoms. I think I may instance this as a case in which it is extremely doubtful whether so fortunate a result would have been obtained had I refrained from operation. I think, perhaps, there is a tendency in these days to overrate the danger of operative interference in such cases, for, where grave bone injury already exists, and where air has already had access to the dura mater, and probably also foreign bodies, such as grit and dirt, it is open to question whether an operation such as I have just described, performed with all possible care and delicacy of manipulation, adds very materially to the existing danger.

Certainly, I should be little disposed to lay down a defined line of treatment in cases such as I have been describing. Much must be left to the discretion and anxious thought of the surgeon, and whilst bearing in mind, on the one hand, that depressed compound fractures of the skull, even in adults, do get well without operation, one ought not to hesitate to interfere where the existing conditions of the fracture are such as to make one feel that there is probably less risk in interference than in simply waiting for results.

(a) We have, however, to bear in mind that certain regions of the nervous system are more liable to damage than others, and it is significant that, as a matter of fact, there are two large groups of cases with few intermediate cases.

But time warns me to leave this most interesting and important surgical question, and to pass on to the consideration of one or two others, with a few brief remarks; and whilst on the subject of bone injuries, I should like to say a few words upon, and illustrate by an instructive case and equally instructive preparation, cases of fractures of bone in the immediate vicinity of important joints. I think there are few cases in surgery in which the accurate diagnosis is often more difficult, the anxiety involved greater, and the results less satisfactory, than in cases of this nature. Every practical surgeon is familiar with the impaired utility of wrist and hand which we occasionally see, particularly in old people, as a consequence of the fracture of the carpal end of the radius; and, again, impaired mobility of the elbow-joint is not unfrequently seen as a result of fracture through some portion of that complicated and important articulation; and I venture to say that such consequences are sometimes unavoidable, in spite of the most carefully conducted treatment; nay, I think I may go even further, and assert that cases do occur in which the surgeon, by skilful and carefully conducted treatment, has obtained the best results he could hope for, and which still are failures in the eye of the patient, ignorant as he is of existing conditions and almost inevitable consequences.

Surely, gentlemen, these considerations should teach us a lesson; they should teach us to look very charitably upon alleged failures in treatment, or upon so-called cases of malpractice. It is one thing to criticise the treatment of a deformed or distorted joint weeks, or perhaps months, after the receipt of injury, when all *immediate* effects of such injury have disappeared, but it is a very different thing when contusion, inflammation, swelling, and pain obscure the injury and interfere with manipulation, so to direct our treatment as always to ensure a satisfactory result.

The case to which I wish to direct your attention for a few minutes, and which, through the kindness of my friend, Mr. Wheelhouse, I am enabled to illustrate by a very instructive preparation, is one of dislocation of the hip, complicated, as I believe, by fracture of the acetabulum—that is, of the rim of the acetabulum.

A. B., a young man, a commercial traveller, was standing on the platform at a railway station when he saw the train by which he wanted to travel passing rapidly through the station; he ran up to it, sprang upon the foot-board, and attempted to grasp the door of a carriage, but, being swung round by the momentum of the train, he was unable to keep his hold, and was thrown violently upon the rails, rolling over and over when he came to the ground. He lay stunned for a few minutes, and when he attempted to get up found his right leg so injured that he could not rise. He was carried into the waiting room, and was seen very shortly afterwards by Dr. M., the railway company's local medical officer. This gentleman made a very careful and deliberate examination of the injured limb, and, as manipulation gave great pain, he put the sufferer under the influence of chloroform, so as to give himself every opportunity of arriving at a correct estimate of the nature of the injury. After nearly an hour's examination he came to the conclusion that there was no dislocation, no fracture, but that the man was suffering from severe contusion. Afterwards the sufferer was carefully laid in a railway carriage and conveyed to his home in Manchester. Here he sent for his own surgeon; the same examination again was gone through, and the same result arrived at. As soon as the subsidence of swelling allowed it, a long splint was applied to keep the part perfectly at rest, and subsequently, as much pain about the hip was still complained of, his medical man, for his own satisfaction and that of his patient, called in a third surgeon, a man whose extended experience in cases of accident was undeniable. He found the limb lying flatly on the bed beside its fellow; careful measurements, conducted in the orthodox manner, proved that the injured limb was as long as, and at one time rather longer than, its fellow, and he coincided in the conclusions already formed, and in the propriety of the treatment adopted; and so the limb was kept at rest for some time longer. Here, then, we have three surgeons, separately and carefully examining this hip, and arriving at the same conclusions. But mark what followed in this singularly interesting case. When lapse of time and subsidence of pain warranted it, the splint was removed, and he was allowed to get up and attempt to move about. He did so, and attempted to bear some slight weight upon the injured leg, and *after* that he noticed, *for the first time*, that the injured leg was rather shorter than the sound one. This amount of shortening speedily increased to the extent of a couple of inches, with inversion of the foot, and, to cut a long story short, he consulted a fourth surgeon, who told him that his hip was dislocated, and eventually an action for damages ensued. In consequence of this, Mr. Wheelhouse, of Leeds, and I were asked to examine the case and give evidence upon it. When we saw it, several months after the accident, the evidences of dislocation were clear enough; there were the characteristic shortening, the inverted foot, and the round head of the bone clearly resting upon the dorsum of the ilium. One of two things, then, must have happened in this case. Either (as was alleged) dislocation of the hip had occurred at the time of the accident, and had been overlooked, or else dislocation had taken place subsequently as a result of some obscure injury to the joint. Against the first hypothesis were the testimony of three surgeons, who had all examined it carefully for dislocation or fracture, the fact of the absence of deformity, and the absence of shortening of the limb; whilst in favour of the latter hypothesis, in addition to what I have just stated, was the fact that no shortening took place till the man put weight upon the leg, and then it was immediately noticed. The only way in which one could reconcile the fact of undoubted *present* dislocation with a history so opposed to its existence for some time after the accident was on the hypothesis that, at the time of the accident, which was a very violent one, there was fracture of the rim of the acetabulum; that, so long as no weight was put upon the leg, the head of the femur remained *in situ*; but that, as soon as weight was borne upon the leg, the head of the bone escaped from the damaged acetabulum, and was soon drawn up upon the dorsum of the ilium. This theory was very ably argued by Mr. Wheelhouse, and surely it was a reasonable one—more reasonable than that a dislocation presenting such marked features as dislocation of the femur on the dorsum ilii, should have been overlooked, though carefully searched for, by so many surgeons of ability and experience, and though the probability of such an occurrence was denied, I am in a position, through the kindness of Mr. Wheelhouse, to show you a preparation taken from a case of accident admitted into the Leeds Infirmary, since the occurrence I have just related, which admirably illustrates the argument then urged. The case was admitted into the infirmary for injury to the hip and severe internal injuries. Dislocation was diagnosed, and reduction readily effected. The patient lay in bed some days, and then died from internal injuries. During the removal of the patient from the bed the hip, which had been in perfectly good position so long as the man was at rest, again became dislocated, and a *post-mortem* examination revealed the condition I now show you, viz., "fracture of the rim of the acetabulum."

Erichsen, speaking of the treatment of such cases, says:—"But with every care, a return of displacement will readily take place, and an unsatisfactory result can scarcely be avoided—shortening of the limb, and consequent lameness being almost inevitable." Cases such as this one I have just related are of immense practical interest both to the surgeon and his patient; and certainly the patient has a right to expect that everything shall be done for him that careful judgment and judicious management can effect; but how often does the surgeon get undeserved blame when he has the misfortune to treat an injury so complicated that, in spite of all care and skill, he cannot avert an unsatisfactory result. I can imagine and excuse a man being angry when he finds himself permanently crippled by an accident which at first, to all appearance, may not have seemed of a very formidable nature, but surely we, fellow-workers, all so fallible, ought to criticise the work of our brothers in a spirit of the widest charity.

The mention of Mr. Wheelhouse's name in connection with this case, in which I was associated with him, reminds me how this address was originally placed in his hands, and how generously and gracefully he relinquished it when the place of meeting was changed, and gives me the opportunity of paying a passing tribute to his surgical enterprise by a few remarks on what, as far as I know, is an important and ingenious novelty in surgery. Some months ago I had an opportunity of examining, in the Leeds Infirmary, a case then under treatment, in which Mr. Wheelhouse had cut down upon, resected, and united by ligature, the divided ends of a sciatic nerve, which had been accidentally cut across some months previously. The history of the case was briefly as follows:—

The patient, a man aged 22, nine months before admission, was climbing over a fence, when the railings gave way, and he fell backwards upon a scythe which he was carrying, The wound, which must have been an extensive one, as the cicatrix measured nine inches, was situated just below the left buttock. At the time of admission he was able to walk with difficulty, there being considerable dragging of the left leg, and as he lifted it the toes fell to the ground. He was unable to use the muscles of the back of the leg, and there was loss of sensation on the outer side of the leg and foot, the inner side retaining sensation. These conditions, taken in connection with the situation of the cicatrix, led to the inference that the great sciatic nerve had been divided, resulting in paralysis of parts supplied by that nerve below the seat of division. The operation consisted in making an incision six inches in length in the course of the sciatic nerve, when the divided extremities were found an inch and a half apart, the upper segment being bulbous, the lower one flattened, and somewhat incorporated with the cicatrix. The two extremities were then cut off, the divided ends brought together, and retained by sutures of carbolised catgut. This was facilitated by flexing the leg upon the thigh, in which position it was retained for some time. The man made a rapid recovery. When I saw him, two or three weeks after operation, cicatrisation was almost complete, though the leg was still retained in its flexed position; but there was ample evidence afforded of returning sensation on the outer side of the leg and foot. In this case the restoration of sensation and motion appears to have been very gradual, but Mr. Wheelhouse informs me that, since his discharge from the hospital the patient has gone on steadily improving, and gaining power in his former paralysed limb.

I have also the notes of a case of division of the median nerve by a wound from glass. It was treated in the same way ten weeks after the accident happened, but the result does not appear to have been so satisfactory, as, though some amount of return of sensation and motion followed the operation, as the wound healed and cicatrisation progressed the sensation gradually diminished and numbness increased.

Two other cases I have records of, in which the divided ends of the nerves were brought together by suture immediately after the accident. In one case the median nerve, in the other the ulnar nerve, were entirely divided. Both cases were boys of fourteen years of age. In one month from the occurrence of the accident both boys were discharged with their wounds healed, and sensation was perfect in each instance.

Now, I think I may instance these as four very suggestive cases. Perhaps they teach us no new facts in pathology, but, practically speaking, I think they are of importance. It will be observed that in the two cases in which some weeks elapsed between the receipt of injury and operation the results were, in one case very gradual and slow in their development, and in the other case satisfactory; but in the two cases in which operation immediately followed the accident, sensation, at all events, was rapidly re-established. Now, experience has amply proved that regeneration of nerve tissue, after nerve division readily takes place more or less perfectly under favourable conditions. Dr. Hassal says:—"The regeneration of the primitive nerve-tube admits of proof both by experiment and direct observation. The experimental proof consists in the simple division of nerves, or even in the removal of portions of them. The parts to which the nerve is distributed of course at first lose their sensory and motor endowments; these, however, after a variable time, are more or less perfectly recovered, thus completing the experimental proof. The recovery of the power of a nerve after the excision of a portion of it argues strongly the fact of the regeneration of the nerve-tubes, and this result by a careful microscopical examination, can be positively demonstrated. The number of tubes in the renewed part of the nerve is stated, however, to be less than in the original portions, and this in part explains the reason of the restoration of the functions of a divided nerve being usually but imperfect." Every surgeon, too, is familiar with the fact that parts which have been completely severed, such as tips of fingers, will, if reunited, regain sensation, though the nerves have been completely divided. Thus, under favourable conditions of position, we may look for such an amount of return of sensation and power of motion in parts supplied by divided nerves as shall not materially interfere with future usefulness; but the practical lesson to be learnt from such cases as these is that we may with safety so manipulate nerves as to insure such conditions of position. Perhaps the very painful, and sometimes even disastrous, result which has followed the ligature of an important nerve has deterred surgeons from interfering with them when divided. Sir A. Cooper records two cases of death from this cause—one from the ligature of the sciatic nerve to arrest hæmorrhage from an artery in its substance, and another in which the popliteal nerve was accidentally included in a ligature put round the artery. In both cases violent pains and death resulted.

In the cases I have recorded I find complaint of much pain after operation in one case—the first one operated on, in which the sciatic nerve is the one implicated. In this case there seems to have been great pain on the day of operation and the day following, but in the other three no mention is made of any disturbance caused by the operation. Probably the use of catgut sutures, we know, soon dissolves, and the fact that the sheath of the nerves was carefully selected as the portion to be principally included in the sutures, may have had much to do with such fortunate results.

As a beginning, then, I think these four cases are both interesting and encouraging. If in the case of a limb left paralysed by division of an important nerve, we can afterwards cut down upon, resect, and reunite such nerve, so as to restore power and sensibility to the parts supplied by it, at no great risk, much has been gained, and in cases of extensive laceration, involving important nerve trunks, these records raise the question whether it is not better not to be simply content with ligaturing bleeding vessels, and leave the nerve-trunk to the chance of assuming its original position, by carefully and accurately closing the wound, but to ensure the co-aptation of its divided ends by the careful introduction of catgut sutures.

I wish to say a few words upon Esmarch's elastic bandage and constricting band, for the case of cure of aneurism in the popliteal space, recently published by Dr. Reid, of the Naval Hospital at Plymouth, as effected by the application of Esmarch's method for restraining hæmorrhage, is well deserving of consideration.

Operating surgeons constantly come into contact with cases in which, either to themselves or their patients, the application of Esmarch's apparatus is a great advantage. In a town like Sheffield, where very heavy manufacture is going on, and where much machinery and steam power are employed, severe accidents, entailing great hæmorrhage, are very common, and repeatedly have we found the advantage of Esmarch's method in the amputation of mutilated limbs, where every drop of blood is of consequence. And, again, how much the work of the surgeon is facilitated in such operations as the removal of sequestra surrounded by new bone, and in the midst of soft structures, often unusually vascular from long-continued local activity. Here his view of parts is not obscured by the constant welling up of blood, and he is able to remove dead bone with the least possible damage to the new formation surrounding it, and acting as a substitute for it. In such operations, too, as those upon the foot, necessitating the disarticulation of small bones, with anatomical relations often obscured by disease and swelling its advantages are obvious.

Esmarch's method thus secures a twofold desideratum, in cases where its application is practicable, for it procures for the surgeon as clear a view of the parts he is operating upon as if he were operating on a dead body, and it secures for the patient the great boon of undergoing operation with the least possible loss of blood. I know it has been urged, in objection to its employment, that there is the risk of squeezing up into parts above inflammatory products, blood-clots, or partially disorganised blood, but I think with care in the application such accidents can rarely happen. Often as I have applied it, I never remember to have come across such results. The only unfortunate effects I have seen, I think, have been minor ones, such as some bruising and subsequent swelling of the stump, when probably the elastic ligature has been applied more energetically than was necessary. The method can hardly be called a new one, though I think to the ingenuity of Esmarch we are indebted for devising the means of making it so widely and generally practicable. But over and above these well known and generally acknowledged advantages, I must for a few minutes draw your attention to its employment for another purpose—the cure of aneurism. The subject of aneurism was so fully and exhaustively treated by Mr. Pemberton, of Birmingham, before this Association, four years ago, that little can be added to what he then advanced; but in the case recorded by Dr. Reid, when ordinary appliances failed, a rapid cure was effected by the application of Esmarch's bandage and ligature. The subject was a sailor, aged 37, with popliteal aneurism. Compression was first tried by genuflexion, which caused so much pain and œdema of the leg that it had soon to be discontinued. Afterwards, Carte's compressor was applied at the brim of the pelvis, and again in Scarpa's space; but after four hours continuous compression, severe pain again put a stop to treatment, and though pulsation in the tumour had ceased, it shortly returned, the opinion being that, although circulation through the femoral was controlled, a free supply of blood entered the sac through the collateral branches. It was then determined to try the effect of Esmarch's apparatus, not so as to empty the sac of blood, but keeping it filled, so to cut off all circulation through the limb as to allow of the coagulation of the contents of the sac. The limb was enveloped in the bandage from the toes upwards, but the bandage was passed very lightly over the knee, so as to exercise little pressure on the sac, and the thigh was then enveloped to the middle third. The elastic ligature was passed round the thigh, and kept on for fifty minutes, when pain above the seat of the constriction necessitated its removal. It was then found that all pulsation had ceased; the aneurismal tumour was hard, and, as a means of precaution, a tourniquet was applied at intervals over the femoral for a few hours longer, to moderate the current of blood through the artery. Pulsation never returned, however, and the man when seen some months afterwards was perfectly well. The striking feature in this case is the rapid cure. One can readily understand stagnant blood, in a vessel in a limb almost deprived temporarily of vitality, speedily coagulating; but it will be observed that this is not precisely the method of cure which we have been in the habit of considering the most desirable in aneurism. The efforts of surgeons, from John Hunter's time, has been so to retard the flow of blood as to encourage the deposition of laminæ of fibrine till a sac becomes filled. In his address in surgery at Birmingham, Mr. Pemberton says:—"What we want is a stream of blood flowing into the aneurism, that it should be more or less retarded there, and that there should be present something of the nature of a foreign body—for example, the fibrous laminæ—on which blood would coagulate and deposit its fibrine, for I strongly hold that what we want in these cases is a deposition of fibrine rather than a coagulation of blood. Surely the slow deposition, layer after layer, of solid fibrine in the sac, until filling in is complete, is a surer guarantee against future mishaps than if it were closed by a mass of suddenly coagulated blood." Now, whilst fully admitting the soundness of the views here expressed, I still consider this case well worthy of the attentive consideration of the surgeon. Certainly, I would prefer the gradual consolidation of the aneurismal sac by the deposition of fibrinous laminæ, but I am sure I have seen cases in which, either from the shape of the aneurismal swelling, or from the briskness of the collateral circulation, attempts to obtain consolidation by retarding the flow of blood have been useless; and, again, the pain induced by long-continued compression, or the nervous irritability of the sufferer causing him to be intensely sensitive to pain, may thwart our efforts to produce this gradual consolidation. Without presuming to draw conclusions from a single case, I still venture to bring this interesting one before the members of our association, affording, as it does, another and a novel illustration of the benefits conferred upon surgery by Esmarch. And if further experience prove that, in cases where we fail to obtain the gradual consolidation at which we have hitherto aimed, we can obtain rapid and lasting coagulation by actually stopping circulation in a limb, we shall have made another very important addition to the methods already in use for the cure of aneurism.

Gentlemen, I feel I have already trespassed long enough on your patience. I wish my crude and imperfect remarks had been more worthy of your consideration. I have been able to tell you little that is new, and nothing that is original. It is given only to the gifted few to originate ideas and introduce innovations. But still I may hope to have completed a far from useless task if I have succeeded in interesting this large representative gathering in even one or two important surgical questions, for it is only by the accumulation of facts, and by the interchange of experiences, that we can hope to throw light upon those delicate and difficult problems in which the profession we love so well abounds.

Wholly occupied, as many of us are, in the pressing practical work of our profession, too little time can frequently be devoted to the scientific and more attractive side of it; and yet the humblest worker in our great field of labour, diligently and conscientiously doing his daily work, may reap a rich reward, for, even before wealth and honour, welcome as they are, is the gratitude of our fellow-men for benefits conferred upon them, and the peace that comes from a life spent in trying to alleviate the sufferings of our fellow-creatures.

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REMARKS ON THE PRIORITY OF THE ANCIENT SYSTEMS OF MEDICINE.

By Thomas A. Wise, M.D., F.R.C.P., F.R.S. Edin.,
Late of the Medical Staff of the Bengal Army, Author of the "Ancient System of Hindu Medicine," &c.

Both sacred and profane history render it probable that when mankind emerged from their primitive home, they possessed great energy and organic activity, accompanied with a corresponding degree of intellectual force. This enabled them to select a fruitful country as their home, where they soon became rich and powerful, and at an early period assigned a particular class for the acquisition of knowledge. These individuals, distinguished for their power of observation and sound reasoning, opened a vast and interesting field for the exercise of their mental faculties, in the region of abstract speculation. Their knowledge and progress in civilisation was aided by their possessing the advantage of high rank in a regular and peaceable government, and a religion abounding in moral precepts.

The most ancient traditions and records of the Western nations refer to the "learning and wisdom of the East," without any distinct mention of the race or nation. Modern investigations tend to prove that the original seat of the Indo-Germanic, or Aryan family of man, was the high table-land contiguous to the lofty range of mountains extending eastward from the Caspian Sea.

Thence they descended to the fruitful plains in a southern and eastern direction, and at an early age another portion of the Aryan race commenced their wanderings towards the mysterious West. In both countries they distinguished themselves by their knowledge of the medical profession, and each prepared systems of medicine, the priority of which remains still an undecided question.

The age in which the ancient Hindu system was arranged cannot be directly stated; in consequence of their despising dates, as they considered life a transitory state of trial and suffering, and history of too little importance to occupy the attention of rational beings.

It is hoped that the following deductions will aid us in arriving at an approximate date when the two great works on Hindu medicine were composed, and enable us to compare them with the Greek system. The perishable material on which the ancient Hindu MSS. were written, rendered it necessary to have them frequently copied, in the course of ages, by scribes, often ignorant of the subject, and sometimes, perhaps, careless in their transcriptions. In ancient times the sources of error were to a certain extent avoided. The MSS. were regarded as of a sacred character, and only a limited few were permitted to copy them.

The sacred Hindu Vedas were more studied than the ancient Hindu medical shastres; as the latter were not considered sacred, greater liberties were taken with them, interpolations and clerical errors were introduced by illiterate transcribers. These causes render it very difficult to discover the age of the writings, except by comparing them with other Sanscrit works, the age of which is known. The ablest Sanscrit scholars allow that Charaka and Susruta, the two great commentators of the Ayur Veda, the supposed sacred revelation regarding medicine, are more recent than the grammarian Panini, (*a*) as neither work is mentioned by him, while both are noticed several times in the Mahábhárata. Professor Wilson supposed this great epic was written in the second century before Christ; and, like Panini, was added to, in the course of centuries. Hessler, in his work on Susruta, considered that it was written a thousand years before Christ. (*b*)

We have, at this early period, two systems of Hindu medicine, complete in all their parts, founded on anatomy, exhibiting an extensive knowledge of materia medica, and the practice of medicine, an expertness in the manipulations of pharmacy, and a bold and skilful knowledge and practice of surgery. We find the Hindu systems of medicine were originally written on the ancient form and construction of the Sanscrit language; so old, as to be considered the production of the deity, when there was no prejudice of caste, before Polytheism was introduced into the Hindu religion, and in the heroic age, previous to the Mahábhárata.

In considering the Greek system of medicine, we find their physicians and philosophers were indebted to the East for a portion of their knowledge. Pythagoras and Plato obtained many of their philosophical ideas from the Hindus, and the internal evidence of the Greek works proves that the Schools of Hippocrates derived a considerable share of their knowledge from the East. Galen mentions that Hippocrates was often at Smyrna in Asia Minor, (*c*) and Mercurialis believed that he travelled in Lybia in Africa, and Scythia in Asia. (*d*) Hippocrates may have visited this northern country to examine the enlightened and skilful Indo-Scythian people, whom Alexander the Great found so expert in the cure of diseases; and in these northern parts of Asia he may have consulted the Hindu sages, and studied their drugs and medical records. The learning he was in search of was there; and the following statements prove his acquaintance with their writings:—

1. The systematic works of the Hindus were most probably prepared from the third to the sixth century B.C.; and long before the age of Hippocrates, the original Ayur Veda existed, from which the other classical works were derived.

2. As medicinal plants have their properties developed in particular soils and climates, they indicate the nations among which they were first used for medicinal purposes, and explain the antiquity of the cultivation of medicine by certain races. The names and medicines recommended in the medical works of Hippocrates often indicate the schools of medicine from which they were borrowed. We find that Hippocrates used in his practice a number of Indian plants, imported from that country into Greece, for their well-known properties; such as *Sesamum Indicum*, Lin., *Hyperanthera morunga*, *Cardamomum*, *Amomum*, *Laurus cinnamomum*, *Valeriana Jatamonsi*, *Boswellia thurifera*, *Galbanum ammoniacum*, *Sagapenum assafœtida*, &c. (*e*) He also used black and long pepper, ginger, cassia, spikenard, *Calamus aromaticus*, &c., which are all the products of India or neighbouring countries.

3. The internal evidence of the works of the School of Hippocrates proves them to have been compilations, derived in part from nations further advanced than the Greeks in the knowledge of particular departments of the healing art. The ancient Hindu physicians considered dissection as a necessary part of the education of the medical practitioner. Their method was rude and imperfect, but many of their conclusions were correct, as we have proved by the result of their osteological enumeration, and the accuracy of their description of the internal organs, and of the large vessels of the body. (*a*)

The ancient Hindu surgeons performed the most difficult operations; such as the Cæsarean section, embryotomy, lithotomy, &c. The first description of the last-named operation was given by Susruta, and was afterwards made known by Celsus, (*b*) who derived his information from Egyptian surgeons, and they again acquired their knowledge from the East. Hippocrates, the judicious surgeon and benevolent practitioner, allowed, it is incorrectly stated, the performance of this operation only by uneducated quacks. (*c*)

From these facts it would appear that at an early age the Hindus had made very considerable progress in the healing art, which enabled them to prepare systematic works on medicine, based on their own practical knowledge of anatomy, to which, at that time, the prejudice of mankind in general was so much opposed. Susruta informs us that an accomplished physician must possess an acquaintance with books, or theoretical knowledge, with the dissection of the human body, or anatomy, and a familiarity with the appearance of disease, or practice of medicine, This knowledge explains how the ancient system of Hindu medicine was so complete in all its parts, and warrants the inference that several centuries were required to complete them. (*d*) While the nations of the West have been slowly advancing, and mutually aiding one another, during the last two thousand years, the Hindus, by the depressing influence of Brahmanical intolerance and internal warfare, are now in a lower social condition than they were three or four centuries before the Christian era.

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PATHOLOGICAL ANATOMY OF THE BRAIN—LOCALISATION IN CEREBRAL DISEASE.

By Prof. Charcot.

Translated from the *Progrès Medical.*

CHAPTER IV.

Gentlemen,—I think enough has been said concerning the individual history of the various elements which enter into the composition of the grey substance. We must now examine the mode of arrangement of these elements, and what are the differences that can be produced, whether in this relation or in relation to the constitution of the elements themselves in each of the regions which show the fundamental fissures on the surface of the hemispheres. There is a mode of arrangement likely to be considered as representing the most common and most scattered type—it is the one where we distinguish in thin sections, under the microscope, five layers superposed. In the anterior lobes it is met with nearly everywhere. The elements are portioned out in the following manner:

1. The first layer, the nearest to the meninges, is almost exclusively formed by connective tissue. The nervous elements are here rarely met with; still, Kölliker and Arndt describe towards the surface, beneath the pia mater, a layer of nerve tubes, parallel and very delicate. There also the nerve cells are very disseminated (Fig. 5, 1). To the naked eye this layer has the aspect of a small white zone. The want of colour appears to arise from its poverty in nerve elements, and from the small number of capillary vessels it contains. In effect the small arteries which penetrate the cortical layer give numerous capillaries only to deeper parts.

(*a*) He died B.C. 593. See Goldstucker's learned history on "Panini's Place in Sanscrit Literature," p. 83 et seq. He lived before Sakea Muni, the founder of the Buddhist religion, who died about 543 B.C.

(*b*) A. F. Hessler, "Comment. et Annot. Susr. Ayur Veda," 1852, p 4.

(*c*) In Lib. de Articul. Comment 1.

(*d*) Variar Lection, Lib. 2, ch. 18.

(*e*) Royle's Essay on the "Antiquity of Hindu Medicine," p. 111 et seq.

(*a*) "History of Medicine among the Asiatics," vol. i. s. i. p. 131, and 158 seq.

(*b*) De Re Med., lib. v. ch. 26.

(*c*) This injunction in the oath that was taken before entering upon the practice of the medical profession among the Greeks, was most probably a Mahommedan interpolation.

(*d*) See Prof. Wilson, l.c.; and note on "Mill's Hist. of India," vol. ii., p. 232.

2. The second layer (Fig. 5, 2) is characterised by an agglomeration of pyramidal nerve cellules of the smaller species, very numerous, and massed together, and which communicate to it a very distinct grey colour.

3. The third layer (Fig. 5, 3) is in great part formed of pyramidal cellules, some of moderate dimensions, others voluminous. Some more scattered than others are situated in the most inferior part of this layer, and even penetrate into the next layer. Besides these cells we also find in this third layer fasciculi of medullary fibres which penetrate perpendicularly to the surface of the grey cortical substance and which form, in the interval between the groups of pyramidal cells, species of columns. It is in certain regions in the most inferior zone of this layer that the giant cells exist.

It would seem that the rarity of cellules and the presence of medullary fibres ought to give to this layer a white colouration, but such is not the case ; the truth is that, in reason, no doubt, of the presence of the pigment of the cellules, and of the number of capillary vessels, this region of the cortex of the convolutions presents to the eye a yellowish colour.

4. Next comes the fourth layer (Fig. 5, 4) where we perceive granules or globular cellules of an indefinite character, and the fifth, where we again find the fusiform cellules, of which we have just spoken (Fig. 5, 5).

These summary investigations may enable us to appreciate the interest presented by an examination of the structure of the grey cortical substance of the convolutions. Besides, we have long since learned that certain regions of the grey cortical substance differ in a very notable manner as regards the structure, concerning which the most complete and the most recent investigation is that carried out by M. Betz, the results of which were published in the *Centralblatt* of last year.

M. Betz's object is to study, convolution by convolution, the modifications of texture which the grey substance may present. With that point in view, it is necessary to distinguish, according to him, two fundamental regions at the surface of the hemispheres, which are very nearly limited by Rolando's fissure.

Anterior to this fissure, the grey cortical substance is characterised by the predominance of the pyramidal cells of large dimension over the globular cellules. The orbitar region is comprised in this district.

Posteriorly the region comprises all the sphenoidal lobe, the occipital and the median part as far as the anterior border of the quadrilateral lobe. There the granular layers predominate over the large cells, which are comparatively rare.

Besides, there is in each of these regions a special character which is worth referring to. Let us occupy ourselves in the first place with that of the posterior region.

1. The nervous elements, well developed, are here rather voluminous cells. According to M. Meynert, they were the largest which could be found in the cortex of the hemispheres before the discovery of the giant cells. They are sometimes 1-40th inch in diameter. But the protoplasmal prolongations are not very numerous ; the basal prolongation is directed horizontally, and sometimes is thus the means of communication between two cellules. The territory where we observe this disposition comprises (a) the cuneus, (b) the posterior half of the lingual and fusiform lobe, (c) all the occipital lobe, (d) the two first sphenoidal convolutions and the communicating fold. According to M. Betz, this region would be destined to the functions of sensibility. It is some time since, for anatomical reasons to which we shall return, the posterior parts of the brain have been designated as the seat of the sensorium.

2. The region of the anterior lobe which deserves special mention could be called—you will see why—the department of the gigantic pyramidal cells, or, better still, motor cells. It comprises the anterior frontal convolution in its entire extent, the superior extremity of the anterior parietal lobe, and lastly, a part which we will shortly study under the name of the paracentral lobe, and which is found at the internal aspect of the hemispheres, at the extremity of the ascending convolutions of those regions, frontal and parietal. It is there that the giant cells almost exclusively exist. Their apportionment is not uniform, for they are more numerous than elsewhere at the superior extremities of the two median convolutions, and especially in the paracentral lobe. They are disposed in groups or in islets. We find them at those points just indicated in apes of all species—in the inferior tribes as well as in the chimpanzee. Lastly, in the dog, M. Betz has observed these same cells in the parts designated by Fritsch and Hitzig as motor centres, *alias* the neighbouring parts of the sulcus cruciatus. What increases the interest of that fact is, that in the dog the giant pyramidal cells only existed in the regions called psycho-motor.

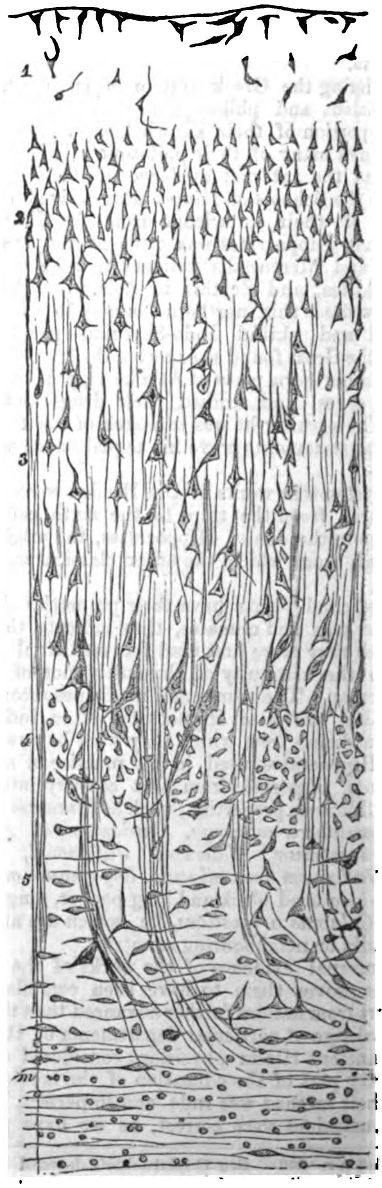

FIG. 5 (*taken from Meynert*). Nos. 1, 2, 3, 4, 5, represent the layers of the grey cortex. M, the medullary substance.

No doubt, gentlemen, it has not escaped you that in the ape this apportionment of the large nerve cells is very nearly the appanage of the convolutions where experiment has shown, in the hands of Dr. Ferrier, the existence of motor points—that is to say, the central convolutions. This is an interesting result furnished by histological study, and which, combined with experiments and anatomo-pathological facts, cannot fail to throw some light on cerebral localisation.

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ON MODES OF DEMONSTRATING THE ACTION OF THE MEMBRANA TYMPANI.

An interesting letter on this subject was published lately in *Nature* by Mr. John McKendrick. The movements of the bones of the tympanum in connection with sound-waves were first observed and their excursions measured by Buck ("Archiv. of Ophthalmology and Otology," vol. i., 1870), and more recently by Dr. Charles H. Burnett of Philadelphia, as recorded in the same journal for 1872. The method followed in these researches was to expose the bones and membrane by chiselling away a portion of the wall of the tympanum, sprinkling on the chain of ossicles a little powdered amylum, so as to secure bright vibrating points, throwing light into the cavity by means of a condenser, and observing with a microscope of low power the excursions of the vibrating points when sound was conducted into the external ear. Various interesting deductions were drawn from these experiments as regards the amplitude of the excursions of vibrating points on different portions of the conducting mechanism, and as to the effect of variations of the fluid pressure within the labyrinth on the extent of movement. In the last number of the same journal an interesting paper appears from Dr. Clarence J. Blake, of Boston, "On the Use of the Membrana Tympani as a Phonautograph and Logograph," accompanied by a plate. Dr. Blake's method consists of exposing the membrane and chain of bones, and fixing a light style (made "by splitting long wheat straw, scraping the inner cortical substance away, and separating single fibres") to the membrane. This style is caused to record its movements on a plate of smoked glass which is "carried smoothly and at a uniform speed in a direction at a right angle to the direction of the excursion of the style." . . . "The membrana tympani being set in vibration, and the carriage (bearing the smoked glass) drawn by its weight, moving at right angles to the excursions of the style, a wave-line, corresponding to the character and pitch of the musical tone sounded into the ear is traced on the smoked glass."

There is still a third method which Mr. McKendrick recently devised, chiefly for class illustration. It consists in converting the tympanic cavity into a manometric capsule, according to the method of Dr. Kœnig (*Philosophical Magazine*, 1873, vol. xlv. pp. 1—18, 105—114), and of viewing the oscillations caused by sound in a revolving mirror. A preparation is easily made from the ear of the cat. After sawing out the temporal bone, clearing away all loose tissue, and exposing the tympanic bulla, two small holes are made in the latter by means of a fine trephine. Into these holes two glass tubes, of corresponding diameter, are cemented with sealing-wax—the one for leading gas into the tympanic cavity, and the other out of it. The preparation (which may be preserved in a moist state in a well-stoppered jar for a long period, and be used over and over again) is firmly fixed in a vice, one tube is connected with the gas supply, and the other with one of Kœnig's small burners. By means of a third tube inserted into the external auditory meatus, sound-waves are conducted to the membrane of the drum, the mirror is rotated, and the usual pictures corresponding to the pitch and quality of the sound are seen with exquisite delicacy. He has found tones of medium pitch (ut 3 to sol 4) produce the most distinct effects, and the vowels, if uttered with sufficient intensity, produce pictures which are quite characteristic. By using a preparation in which the auditory apparatus on each side is present, it is easy to devise an arrangement for showing the effects of interference, in a manner similar to Kœnig's well-known apparatus for that purpose, constructed on the method of Wheatstone.

Clinical Records.

CASHEL UNION HOSPITAL.

Excision of Astragalus and great part of Tarsus.

(Under the care of Dr. Laffan.)

I. P., farm-labourer, aged 18 years, admitted 23rd April, '75, with pain and swelling in dorsum of left foot. From his previous history it appeared that he dated the commencement of the affection from a sprain, received the previous July, while jumping into the river. He walked home on that occasion with difficulty, but after a couple of days went about his business as before. From this to the 23rd April, he felt however the foot stiff every morning and was inconvenienced by walking on uneven ground. Three weeks before admission he first noticed it swelled. Matter being evidently present, the swelling was opened the day after admission, when the bones were found diseased, and a considerable quantity of pus was let out. After some months the patient's condition made it manifest that the diseased bone should be removed if life was to be preserved, and excision was resolved on. On 28th June, Esmarch's bandage was applied, and the patient put under ether by Dr. O'Brien, of Bansha. No regular line of incision was observed, but the sinuses were freely followed. The entire of the astragalus was removed, as were also portions of the oscalcis scaphoid and cuboid. The parts were slow in healing, and some anxiety was caused by the inflammatory swellings which appeared at the inner and back parts of the heel in November. These, however, soon disappeared. The boy has now a foot but little, if at all, deformed; he enjoys as much use of it as of the other foot. I had him apprenticed some time since to the workhouse shoemaker, as I thought it more prudent not to expose him to the risk which the more active pursuits of a farm-labourer would entail of a recurrence of the scrofulous affection in the healthy remainder of the tarsus. I may mention that there was a very slight congenital valgus. I may add also that the diseased parts were excised chiefly by the gouge, and that Esmarch's bandage was found of great value from the clear view it gave of the diseased parts.

NEW OPERATION FOR UNUNITED FRACTURES.

In a brief pamphlet of eight pages Dr. M. Hill, of Bootle, Liverpool, gives the details of a new operation which he has devised for attempting to secure osseous union in ununited fractures: It is an ingenious modification of Duffenbach's operation for the same purpose—viz., the introduction of ivory pegs into the fractured surfaces. The method proposed by Dr. Hill is to drill the bones and introduce the pegs through a small opening made with a tenotome knife, performing the operation as far as possible subcutaneously, and sealing up the aperture antiseptically at its conclusion, thus avoiding the conversion of a simple into a compound fracture.

The instruments required for the operation are—"an Archimedean drill-stock, a steel drill four or five inches long, and a few ivory stilettes of the same length and diameter (or slightly tapering) as the drill. The drill and stilettes are similarly graduated in half inches, and the ivories are, moreover, grooved like a director in order to slide along the drill."

"The *modus operandi* consists in entering the drill through a puncture made by a tenotome down to the bone; the depth of the soft parts is now read off by means of the graduations; then if it be desired to bore into the bone to the depth of an inch, the drilling is proceeded with until the steel has penetrated an inch further than the original reading. The ivory stilette is now filed *half way through* an inch from the point, and after being soaked in carbolic oil, is guided by its groove down alongside the drill to the brink of the perforation in the bone, from out of which the steel is next lifted, the ivory slipped into its place, hammered, and by a smart lateral movement broken off at the filed notch. The operation is completed by withdrawing the remainder of the stilette and sealing the puncture with a bit of lint and plaster. By carefully following the foregoing details it will be found that an inch peg is accurately placed in an inch hole, consequently there is no portion of it projecting into the flesh, and of this we may be certain by seeing before it is broken off, that the reading on the ivory at the surface of the skin tallies with the previous reading on the drill, both being graduated alike. A further object is secured by the peg being grooved; a channel is thereby provided for the escape of fluids in the event of osteomyelitis being set up, thereby avoiding the danger and suffering caused by the damming up in the bone of inflammatory fluids as would necessarily be the case were the peg solid."

This operation, as far as the manipulative details are concerned, was successfully carried into effect by Dr. Hill in the case of one of his patients, a gentleman, æt. 35, who sustained a fracture of the thigh at the junction of the middle and lower third, the result of a railway collision at Wigan on the 25th of December, 1874. Unfortunately, owing to some peculiarity of constitution, probably connected with the rheumatic dyscrasia, the operation failed to secure the desired union; this failure, however, could not in any sense be attributed to defect in the operation itself.

The case is one of great interest, illustrating as it does the difficulties which may sometimes be met with in practice in dealing with cases of fracture. With the exception of some attacks of acute rheumatism, the patient seemed to possess a good sound constitution; there was no history of excesses, syphilis, cancer, scurvy, or scrofula; he was well nourished, if anything, being inclined to *embonpoint*. Undoubtedly want of union was at the outset due to the disturbing influence of a severe hacking cough, induced by elongation of the uvula. This was remedied by removal of the pendulous uvula, and brushing out the throat with perchloride of iron. Every measure that was adopted failed to secure the desired union, though the records of treatment extend over the space of a year. In December last resection was performed. The difficulties attending this operation were so great, that Dr. Hill is more than ever confirmed in his desire to give a fuller trial to the operation he proposes, and it certainly seems deserving of fair and impartial consideration at the hands of the profession at large.

FROM the will of the late Mr. C. F. Beyer, of Manchester, the Royal Infirmary of that city receives a legacy of £2,000. Earlswood Asylum for Idiots and the Margate Convalescent Infirmary each receive £1,000 as legacies from the late Mrs. Taylor, of Margate and Bayswater. Legacies in accordance with the will of the late Mr. James Baird, of Cambusdoon, Glasgow, have been sent to the Glasgow Royal Infirmary, £2,500; Western Infirmary, £2,250; Eye Infirmary, £250; Ophthalmic Institution, £100; Maternity or Lying-in Hospital, £100; Lock Hospital, £100; Benevolent Society for Relief of Destitute Sick, &c., £100; Convalescent Home, £300; Royal Infirmary Dorcas Society, £100; Samaritan Society, £100; Association for Relief of Incurables, £500; Training Home for Nurses, £100; Association for Providing Trained Nurses, £100; Medical Mission Society, £100; West of Scotland Convalescent Seaside Homes, £100; Ayr Hospital, £300; Kilmarnock Infirmary, £300; Destitute Sick Society, £50.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 23, 1876.

DR. GULLY.

THE characters and previous history of the persons involved in the recent investigation respecting the death of Mr. Bravo have been sifted, and subject to criticism by the public journals, without any hesitation or scruple; and, recognising the rights of the press to deal with the credibility of witnesses in such an inquiry, we offer no apology for referring to the relation of Dr. Gully to the case, and to our profession, and considering to what extent his antecedents as a medical man affect his right to be believed as a witness, or bear upon the question of his possible connection with such a crime. We are anxious not to be considered for a moment as suggesting that any charge of complicity in Mr. Bravo's murder has been established against him, for if even the strongest suspicions existed to that end, we look upon the case as still *sub judice*, and should not permit ourselves to strengthen those suspicions; and, moreover, we have not found in the examination of Dr. Gully himself, or any of the witnesses, the proof of any incriminating circumstance.

Thus much being said in justice to Dr. Gully, it is necessary for us, in justice to the medical profession, to disown in the most distinct manner any sympathy with, or relation to, that gentleman; and we make the repudiation with the greater force and emphasis because we regret to think that the general public and the press have scarcely done justice to our profession by distinctly separating Dr. Gully and his practices from us and our method of treatment. Dr. Gully, albeit he holds legitimate medical qualifications, and once engaged himself in the scientific practice of medicine, underwent long since a perversion, and ceased to be a recognisable member of our body. It is for the public to judge whether his subsequent career as a water doctor, a homœopath, a spiritualist, a mesmerist, and his final *rôle* as the paramour of a patient, indicate his conversion from scientific medicine to charlatanism as a sincere awakening to scientific light, or whether it bore rather the appearance of a deliberate abandonment of himself to the lucrative temptations of irregular practice. Of the nature of that practice the public know nearly as much as we do ourselves, but that the combination of spiritualism, infinitesimalism, and mesmerism occupy a close relation to swindling, and worse, has been abundantly proved by the doings of Dr. Gully's particular friend and fellow-worker, Home. With hydropathy pursued conscientiously as a method of treating disease, medical men are, to a certain extent, in accord; and even mesmerism may be tolerated, up to a certain point, as a dangerous but possibly an earnest delusion; but for the application of these methods of practice to infatuated old maids, amative widows, or weak-minded valetudinarians, with the end of wholesale deception of them, and depletion of their purses, the medical profession has nothing but abhorrence and disgust, and it cannot be silent in being, even in the vaguest way, mixed up with such transactions.

Dr. Gully many years since—elected to withdraw from the association with the medical profession, and we recall the attention of the public to that circumstance. He is not, has not recently been, and can never again be of us, or with us. We cannot unfrock him as Dr. Kenealy and Mr. Edwin James were, drummed out by their indignant profession, but we repudiate him and his practices, and regard no injustice to our fair fame greater than any doubt in the public mind respecting his relation to medical men and the science of physic.

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VACCINATION PROSECUTIONS.

The long and able letter which the Right. Hon. G. Sclater-Booth, President of the Local Government Board, has addressed to Mr. Serjeant Simon, M.P., on the subject of vaccination prosecutions, is well worthy attention, and it is only want of space that has prevented us from inserting it *in extenso* in our columns.

Mr. Sclater-Booth begins by stating that he has given his unwearied attention to the subject ever since the Vaccination Act of 1871 came into operation, and that he has most carefully considered the recent representations that have been made to him with a view of obtaining the appointment of a Royal Commission to inquire into the effects of compulsory vaccination. He next reminds Mr. Simon that just such an inquiry as is now asked for by a few unreasonable agitators, was made more than five years ago by a Select Committee of the House of Commons, which, says Mr. Booth, devoted a large portion of its time to receiving the evidence and representations of those opposed to the practice of vaccination. The leaders of what was called the "anti-vaccination movement" appeared before that Committee, and had—as no one who reads their report can doubt—ample opportunity afforded to them of establishing their case. This, in the opinion of the Committee, they failed to do on every point. It is evident, before the Government could be called upon to reopen a question thus recently and carefully decided, it would need to be satisfied that some new facts bearing thereon had come to light, and that material evidence of a kind and force calculated, if not to overthrow, at least to cast serious doubt on the conclusions previously arrived at, was likely to be forthcoming. But so far from this being the case, Mr. Sclater-Booth found, on comparing the evidence in the Select Committee's report with the statements which were made to him by the deputation, that all the facts and arguments on which the latter appeared to rely were substantially before the Committee. The writer thus passes on to the consideration of the working of the Act of 1871, from which it appears that as much as 95 per cent. of each year's registered births are finally accounted for on the vaccination registers, while the small percentage remaining is satisfactorily disposed of on other grounds than that of the objection of parents. From this important fact Mr. Sclater-Booth justly infers that "such results would have been wholly unattainable had there been any such general feeling of opposition on the part of the people to the Vaccination Acts as the deputation suggested." On the contrary, it further appears that in the great majority of the English districts in which legal proceedings were required, it has been owing chiefly to indolence and indifference of parents, and only in a small proportion on account of the objection to the operation, and still more rarely on account of their refusal to comply wtih the law. Moreover, in the year 1874, in which upwards of 700,000 children were successfully vaccinated, only 749 summonses were issued, and in a very large proportion of these the proceedings were little more than nominal. The general accuracy, however, of the Parliamentary returns has been called in question, and therefore Mr. Sclater-Booth, although by no means sharing in this doubt himself, intends to have a return for the years 1875 and 1876, which shall bring out the facts for those years in a still more precise form than has been hitherto adopted. With regard to the prosecutions themselves, this gentleman admits their tendency in some cases to create sympathy with the persons who were the subjects of them; but then again the persons proceeded against exercise an injurious influence on the administration of the law. in their respective localities, especially as they are often either well able to pay the penalty themselves, or are members of a society which pays the fine for them.

With regard to the propriety of continuing prosecutions, Mr. Sclater-Booth says that much must depend upon the special knowledge which the local authorities have of the facts of each case; and it will, he remarks, always be his policy to advise local authorities, after proceedings have been carried to a certain point, carefully to consider each case before further action is resolved on; and even when the latter alternative has been adopted, the decision to make or withhold the order for vaccination is entirely within the discretion of the magistrates.

Such are the chief points in Mr. Sclater-Booth's long and interesting letter, and on which we will now offer a few brief remarks.

It is evident from the last part of this letter, that Mr. Sclater-Booth doubts the propriety of carrying these prosecutions too far, and we think that he has every reason for doing so. As we said on a former occasion, petty prosecutions often defeat the very object they aim at, and often form the agitation which it is desirable to suppress. "This is the more likely to be the case," we remarked, "when peculiar views are held and acted upon by only a very small minority, and when the practical adoption of such views would trespass upon the welfare of the majority." At present the penalties inflicted upon these obstreperous opponents of vaccination, and who form but an infinitesimal portion of the community, are treated with contempt. Fine after fine is imposed, and fine after fine is paid by a Society which openly encourages its members to break the law. But what is to be done? "If," says Mr. Sclater-Booth, "any suggestion for limiting the extent to which proceedings may be carried in individual cases can be made which would not have, at the same time, the effect of weakening the obligations imposed on parents by the law, such suggestion shall have my attentive consideration. But in face of the evidence which is before me of the remarkable effect which this law has already had in the prevention of the small-pox mortality of young children (among whom alone can its results at present be manifested), my first duty is to see that its efficiency is maintained.

We do not, however, see that any suggestion worth following can be made, or that anything can be done short of either giving up all further proceedings after the first or second prosecution, or so modifying some of the clauses of the present Act as to render it even more efficient and uncompromising than it is now. Whether the principle of compulsory vaccination is wrong, as Mr. Gladstone, Mr. Bright, and one or two other eminent men have affirmed, we will not stop to inquire. It is quite evident from the Reports above mentioned, that the Vaccination Act of 1871 is, in respect of its main object, a great success—that the effect which it has already had in the prevention of small-pox, especially among children, is most remarkable, and that, moreover, it has not met with any opposition on the part of the public generally. Now the principle of compulsory vaccination cannot be far wrong where the practice is so very right; and the above facts amply justify the policy of making this operation compulsory throughout the United Kingdom. But still it is open to consideration whether the Vaccination Acts might not be so modified as to give, in exceptional cases, a little more liberty to the subject, and yet avoid the objections that have been urged against a repetition of these petty prosecutions, while at the same time some provision was made against any unfair advantage being taken of any concession on the part of the Government. It is quite evident that the power of proceeding in the first instance against, and of inflicting a fine upon, those who do not comply with the law, cannot be dispensed with, as such power enables the Government to have under its control those delinquents who have not neglected to comply with the Act from any personal objection they have to vaccination, but from sheer carelessness, indifference, or procrastination. Nay, more, the consideration of the subject may be brought within a still narrower compass, for in contemplating any modification of the Vaccination Acts, we must recollect that we have not to deal with the public at large, who are perfectly satisfied, both with the principle and the working of the Acts, but with a very small number of foolish and misguided men, who have clubbed together and dignified themselves with the name of a "Society," and who are doing all they can to force their opinion upon others, and to openly encourage a wilful disregard of these Acts. The whole question, therefore, resolves itself into the propriety or not of prosecuting for the second time those few individuals who are determined, in spite of repeated fines, to evade the law. To forego the power of taking any further proceedings, present or prospective, against these refractory opponents of vaccination, and the Society which represents them, would be simply playing into their hands, and would be an admission on the part of the Government of its own weakness, and of its inability or want of courage to act up to its own convictions. But it appears to us that under these circumstances one of two courses might be adopted. We might either make the penalties incurred by second and third convictions very heavy, and such as might, after the first conviction, take no further proceedings—but, with the provision that the Society would find it difficult or altogether impossible to pay, or we might provision that they would be liable to a still heavier penalty in the event of the unvaccinated child having small-pox, and even to be indicted for manslaughter in the event of the child dying from the disease. Such a course is both reasonable and practicable, and is the very same as that now sanctioned by the law, and adopted, in the case of those parents who have allowed their children to die of some malady rather than call in medical aid. Only a few days ago a member of that religious sect known as the Peculiar People was indicted for and found guilty of manslaughter for allowing his child to die from an attack of scarlet-fever rather than resort to the advice of a medical man. But the sayings and doings of the anti-vaccination league show that the above sect are not the only "peculiar people" in the world; and we do not see why, as respects the penalty imposed upon them for their open defiance of the law, the same punishment might not be inflicted in one case as in the other, more especially as the parent who obstinately resists the Vaccination Acts not only jeopardises the life of his own child, but that of other people's children also.

At all events, it is to be hoped that every thing will be done to maintain the efficiency of the Vaccination Acts, even as they now stand, and that the opponents of vaccination will find, as the Keighley Board of Guardians have lately found, that it is of no use for them to put their narrow views and prejudices against the written law, particularly when that law is for the good of the whole community, meets with all but universal approval, and is enforced with more beneficial results than the most sanguine sanitarian could have expected.

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Notes on Current Topics.

Failure of the Army Medical Short Service System.

In the House of Commons on Friday Mr. Dunbar asked the Secretary of State for War what is the number of vacancies in the Army Medical Department; how many appointments were announced as open for competition at the competitive examination to be held this month; whether time for entering candidates' names has not now expired; and how many candidates have entered their names?

In reply to the question of the hon. gentleman, Mr. Gathorne Hardy stated that there are seventy-seven vacancies in the Army Medical Departments, and fifty appointments were announced as open for competition at the examination this month. The time for entering candidates' names has now expired, and the number of candidates who have entered their names for competition is only forty-four.

This statement was received with cries of "Oh! oh!" and derisive cheers, and Mr. Hardy must have felt his position rather undignified and uncomfortable. It is evident that his short service scheme and £1,000 bribe is not more attractive to students than the many shifts of his predecessors. Why cannot Government see the expediency of dealing with its medical officers as any prudent commercial man treats his *employés*, and as the Crown treats its civil servants. If a bank desires the services of a good staff of servants, it does not offer them a temporary berth and a turn out with a bonus when they have learned their business; but, on the contrary, it holds out to them a permanent provision at a fair salary, and the permanence is almost as great an inducement as the salary. If the Government *did* succeed in attracting competitors, it would only get roving adventurers whose services would not be of great value to the country.

Cost of Pauperism in Ireland for the Past Year.

The total cost of poor-relief in Ireland, excluding medical charities and sanitary expenditure, for the past year was £771,551, against £817,218 last year, or a decrease of nearly £46,000 in the total amount spent. It is shown by the recent report of the Irish Local Government Board, that there has been a decrease of £41,772 in "in-maintenance and clothing," £11 in cost of "deaf and dumb and blind," £1,094 in "salaries and rations of officers," and of £4,040 in "all other expenses," but an increase of £1,189 in "out-door relief."

The following is a statement of the Parliamentary Grant for Medical and Educational purposes, and of its distribution for the year ended 25th March, 1875:—

	Amount claimed and granted for the year.		
	£	s.	d.
Medical purposes ...	69,962	10	8
Educational purposes	8,745	19	4
Total ...	78,708	10	0

The total amount claimed and allowed under the Parliamentary grant for the year ended March, 1875, namely, £78,708 10s., is £2,396 5s. 5d. in excess of the claim for the previous year, and arises chiefly from increases of salary.

Hence it will be seen that the total expenditure of poor-rates for all purposes, viz., relief, medical relief, burial grounds, registration of births, deaths, and marriages, sanitary measures, and expenses under Superannuation Acts was in 1874, £1,001,989, making a poundage of 1s. 6d. on the valuation. In 1875 the expenditure for all purposes was £975,044, or 1s. 5¼d. in the pound, showing a decrease of £26,945, notwithstanding that the sanitary expenditure was £25,016 more than in 1874.

Adulteration of Butter.

We have more than once directed the attention of our readers to the wholesale manner in which butter is often adulterated, and to the various means adopted to imitate the pure article. To detect, however, the exact nature of some of the impurities made use of is by no means an easy matter, while the conflicting evidence of analytical experts often defeats the ends of justice, and encourages the vendors of this important article of consumption to pursue their unprincipled practices. It would certainly be a step in the right direction if some of our chief analytical chemists held a conference and appointed a committee to find out the nature of the substances generally used for the adulteration of butter, and the method of analysis by which their presence may be most certainly detected.

The above remarks are suggested by a case which was recently tried in the Sheriff's Court, Glasgow, in which a provision dealer was charged with having sold a pound of adulterated butter. The assistant sanitary inspector deposed that the butter in question had been analysed by Dr. Clark, one of the city analysts, who found that it was adulterated with extraneous fat to the extent of two-thirds of its weight. Dr. Clark himself stated that he made his analysis by Bell's and Muter's modes of testing butter, which he believed were correct modes. Dr. Stevenson Macadam, of Edinburgh, deposed that he had made an analysis of the butter both by Muter's mode and by the old system of testing. By Muter's mode the butter appeared to be adulterated, and according to the old system it was quite sound. He believed the old system was the correct one, and the butter quite good. Dr. Dittmar, Professor of Chemistry in the Andersonian University, gave similar evidence as to the results of the two methods of analysis. He did not think Muter's was the correct way, and was of opinion that the butter was quite sound. Eventually some of the butter was remitted to Somerset House for further investigation. An answer has been received from the London analysts, who report that from the examination of the facts they were of opinion that the sample was made up almost exclusively of a fat which was not that of butter, and which had apparently been worked up with a little milk.

The Enforcement of Vaccination Law in Ireland.

Referring to the fact that the late epidemic of small-pox in Connaught had caused an increase of over 18,000 cases of vaccination in that province within the past year, the Irish Local Government Board says that however satisfactory it is to know that a certain number of persons have been themselves protected by vaccination from the disease of small-pox, and, so far from being a means of conveying the disease to other persons, it is not to such exceptional and spasmodic efforts that the public should be indebted for protection.

The complete vaccination of the population should be secured by sustained and continuous attention on the part of the registrars of births, medical officers of dispensary districts, and the several committees of management, and by Boards of Guardians, who are responsible for directing proceedings to enforce the provisions of the Vaccination Acts, and lastly, and mainly, by a firm administration of the law by the magistracy, who are apt to show excessive leniency in dealing with these particular cases.

A provision is made by the 58th section of the Public Health Act, Ireland, 1874, to enable any Justice of the Peace to make an order for the vaccination of any child under the age of fourteen who has not been successfully vaccinated, nor has had the small-pox, upon information of the facts being given to him by any registrar, or officer appointed by the Guardians to enforce the provisions of the Vaccination Acts; but it does not appear that this power has been exercised hitherto, or, at all events, not to any extent.

The Royal College of Science, Dublin, and the London University Examinations.

The students of this College, who were candidates at the recent first B.Sc. examination of the London University, passed in the first division, and one of these students, Ernest H. Cook, has obtained an exhibition of the value of £40 a year, tenable for two years. This exhibition is awarded to the candidate who comes out at the head of the first class in honours in chemistry. The competitors were very numerous, almost every institution in the kingdom sending up one or more. As this is the second time during the last three years that this exhibition has been won by students of this College, it shows that the chemical education given therein compares most favourably with that given in any of the colleges in the United Kingdom. We may also notice that at the recent examination of the Whitworth scholars, Thomas L. Daltry, student of the Royal College of Science and a Whitworth scholar, obtained one of the prizes for superior answering and for practical work.

Sanitary Inspection of Hotels and Lodging-Houses.

Amongst the many excellent ideas which obtained to practical application at the Social Science Congress last year, was one recommending the Council of the Association to suggest to the local sanitary authorities of watering-places the desirability of establishing a system by means of which owners of lodging-houses and hotels should be enabled to have their premises inspected and certified if found in a general healthy condition with reference to drainage and other sanitary arrangements. The Council solicited the views of the local authorities on the subject, and received a number of answers in reply, which have been considered, and on which is founded the following report :—"(*a*) That it is desirable that the system, in the first instance, should be a voluntary one, and that owners of lodging-houses and hotels should be invited by the sanitary authority of each town to apply to the medical officers of health to certify that the drainage and other sanitary arrangements of their respective houses or hotels are satisfactory, and generally that the same are in a healthy, habitable condition. (*b*) That these certificates be renewed every three months, or more often if the sanitary authority think it desirable, but that it shall be the duty of the medical officer of health between the renewals of his certificate, to visit the premises so certified as occasion may require, in order to ascertain that the same remain in the sanitary condition to which the certificate applies. (*c*) That a minimum charge, at the discretion of the sanitary authority, shall be made for the issue of such certificates. (*d*) That a register shall be kept at the town hall, or other public office, of the certified houses and hotels open to inspection without charge during usual office hours; and that local authorities should exercise their best efforts, by advertisement and otherwise, to inform the public of the regulations herein suggested. (*e*) That the owners of certified hotels and lodging-houses should be required to produce the certificate when called upon, and should exhibit the same in some conspicuous part of the house, and that this should be a condition of registration." This report has been forwarded to the local authorities of the several watering-places and health resorts in England and Wales for their consideration, and where practical, its adoption. Of course it will meet with opposition, all sanitary suggestions are certain of this, but we hope that the common-sense party will have a majority in most watering-places, and then there can be no doubt as to the result.

Dispensary Medical Relief in Ireland.

The tables published of the Irish Local Government Board in their recent report show the following difference in the years 1873-4 and 1874-5 in the four provinces:—

In Ulster there has been an increase of 1,479 cases at the dispensaries, and an increase of 7,699 of those attended at the patients' houses.

In Munster there has been a decrease of 2,565 cases at the Dispensaries, and an increase of domiciliary cases of 967.

And in Connaught there has been a decrease of 3,005 cases at the Dispensaries, and an increase in the number of cases attended at the patients' homes of 983.

The tables show for the totals of all Ireland a decrease for 1874-5 of 5,497 dispensary cases, and an increase of 12,524 of the more serious cases attended at the homes of the patients, giving a total increase, including both classes of cases of patients, of 7,027 cases for 1874-5, compared with the previous year.

Hypodermic Injections of Cold Water.

Some time ago M. Lélut sent a communication to *L'Union Medicale* on the relief of pain by hypodermic injections of cold water. Lately Dr. Dessau, of New York, has been giving a trial to this simple remedy to seven cases that came under his care. They were nearly all cases of articular rheumatism. In all, the pain appeared to be almost instantaneously relieved by the injection, and in several instances it did not return. Dr. Dessau, thinking that the relief obtained may have arisen from the mere puncture of the skin, as in acupuncture, inserted the needle in the manner adopted in that operation, but the effect was nothing to be compared with that experienced after the injection of cold water. In one case Dr. Dessau injected as much as ten syringefuls of water at one visit, so that there is no danger from the quantity employed; and he thinks this will be found a valuable and ready means of relieving pain, especially when it is not desirable to resort to the use of morphia and other narcotics.

It is very probable that this plan of treatment will often be found efficacious in the relief of that pain which is so characteristic of neuralgia and various forms of rheumatism. And we base this presumption not so much upon the result of Dr. Dessau's experiments, which are not sufficiently numerous to enable us to form a correct opinion, but upon the *a priori* consideration that the sudden applications of intense cold, such as that afforded by snow, ice, and freezing mixtures, has often given speedy and permanent relief in cases of neuralgia that have resisted all ordinary kinds of treatment.

Statistics of Lunacy.

From the 30th Report of the Commissioners in Lunacy, it appears that the total number of lunatics of all denominations in England and Wales, recorded up to last January was 64,916, being an increase of 1,123 upon the previous year. It must not, however, be supposed that this shows any considerable increase of insanity amongst us, as in the above calculation the annual increase in the population of England and Wales has not been taken into account.

Surrender and Imprisonment of the Keighley Guardians.

The members of the Keighley Board of Guardians (says the *Standard*) have at last found that law is stronger than opinion, and they are now all lodged within the confines of York Castle, there to remain until the 2nd of November next, when they will be brought before the Queen's Bench Division of the High Court of Justice to answer "certain trespasses and contempts." It will be recollected that on Friday last the anti-vaccinators of Keighley proved stronger than the officers of the high sheriff of Yorkshire, who held warrants empowering them to "attach" and convey to York Castle the six unarrested guardians, the omnibus containing the captives being dragged from the representatives of the law at the railway station, and the guardians being set at liberty. A truce was entered into, the chief condition of which was that the guardians should surrender themselves to the sheriff's officers at Leeds at eleven o'clock on Saturday morning, and this engagement was honourably kept. On Saturday morning the half-dozen "outlaws" met at the Keighley Railway Station, whence they proceeded by the Midland train for Leeds at 9.11. The names of the six guardians, who were loudly cheered as they left the station, are Messrs. R. A. Milner (chairman), J. B. Sedgwick, David Normington, Titus Ogden, Hezekiah Tempest, and James Newbold. At Shipley the sheriff's officers, who had arrived over night in Bradford, joined the train in which the "attached" guardians were travelling, and friendly greetings between the captives and their captors were exchanged during the journey. Arrived at Leeds the guardians were allowed to see their friends and take leave at the Queen's Hotel, and amongst those who were there to express sympathy were Alderman Tatham, Councillor Kenworthy, of the Leeds town council, and a large company of local anti-vaccinators. Shortly before eleven o'clock the guardians and the officers and their charge took seats in a couple of first class compartments, and after ten minutes had been occupied by cheering, shaking of hands, and good-humoured bandying of satire upon the anti-vaccinators or upon the framers of the vaccination laws, the train left the station. No attempt was made to rescue the "martyrs," and good order was maintained at the Midland and North-Eastern Stations by a strong detachment of the Leeds police force, under the superintendence of Mr. Henderson, the chief constable, and by a contingent of railway police.

We need not make any comments on the above deplorable events, as the whole scene just described speaks for itself. In another part of this journal, however, will be found our views on the subject, in connection with the very interesting letter which Mr. Sclater-Booth has recently addressed to Mr. Simon on the question of vaccination prosecutions. Oh, that the ghost of Jenner could arise, to cry shame upon such disgraceful scenes. It is just such occurrences as these which justify the suggestions we have made, and make it worth while considering whether the vaccination laws might not be made as effectual as they now are in carrying out the object for which they were framed, without irritating the prejudices and susceptibilities of men like the Keighley Board of Guardians and their sympathisers.

Vaccination in Ireland.

It is shown by the report of the Irish Local Government Board just issued that there is a decrease in the total number of cases vaccinated and revaccinated in all Ireland of 2,247 cases.

There was a decrease in cases "under one year" of age in each of the four provinces; but there was an increase in Connaught both in cases "above one year old," and "other persons." This increase was attributable to an outbreak of small-pox in that province.

The impulse given to vaccination in this year in Connaught was owing to the terror occasioned by the cases of small-pox which occurred, and the opportunity thereby afforded to the medical officers to extend the practice, the people of all classes willingly submitting to the operation under the influence of the temporary apprehension of contagion and death.

Similar results followed the widespread occurrence of small-pox in other districts heretofore; notably so in the province of Ulster in 1874, when 57,861 cases of vaccination took place in that province alone out of the 139,587 cases in all Ireland in that year.

Suffocation in Sewers.

It is very strange, and indeed a great shame, that something is not done to prevent the fatal accidents to which those poor labourers are liable who are employed to clean out sewers. Not long ago an inquest was held at Sheerness on the death of a man who had been employed by the government authorities to clean out a manhole to a sewer. The deceased was the first of the two or three men employed to go down, descending by means of a ladder. After he had been in the manhole for two minutes he was observed to sit down. A man named Meeney was sent to his assistance, but soon became insensible, and fell upon deceased. A third man partially descended, and managed to get Meeney up by means of a hook. The foreman then followed, but he also fell down insensible, and it was half an hour before the deceased could be got out. He soon afterwards died, apparently in consequence of having inhaled sulphuretted hydrogen gas. Shortly after this occurrence some men were sent by the Lambeth parochial authorities to clean out a main sewer which had been made the receptacle of the refuse arising from some ammoniacal gas works situated close by. The gang of men sent found the task so dangerous, on account of the poisonous emanations that they refused the work. One would think that such a representation would have opened the eyes of the parochial authorities to the necessity of taking some measures to protect the lives of their workmen. But no, another gang of men were sent, who also refused to enter the sewer. At last some men were obtained, who attempted to clear away the obstruction, and the result of this attempt was that two of the men were suffocated in the sewer, while two others suffered much from the effects of the poison. Of course, after the accident an inspector from the Board of Trade visited the factory and sewer.

In all cases where, as in the instance mentioned above, the sewer has not been cleaned out for some years, and especially when the labourers employed seem afraid to undertake the work, some means should be taken to ascertain the condition of the manhole or sewer, or such precautions taken with respect to the first man who goes down, as to render loss of life impossible. The nature of the deleterious gases pent up in these places, and the extent to which the air is impregnated with them, might be ascertained by means of a lighted candle, or by some chemical test, or, the Society for the Prevention of Cruelty to Animals might, unless they thought the life of a working man was not worth such a sacrifice, allow some animal to be lowered into the sewer first. And if none of those measures were found to be practicable, the simple precaution of tying a rope round the waist of the man who is the first to descend into the sewer would at all events prevent any loss of life.

Irish Workhouse Mortality.

The total number of deaths in the Irish workhouses in the fifty-two weeks comprised in the Local Government Board's report table has been 11,333. In the corresponding table in the last annual report the total number of deaths was 11,119, showing that there has been an increase of 214 deaths as compared with the number last year, and a decrease of 468 as compared with the number in the preceding year. The number of deaths by fever is 703 in comparison with 762 in the previous year, and with 663 in the year preceding. The deaths from small-pox in the workhouse hospitals were 41 in comparison with 142 in 1874-5, and with 110 in the preceding year. A decrease of 2,438 has taken place in the total number admitted in sickness during the year, and a decrease of 454 in the number suffering from fever and other dangeous contagious diseases.

Typhoid Fever in Kensington.

The following letter, in reply to the assertion of the Kensington Vestry that there have been no deaths in the present year from typhoid fever, has been sent to the Vestry Clerk by Sir Henry Cole :—"Immediately upon the receipt of the resolution of the Vestry of Kensington, dated the 26th of July, which asserted that no death had occurred from typhoid fever in South Kensington during the present year, I communicated with the General Registry Office of Births and Deaths. I found the Vestry had no authority for their statement, and learnt that in the sub-districts of Kensington Town and Brompton, including South Kensington, which is a modern local name, without definite boundaries, upwards of 24 deaths from fever had been registered during the 26 weeks ending the 1st of July, 1876. Of these 16 were certified as "typhoid," and this number is independent of deaths from diphtheria and diarrhœa, often connected with sewer gases. I beg leave to refer the Vestry to the "Annual Summary of the Causes of Death in London in 1875," printed and published by the Registrar-General, from which the Vestry will see that the deaths in 1875 from typhoid fever were 21 in Kensington and Brompton, so that the usual average death-rate from this disease would seem to be increasing. I have thus shown that deaths have been occurring without the knowledge of the Vestry or its medical officer. My statement that typhoid fever is chronic has foundation in fact. But it cannot be gainsaid that typhoid fever may be chronic, although it may not terminate in death, and it may exist, especially among well-to-do people, although the medical officer of health of the parish may be unacquainted with any cases of illness from that disease. I may also remark that the proportion in fever epidemics is usually one death in twenty cases. I will assume that the Vestry, like myself, will not mind a little trouble in this serious business, so I submit a suggestion which will enable the Vestry to improve the health and comfort of the Kensington inhabitants under their charge. I suggest that, with the view of affording to the medical officer that knowledge of the existence of typhoid fever which he does not at present possess, and until the law be improved, the Vestry should form a sanitary committee of the inhabitants of Kensington, who should report when cases of illness connected with sewer gases occur, and thus enable the medical officer of health and the parish surveyor to inquire into the state of the house drains where such cases are reported. As the Vestry communicated their resolution to the Metropolitan Board of Works, I request them to have the kindness to forward a copy of this answer to it."

Health of Watering Places.

At the Brighton Congress of the Social Science Association last year a resolution was passed recommending the council of the association to suggest to the local sanitary authorities of watering places the desirability of establishing a system by means of which owners of lodging-houses and hotels should be enabled to have their premises inspected and certified if found in a general healthy condition with reference to drainage and other sanitary arrangements. The council solicited the views of the local authorities on the subject, and received a number of answers in reply. The report has been forwarded to the local authorities of the several watering places and health-resorts in England and Wales.

We should regard the adoption of these suggestions as one of the best steps that could be taken to ensure a good sanitary condition of the many watering places which are every year becoming more and more crowded with visitors from all parts of the country. Although the system would be in a legal point of view a nominal one, a little reflection will show that if adopted by a majority of hotel and lodging-house keepers it would become virtually a compulsory one, inasmuch as the proprietors of the smaller establishments would be under the necessity of following the example of their neighbours, in order to free themselves from the suspicion which the non-possession of the proposed certificate would attach to their houses.

As we have noticed in our remarks upon the last Quarterly Return of the Registrar-General, the health of our watering-places may even now be very favourably compared with that of other towns, and there can be no doubt that if the above suggestions were carried out they would, as respects the prevalence of zymotic diseases, become the most healthy places in England.

The Registration of Diseases.

A committee of the British Medical Association reported at the meeting recently held in Sheffield that, notwithstanding certain suggestions they made to Government on this important subject in 1874, no further action has been taken in the matter either by the Government or the Local Government Board. The proposal for the registration of all cases of infectious disease met with very general acceptance, but one of the most important points for consideration was whether the onus of reporting the case should rest upon the householder or on the medical attendant. To be obliged to furnish information to a public official with regard to sickness occurring in a family might reasonably be resented by the medical profession. It would be regarded by many not merely as an unnecessary addition to their work, but as an inquisitorial test of the extent of their practice, and as leading to a breach of professional confidence that might cause much annoyance both to doctor and patient.

Then, again, the question of payment for information given was to be taken into account, and the cost of paying a medical man for every certificate he drew out would be so great as practically to be a bar to the whole enterprise. No such objections apply to the proposal to make the householder responsible for the declaration of the presence in his house of diseases likely to be injurious to the community. It would indeed be in accordance with the precedent set in the Public Health Act of 1875, which enacts (Clause 84) that the keeper of a common lodging-house shall give notice of the presence of fever or any infectious disease not only to the medical officer of health of the local authority, but also to the Poor-law relieving officer of the union or parish in which the house is situated.

For these reasons the committee expressly state that the proper person to make the return should, in their opinion, be the householder, and not the medical attendant upon the case. In the subsequent discussion on this Report, Dr. Sibson said he admired the sagacity with which the committee had not attempted to force the matter with a high hand either upon the public or upon the profession, but had, on the contrary, suggested a sound and practical method of carrying out the object which they had in view.

A serious outbreak of small-pox having occurred in one or two streets of Blackburn, the sanitary authorities have taken very prompt and decisive measures for stamping it out. These streets are barricaded, and the houses are being thoroughly saturated with disinfectants.

At a meeting of the West Derby (Liverpool) Guardians last week, it was resolved to ask the co-operation of the select vestry of the Toxteth Guardians for the establishment of a lunatic asylum for paupers near Liverpool, where the inmates could be maintained at a lower rate than in the present asylums.

Gunshot Wounds.

Dr. F. T. Bancroft, Denver, Colorado, reports a case (*Medical and Surgical Reporter*) in which a woman, married, seven months' pregnant, was accidentally shot by her husband. The ball (fired from an army revolver), conical in shape, entered between the second and third rib, about one inch from the sternum, passed through the right lung, and made its exit through the inferior angle of the scapula, about three inches below the spine. After leaving the body, its momentum was sufficient to carry it through an ordinary pine door. The accident was accompanied by severe hæmorrhage and shock. Treatment—free administration of opium internally, wounds dressed with warm whiskey-and-water. The dressings becoming agglutinated to the edges of the wound, and sealing them hermetically, were allowed to remain unchanged until recovery had nearly taken place. At full period she was delivered of a healthy child, the feet presenting. Nothing remarkable occurred during labour, and both mother and child did well.

Dr. N. R. Gordon, Cambell Hill, Ill. (*Ibid*), reports the case of a young man, æt. 20, who received a gunshot wound of the head. The parietal prominence was the part struck. The ball passed upward and backward, excavating a groove sufficiently large to admit the index finger. Coverings of brain penetrated. Small portion of brain tissue removed. When seen an hour after accident the patient was comatose, hæmorrhage excessive, radial pulse thirty per minute. There was a protrusion of brain substance as large as a hen's egg. Light pressure, aided by gravitation, effected a cure. Patient recovered in ten weeks. In two days he was sufficiently rational to relate how the accident occurred. At no time was there suppuration, or any untoward symptom.

Correspondence.

FRENCH BATHING PLACES—BOULOGNE-SUR-MER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I regret that the letter of Dr. Drysdale, my late colleague in London, printed in your columns so far back as June 28th, has only just come under my notice.

At this time of the year no doubt every one is asking which is the best seaside to resort to, and Dr. Drysdale says very truly that Boulogne is one of the most attractive, gay, and pleasant places accessible of all French watering-places, *but* that the defective way in which the contents of the drains are conveyed to the sea is a serious drawback.

Some two years ago I wrote you an account of how they were conveyed to the sea, or, rather, mostly into the harbour; and I must now relate what I can of what has been done since that time in the way of improving the same, and what is hoped to be done in the future. I am afraid there has been more talk than work done; and, like everything undertaken at Boulogne, from the Conseil Municipal down to the cobbler who repairs your boots, delay is the fashion.

The sewage question has been *à l'étude* for some ten years past, and is still so, the great difficulty in the way being a sufficient supply of water to carry the contents of the drains out to sea.

The water supply, till the commencement of the present year, averaged sixteen litres per head per diem; it has since then been increased to over twenty litres, and this has been done by the construction of two reservoirs, one on the high ground on the route de Calais, and another at Chatillon, the other side of the river Liane; while the latest increased water supply has been derived from La Cachaine at Coudette, near Pont de Briques.

The project, however, which is of the most importance, and which is, of course, the most delayed, is the supply from Tingry, near Samer, on the route de St. Omer. This would raise the supply to the town to 140 litres a day per head.

One improvement has been made, however, in conveying the sewage, which fell into the harbour opposite the fish market, by means of a covered drain, into the middle of the same—in fact, into the course of the Liane itself, where the water always flows. This will be of some use for the present, though *when* the main drainage along the quay is carried out it will be of no further use.

The water-supply, collecting of sewage, and carrying out to sea, will cost 2,000,000 francs, and this is also a serious consideration.

One little incident about the drainage of Boulogne is, I think, worth recording. About a month ago, on a question of supply for some educational scheme in the Conseil Municipal, a member happening to say that he thought the drainage question was of more importance, was—well! not listened to.

With all its defective drainage, however, Boulogne is a healthy place. I have lived here over four years, and in course of practice I do not remember any special epidemic during that period; the sea-breezes, the fact of the tide running so far into the town, and by means of sluice-gates the harbour being sluiced at the highest tides for three or four days twice a month, together with the permeable soil on which the houses are built, are perhaps the reasons for the same; while the death-rate is only 22·5 in 1,000, being lower than that of many English watering-places, such as Scarborough, Whitby, &c., which number 23·4 and 24·2 respectively per 1,000. The rate I mention is that taken for a period of ten years, from 1864 to 1875,—1866, the cholera year, and 1871, the year of the Franco-Prussian war, being omitted. I believe our death-rate is almost the same as that of Margate and Brighton. There are, of course, some quarters where the death-rate is higher than in others, the same as there are large towns where mortality is very great, which, taken in the average of a whole country, merge into a very low percentage in favour of the latter; thus, in London the rate is 2·24, while that of England is 2·14, Paris 2·30, France 2·16, Vienna 3·28, Austria 2·86, &c.

As regards sanitary measures, I am sure Boulogne is well looked after, thanks to M. de Poilly, the inspecting engineer, who causes "heavy coal-tar oil" to be placed at proper times in proper places, and conveyed into the drains. This gentleman has published his experience with the results of experiments lately made with *l'huile lourde de houille* (which is the residue of coal-tar oil after having been submitted to a high temperature, its density being greater than that of water and boiling point of between 210° to 300° (*c*)), in a pamphlet, or rather a resume of a lecture delivered by himself before the Société Academique on October 6th, 1875.

There is no doubt that this substance is one of the best disinfectants, if not the best, at present known, while sulphate of iron acts best as a disodorant. All I can add is, that I trust that this subject having been now alluded to in a medical journal for a second time, may rouse up the wise men of Boulogne-sur-Mer to take steps to put an end to the evil alluded to by Dr. Drysdale, and carry their sewage out to sea as soon as possible, perhaps before the projected sub-channel tunnel is completed, and that they will then derive more benefit by the influx of visitors who will doubtless flock here to see that great work, and be greatly surprised that the "*smell of the harbour at low water is not disagreeable.*"

I am, Sir, yours faithfully,
SIDNEY CHATER.

16 Rue des Vieillards, Boulogne-sur-Mer,
Aug. 15, 1876.

THE PHYSICAL PSYCHOLOGY OF CRIMINALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I ask your permission for the sake of that advancement in scientific knowledge which we desire in common, to make a few observations on the leading article which appeared in your issue of the 2nd inst., entitled "The Physical Psychology of Criminals."

With the general scope of that article I do not desire to grapple at present, but wish to direct attention to some of the points adduced in argument with which I feel it impossible to agree, and which if allowed to pass unchallenged, may, I think, be productive of mischief.

I trust, sir, that it is far from my desire to magnify, however slightly, the too little knowledge we really possess of the human and comparative structure of the brain; but, on the other hand, it is not right that these facts which the united labours of histologists have brought to light should pass unacknowledged, or be shorn of their undoubted importance. And if I venture to call in question some of the remarks contained in your article referred to, it is because being tolerably familiar with the subject on which I write, and knowing the great importance of the question at issue, I desire the facts to be fairly and accurately stated.

I find that the statements which have given rise to the present letter are for the most part contained in a sentence in your leader which I shall quote verbatim. It is as follows:—"Mr. Lockhart Clarke has very carefully investigated the cortical substance of the brain, and yet neither he nor any other physiologist has described any marked difference of structure between the vesicular matter of one part of the cerebrum and that of another, between that of the infant and that of the adult, or even between that of man and that of the higher quadrumana."

I hope to show that the above statement is inaccurate, and with every feeling of respect towards the able writer of your article, feel called upon to give it my most unqualified opposition. I shall show, on the authority of Dr. Lockhart Clarke himself, and on that of other histologists, that the minute structure of the cerebral cortex *does* present decided and important variations in different parts; that the minute structure of the infant's brain *does* differ from that of the adult; and lastly, although on this point I am less decided, that these are structural differences between the human organ and that of the higher quadrumata.

So far back as 1863 ("Proceedings of the Royal Society," vol. xii.), and again somewhat later (Maudsley's "Physiology and Pathology of Mind"), Dr. Clarke showed that the nerve cells at the tips of the occipital lobes differ in their form, size, and to some extent also in their arrangement, from those of the vertex of the brain. He showed that in the marginal gyrix there is a peculiarity of structure, as also in the internal orbital convolutions and in the Island of Reil, and he concludes that "not only in different convolutions does the structure assume to a greater or less extent a variety of modifications, but even different parts of the same convolution may vary with regard either to the arrangement or the relative sizes of their cells. (Maudsley's "Physiology and Pathology of Mind," page 63). The observations of Lockhart Clarke have been confirmed and extended by such men as Thomas Maynert, Arndt, and many others (Stricker's "Num. and Comp. Histology"). If it be said that the differences of structure are so slight as to be doubtful, I reply that they are indeed often slight, but they are not doubtful; and add further, that in such an organ as the brain it may fairly be concluded that the most trifling modifications of structure *apparently* may have most profound significance.

It is not easy, indeed, to see how it can be maintained that little difference exists histologically between the structure of the tips of the occipital lobe and that of the frontals or other parts, when, as a matter of fact, the practised observer can single out with unerring certainty a section taken from the former situations.

Is it the case in the second place that no difference can be detected in the minute structure of the brain in infancy as compared with the adult. Assuredly it is not the case. The early fœtal brain of man and animals consists of an uninterrupted nucleated network (L. Clark, *loc. cit.*, 1863); at birth the structure is naturally more developed, but still certainly not similar to the fully grown brain. I have shown, as I believe ("West Riding Asylum Reports," vols. iii. and iv.) that in the infant the number of the cell branches is very small as compared with the corresponding bodies in the adult, and this alone is a most important distinction.

Lastly, can no histological distinction be drawn between the cerebral structure in man and in the higher apes? Let it be at once admitted that the similarity is most remarkable, and that Dr. Clarke is correctly quoted as saying that he has not been able to distinguish any difference whatever. Nevertheless, I venture to affirm that the similarity is not complete, and in support of my statement it is necessary, in the absence of other authorities, that I should refer again to my own researches.

In a thesis presented to the University of Edinburgh (1875) I advanced the opinion, as the result of a careful examination of several apes' brains, that in them the nerve corpuscles of the cerebral cortex were smaller in size than in man. It is right I should add, however, that my observations were not founded on the highest apes. In January of the present year

I described fully (*Journal of Mental Science*) the histological structure of the cerebral cortex of the chacuca, one of the largest and most powerful of the baboons. I can here only refer to one (and the most important) conclusion to which I was led—viz., that in the chacuca the number of the cell branches—*i.e.*, the *extent of the cell connections is less* than in man.

Believing the above to be the case, knowing further the condition of the cerebral cells in the fœtal and infantile brain, believing that in old age one of the first changes to occur in the nerve cells is a loss, in a greater or less degree, of their branches ("West Riding Asylum Reports," vols iii. and iv.), is it too much to infer, as I have ventured to do, that there may be an intimate relation between richness of the sub-cellular connections and elevation with activity of function ?

I have to apologise for the length of this letter, for which I can only plead the great importance of the question at issue.

I am, Sir, yours obediently,
HERBERT C. MAJOR, M.D. Edin.
West Riding Asylum, Wakefield.

THE KEIGHLEY GUARDIANS AND IMPURE VACCINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The conduct of the Keighley Board of Guardians has suggested to me the justice of calling attention through your columns to facts which have come under my observation, and which have tended (in my opinion) to palliate the conduct of anti-vaccinators.

That the prevailing method of vaccinating from arm to arm is attended with serious risks to health none can doubt, even when the utmost caution is exercised. I have known seven cases of vaccino-syphilis to result from "bad infection," and have seen a formidable axillary abscess follow from the same cause, although in the cases in question the utmost care was adopted to prevent the blood of the vaccinefer contaminating the lymph, there being at the same time no appearance of any *sensible* disease, although, as events proved, syphilis and other morbid affections lay latent in the system.

I am no vaccino-phobiac. I hold it to be the duty of the State to rigidly enforce vaccination, but at the same time it is equally the duty of the State to afford every guarantee that the operation shall be performed *without any risk of bad infection*, which object can be best secured by the establishment of a "National Vaccine Paddock," as is the case in other countries. In the absence of a supply *pure from the heifer*, passive resistance to the vaccination laws is rather to be approved than censured. The establishment of a vaccine paddock has been recently mooted in England, but the matter has not up to the present received public notice in Ireland.

I remain, Sir, yours very truly,
FRANK THORPE PORTER.

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Analytical Reports.

HENRI NESTLE'S "MILK FOOD."

THIS food, on being submitted to analysis, gave the following results :—

Starch, cellulose, and gum	38·81
Ash	1·49
Nitrogenous matter	8·00
Moisture	2·45
Fat	6·25
Saccharine matter	43·—
	100·00

The starch in this sample appeared to be wheat starch, the granules of which had been broken by heat. The taste had a character indicative of a certain amount of cooking, but still very pleasant. From the above analysis it would appear that this preparation was very nearly a compound of one-third wheat starch, one third sugar, and one-third the dried ingredients of milk. The starch is in a form easy of assimilation, and the whole makes a food of a most agreeable and pleasant nature for children.

DR. NICHOL'S "FOOD OF HEALTH."

DR. NICHOL'S "Food of Health," when examined, was found to consist of—

Starch, cellulose, &c.	84·8
Moisture	11·5
Nitrogen	1·8
Ash	1·8
	99·9

This 1·8 of nitrogen would represent about 14·5 per cent. of gluten.

Dr. Nichol's "Food of Health," therefore, agrees almost identically with whole meal in composition—that is to say, wheat flower with the bran—but from the microscopic examination it seems deficient in the part which is generally known under the name of "pollard," or the portion intermediate between the true starch and the bran.

The statements contained in the advertisement puffs are not justified except so far as they are applicable to whole wheaten meal, of course making due allowance for the romantic colouring of the disciples of the "staff of life." Whether Dr. Nichol's—who, we may remark, has no legal right to the title of "Dr." in this country—is justified in asking 8d. per pound for wheaten meal is a question about which the consumer can draw a fair inference on consulting the market quotations of the day.

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Medical News.

University of London.—Certain changes have recently been made in the regulations for the University of London's degrees of Bachelor and Doctor in Science. The committee to which the revision of the regulations for examinations in art, science, and laws, was entrusted, says, with regard to the degree of Bachelor of Science :—"It has come to be generally felt that scientific knowledge, to be real, must be practical as well as theoretical, and that a thorough knowledge limited to a comparatively small range is preferable to a slighter acquaintance spread over a more extended area; and it is the general experience of teachers that there is, from the commencement of their academical course, such a decided preference on the part of nearly all students of science for either the physical or the biological group of subjects that the attention of each student is given to one group almost to the exclusion of the other. It was further urged that the hiatus is too wide between the almost elementary knowledge of the several departments of science required in the Bachelor's examination and the very high attainment in some limited department which is required as the qualification for the Doctorate; and that it would be extremely desirable that this hiatus should be narrowed by limiting the number of subjects to be brought up by candidates for the B.Sc. degree, and proportionally raising the standard of proficiency required. After much consideration and communication with their scientific advisers, the committee have arrived at the conclusion that it would be desirable rather to diminish the number of subjects which each candidate should be required to bring up at the second B.Sc. examination, than to exact anything short of the 'competent knowledge' of each subject for which these programmes provide. They are further of opinion that each candidate, instead of being required to include either the whole or a part of the subjects he selects in one or other of the before-mentioned groups, should be allowed a free option among all of them, so as to combine them in any way that may best suit his taste and ulterior objects—thus leading him onwards to the still higher specialisation of the Doctorate. Acting on this principle, the committee have framed a new set of regulations for the degree of Bachelor of Science, which they now submit to the consideration of the senate. In the first examination, which every candidate will be required to pass, while the programmes in mathematics, experimental physics, and inorganic chemistry have been carefully revised, little fundamental change has been made in them. In place of the superficial acquaintance with both zoology and botany formerly required at this examination, the committee now recommend a single examination (written and practical) in general biology, in which a more thorough knowledge shall be required of the simplest forms and elementary phenomena of animal and vegetable life, such as is now made the basis of the teaching of some of the most distinguished professors in each department. Thus the student who may be intending to devote himself specially to physical or chemical science will be brought to apprehend the general conceptions common to the two great organic kingdoms, without being required to master the specialities of either; and the student who intends to present himself at the second B.Sc. examination in either physiology, zoology, or botany, or all combined, will have laid the best foundation for those special studies in the study of general biology. The regulations for the second B.Sc. examination, on the other hand, are framed with the view of allowing the candidate to bring up any three of the following nine subjects :—(1) Pure mathematics, (2) mixed mathematics, (3) experimental physics, (4) chemistry, (5) botany, including vegetable physiology, (6) zoology, (7) animal physiology, (8) physical geography and geology, (9) logic and psychology. It is intended by the Committee that the examinations in these several subjects should be, as nearly as may be, on the same grade, as to the amount of attainment they require. It is understood that the Senate has revised the regulations for the science degrees in accordance with those recommendations by the committee. In addition, that in the Matriculation Examination, which forms the basis of the science curriculum, German may now be taken in substitution for Greek. In regard to the Doctor's degree, a change has been made in favour of candidates who prolong the interval between their first and second examinations for the degrees of Bachelor from one year to two or more, as such will be allowed to come up for the degree of Doctor of Science within a year of their attaining the degree of Bachelor.

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THE ADVISABILITY OF LEGISLATIVE RESTRICTIONS FOR HABITUAL DRUNKARDS.

Report of the Committee of the British Medical Association.

THE committee appointed to consider the advisability of legislative restrictions for habitual drunkards by the Committee of Council, on July 13th, 1875, have given the resolution passed at the last Annual General Meeting of Members at Edinburgh their particular attention. They have held six meetings, several members attending from distant parts of the country, but hitherto have been unable to take any decided action.

The committee inquired of the Home Secretary as to whether the Government intended to bring in a Bill to deal with the subject. He has informed us "That the Government had no intention of dealing with the question during this Session, and that any Bill on the subject would receive due consideration when its details could be examined."

The committee have also communicated with the Medical and several other members of Parliament, and have received encouraging replies from nearly all, but have not yet succeeded in finding a leader as a successor to the late Mr. Dalrymple willing to press the subject upon the attention of the House of Commons.

The committee also find that the outer world have mistaken notions of the objects to be attained, and are suspicious of any action which appears likely to interfere with the liberty of the subject. To meet this difficulty your Committee have sought and obtained the co-operation of the Social Science Association, and have also prepared a petition for signature by members of the profession, as well as the general public, which sets forth objects to be sought for as under :—

Unto the Honourable the Commons of Great Britain and Ireland in Parliament Assembled, the Humble Petition of the Undersigned Sheweth,

That habitual drunkenness prevails extensively among both sexes, and all clases of society ; is one of the most fruitful sources of domestic misery, of disease, pauperism, and crime ; and calls loudly for the adoption of some remedial measure.

That the right of the State to deprive of their liberty, and even to subject to fine and imprisonment, not only the "drunk and disorderly," but the "drunk and incapable," has been long recognised by law, and is continually exercised throughout the realm ; while more recently the Licensing Act, 1872, gives power to the police to take proceedings against persons found drunk, although neither incapable nor disorderly.

That the merely penal treatment of drunkenness, by committal to prison for short periods, far from influencing for the better the habitual drunkard, is shewn by the evidence taken before the Select Committee of the House of Commons, 1872, to be "worse than useless ;" confirms him in his evil ways, by utterly destroying his self-respect, and rendering him reckless of consequences ; and thus runs counter to the whole tendency of recent legislation, which aims at the reformation as well as the correction of the offender.

That your petitioners fail to perceive any valid reason why this right of State interference with his personal liberty, so long recognised and so constantly put in force, should not be exercised for the reformation of the habitual drunkard.

That strong testimony was given in 1872, before the Select Committee of the House of Commons, that the treatment of habitual drunkards in Reformatory Institutions has been followed both in this country and in the United States of America, by the recovery of a large percentage of those subjected to it.

That the power of compulsory committal and detention for a term not exceeding a year, as recommended by the Select Committee of 1872, was, by the evidence taken before the committee, shown to be in operation in various parts of the United States of America, and to be unattended by any evil consequences, the silent influence of the law inducing many voluntarily to submit themselves to the salutary discipline of the Reformatory Institutions for the time required to effect a cure.

May it therefore please your Honourable House to take this important subject into your careful consideration, and to pass into a law a measure for the control and cure of habitual drunkards.

And your petitioners will ever pray, &c.

Your committee recommend that the petition be printed in the Journal, and also distributed to the Secretaries of the Branches, requesting them to obtain signatures or place them in the hands of those likely to assist the movement, and then forward them to their representatives in Parliament, for presentation as early as possible in the next Session, by which time your committee hope that either the Government or some private members may be induced to bring the subject to the notice of the House of Commons, and give effect to the resolution proposed at the Edinburgh meeting.

Your committee suggest that they be re-appointed for the purpose of continuing their efforts in the same direction.

ALFRED CARPENTER, M.D., Chairman.

Sheffield, August 3rd, 1876.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

SUBSCRIBERS who have not yet sent in their subscriptions for last year are respectfully reminded of the omission.

DR. DUNCAN.—The work of Surgeon-General Gordon entitled "The Military Hygiene and Surgery of the Franco-Prussian War" will be the most suitable if you are setting out for the war in the East. Surgeon Porter's pocket-book would also be useful.

DR. MAJOR.—Your communication arrived last week after we had "made up" for press. You will find it inserted in our present number.

"THE BRAVO CASE."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—May I trespass on your columns to make a few observations on this interesting case.

From the evidence of the gentlemen who performed the *post-mortem*, as well as from the general evidence produced at the inquiry, it appears clear to me that Mr. Bravo did *not* die from the effects of tartar emetic, that tartar emetic was not administered with the intention of causing his death. The question then comes for what reason was it given? I will answer this by showing why it might be given, and in doing will refrain from any allusion to names, &c. Mr. Bravo was no doubt obnoxious to a good many persons whose names appear as witnesses, and my idea is that his removal being decided on, some subtle poison was administered, and that the person by whom that poison was given (as is almost invariably the case) having repented of the evil when *too late*, made an attempt to obviate the action of the poison, as far as lay in their power, by administering an emetic. That tartar emetic, perhaps, in the form of *antimonial wine* was given with the only result (as it turned out) of unintentionally cloaking the real poison and leading the authorities on a wild goose chase.

I am, Sir,
Yours faithfully,
Waterford. Wm. Donovan.

[Our correspondent's major premise, which is clear to his comprehension, that Mr. Bravo did not die of tartar emetic poison or of that drug administered with *malice prepense*, is by no means clear to ours. The general verdict is the direct reverse, and, if correct, renders impossible our correspondent's theory.—Ed. M. P. & C.]

A Subscriber inquires whether any bye-law at any time existed in the Apothecaries' Hall in Ireland forbidding any person other than an apothecary to compound medicines in an hospital. The Apothecaries' Act distinctly forbids any one excepting an L.A.H. of Dublin to exercise the functions of an apothecary in Ireland. This prohibition was in some respect modified by the Medical Act of 1858, under which it has been ruled that a duly qualified medical practitioner might compound, though even this point is not beyond legal dispute. Although the law is quite clear that until the passing of the Irish Pharmacy Act none but an apothecary or medical practitioner could compound medicines in Ireland; yet the function of apothecary to a county infirmary continues—as we believe quite illegally—to be discharged in Galway by an unqualified person under the patronage and by the act of the surgeon to the institution.—Ed. M. P. & C.

Nutbrown does not give his name and address, and according to our rule we cannot give space to, or answer his communication. He had better consult a practitioner who has made the skin a special study.

Dr. Leeson is thanked.

MEDICAL ETIQUETTE.

To the Editor of the Medical Press and Circular.

Sir,—Afford me your opinion on the following case:—

I am considered the medical adviser of a lady whenever required. While out of town for two days the lady was taken suddenly ill, and I was sent for. Not to be found at home a general practitioner was called in. He was informed of my absence. Of my return the lady was informed, and the practitioner also, when the family suggested myself in further advice. The general practitioner, so I was told, told the patient all the physicians in London could not do more for her, and hoped the lady was quite satisfied with him. Is this the "*correct practice* of general practitioners?" Certainly no physician would act thus.

A Pure Physician.

[The conduct of a general practitioner acting as described by our correspondent strikes us as neither in accordance with medical etiquette nor with the good taste presumed to be current amongst gentlemen, nor even with discretion on his own part. In so acting a general practitioner assumes a great responsibility, and leaves on the patients' mind an inference of egotistical confidence in his own merits which will be sure sooner or later, whether the case be satisfactory or not, to react to the practitioner's discredit. It is, however, unhappily nothing very unusual in the annals of our profession for one practitioner to discourage a reference to a medical brother whom he may regard as a competitor.—Ed. M. P. & C.]

Dr. J. P. Myles, Parsonstown.—Your letter shall appear in our next issue.

Dr. Laffan, Cashel.—The Report is a Blue-book, and if to be had at all, can only be procured from Hansards, Great Queen Street, London, W.C., or through Thom, of Abbey Street. Copies are only to be seen in Dublin in the Libraries of the University and the College of Surgeons, and of one or two individuals. The title of the book is the "Report of the Commission on Dublin Hospitals."

Dr. L.—The Public Health (Ireland) Bill will be under the consideration of a joint committee of the Colleges of Surgeons and Physicians, the [illegible] Medical Association, and the Sanitary Association who will examine its provisions and suggest any necessary amendments between this and the reopening of Parliament next February. A sanitary conference such as you suggest seems, therefore, to be unnecessary, and we doubt that the matter is of sufficient personal interest to individuals to make such a conference a numerical success.—Ed. M. P. & C.

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VACANCIES.

North Staffordshire Infirmary. House Surgeon at a salary of £120, and a House Physician at £80 per annum; each with board and residence. Applications to the Secretary at Hartshill, Staffs.

Northampton General Infirmary. Surgeon. Honorary. Applications to the Secretary.

London Hospital. Aural Surgeon and Lecturer on Aural Surgery. Applications to the House Committee, Whitechapel, E.

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APPOINTMENTS.

Cane, H., M.R.C.S., L.R.C.P., House Physician to the Westminster Hospital.

Carter, A. H., M.D., an Extra Acting Physician to the Birmingham and Midland Free Hospital for Sick Children.

Donovan, Dr. Wm., Medical Officer to the Government Postal and Telegraphic Departments, Waterford.

Price, W. H., M.R.C.S.E., Medical Officer to the Penmachno Slate Quarries.

[illegible], J. A., L.K.Q.C.P.I. and L.M., L.R.C.S.I., Medical Officer for the Ahascragh Dispensary District of the Ballinasloe Union, Co. Galway.

[illegible], A. H., M.B., C.M., Medical Officer for No. 2 District, and Medical Officer to the Workhouse of the Mere Union, Wilts, and Medical Officer of Health for the Mere Rural Sanitary District.

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Deaths.

Cathcart.—On Aug. 8, at Ballybay, James Cathcart, C.M., aged 63.

Grantham.—On Aug. 4, at Falsgrave, Scarborough, Thomas Payne James Grantham, M.R.C.P.L., aged 62.

Ryan.—On Aug. 7, at Lonsdale Square, Islington, John Ryan, M.D., LL.D., aged 66.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

ROYAL COLLEGE OF SCIENCE FOR IRELAND,
STEPHEN'S GREEN, DUBLIN.

SCIENTIFIC AND TECHNICAL EDUCATION.

This College supplies a complete Course of Instruction in Science, applicable to the Industrial Arts, especially those which may be classed broadly under the heads of Chemical Manufactures, Mining, Engineering, and Agriculture.

A Diploma of Associate of the College is granted at the end of the Three Years' Course.

There are Four Royal Scholarships of the value of £50 each yearly, with free education, including Laboratory Instruction, tenable for two years. Two become vacant each year. They are given to Students who have been a year in the College.

The Fees are £2 for each Course, or £10 for all the Courses of each year, with the exception of Laboratory Practice.

Chemistry (Theoretical and Practical), Metallurgy, &c.—Professor Galloway, F.C.S.
Mathematics, Mechanics, and Mechanism.—Prof. Hennessey, F.R.S.
Descriptive Geometry, Drawing, Engineering, and Surveying.—Professor Pigot, C.E., M.R.I.A.
Experimental Physics (Theoretical and Practical).—Prof. Barrett, F.R.S.E., F.C.S.
Mining and Mineralogy.—Professor O'Reilly, C.E., M.R.I.A.
Agriculture.—Professor Davy, M.D., M.R.I.A.
Botany.—Professor M'Nab, M.D.
Zoology.—Professor Leith Adams, M.B., F.R.S.
Geology.—Professor Hull, M.A., F.R.S.
Palæontology.—Mr. Baily, F.G.S.

The Chemical and Physical Laboratories are open daily for Practical Instruction.

The Session commences on Monday, October 2nd.

Programmes may be obtained on application to the Secretary, Royal College of Science, Stephen's Green, Dublin.

FREDERICK J. SIDNEY, LL.D., Secretary.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

Patron:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

THE LONDON HOSPITAL MEDICAL COLLEGE.

The next WINTER SESSION will commence on MONDAY, OCTOBER 2nd, 1876, when the Introductory Lecture will be given by Dr. Andrew Clark, Senior Physician to the Hospital.

The perpetual fee to Lectures and Hospital Practice, with two years' Practical Anatomy, is 90 guineas if paid in one sum, or 100 guineas if paid by three instalments. Special entries can be made to Lectures or Practice.

The Hospital contains about 800 beds. The In-patients during 1875 were 5,804, and the Out-patients, 40,717.

1, 2- Two Entrance Science Scholarships, value £60 and £40;
3, 4. and two Buxton Scholarships, value £30 and £20, will be offered for competition at the end of September. Entries for the above must be made on or before the 20th September.
5. A Scholarship, value £20, in Human Anatomy, for first-year's Students.
6. A Scholarship, value £25, in Anatomy, Physiology, and Chemistry, for first and second year's Students.
7. A Hospital Scholarship, value £20, for Clinical Medicine.
8. A Hospital Scholarship, value £20, for Clinical Surgery.
9. A Hospital Scholarship, value £20, for Clinical Obstetrics.

A Prize of £5 to the Student who has attended most Midwifery Cases during the preceding twelve months. The Duckworth Nelson Prize, value £10, for Practical Medicine and Surgery (Biennial). Money Prizes to the value of £60 given annually by the House Committee, for zeal in Dressing Out-patients and knowledge of Minor Surgery.

For particulars as to Appointments see the Prospectus, which will be forwarded on application to the Secretary, Turner Street, Mile End, E.

Greatly increased facilities are now afforded by adjacent railways and tramways for rapid transit from the neighbourhood of the Hospital to other parts of London. The East London Railway Company's station is directly opposite the Hospital. Lodgings can be obtained in healthy localities in the immediate vicinity of the Hospital, at a very reasonable charge.

UNIVERSITY COLLEGE, BRISTOL.

MEDICAL SCHOOL.

The WINTER SESSION will commence on MONDAY, October 2.
Prospectuses may be obtained on application to
GEORGE F. BURDER, M.D., Hon. Sec.
Medical School, Old Park, Bristol,
August, 1876.

ST. THOMAS'S HOSPITAL, ALBERT EMBANKMENT, WESTMINSTER BRIDGE, S.E.—The MEDICAL SESSION for 1876 and 1877, will commence on MONDAY, the 2nd OCTOBER, 1876, on which occasion an Address will be delivered by Mr. FRANCIS MASON, at Four o'clock.

Gentlemen are informed that the Admission Fees to Practice and to all the Lectures may be paid in one of two ways:—

1st. One Hundred Guineas, paid on entrance, entitle a Student to unlimited attendance.

2nd. Payment by three instalments, namely, of £40, at the beginning of the first year, £40 at the beginning of the second year, and £30 at the beginning of the third year, entitles a Student after payment of the third instalment to unlimited attendance.

Special Entries may be made to any Course of Lectures or to the Hospital Practice; and a modified Scale of Fees is arranged for Students entering in their Second, Third, or any subsequent year.

Private Classes for Students preparing for Matriculation, and for the Preliminary Scientific Examination, and M.B. Examinations, of the University of London, or for other Examinations, are conducted by members of the Staff, and embrace instruction in Chemistry, Natural Philosophy, Botany, and Comparative Anatomy, Physiology, Anatomy, and Materia Medica. Gentlemen can attend these Classes without becoming Students of the Hospital.

PRIZES AND APPOINTMENTS FOR THE SESSION.

First Year's Prizes. Winter.—Entrance Scholarships of £60 and £40 awarded after an Examination in Physics, Chemistry, Botany, and Zoology. The Wm. Tite Scholarship of £30. College Prizes—£20 and £10. Summer Prizes—£15, £10, and £5.

Second Year's Prizes. Winter.—The College Scholarship of 40 guineas, tenable for two years. College Prizes—£20 and £10. Summer Prizes—£15, £10, and £5. The Assistant Dresserships, Clinical and Obstetric Clerkships are open to Students who have passed the Primary Examinations at the Royal College of Surgeons.

Third Year's Prizes. Winter.—£20, £15, and £10. In-Patient Clinical Clerkships and Dresserships.

The Cheselden Medal is awarded after a Special Examination in Surgical Anatomy and Surgery. The Mead Medal, awarded after a Special Examination in Practical Medicine and Hygiene. The Solly Medal, with a Prize of at least 10 Guineas, for a collection of Surgical Reports. The Treasurer's Gold Medal, for General Proficiency during the entire course of Study. The Grainger Testimonial Prize, for Physiological Essay illustrated by preparations. The Two House Physicianships. The Two House Surgeoncies. The Resident Accoucheurships.

A Medical and a Surgical Registrarship, at a honorarium of £40 each, is awarded to Third or Fourth Year's Students.

MEDICAL OFFICERS.

Honorary Consulting Physicians—Dr. Barker and Dr. J. Risdon Bennett.
Honorary Consulting Surgeon—Mr. Frederick Le Gros Clark.
Physicians—Dr. Peacock, Dr. Bristowe, Dr. Murchison, Dr. Stone.
Obstetric Physician—Dr. Gervis.
Surgeons—Mr. Simon, Mr. Sydney Jones, Mr. Croft, Mr. MacCormac.
Ophthalmic Surgeon—Mr. Liebreich.
Assistant Physicians—Dr. Ord, Dr. J. Harley, Dr. Payne.
Assistant Obstetric Physician—Dr. Cory.
Assistant Surgeons—Mr. F. Mason, Mr. W. W. Wagstaffe, Mr. A. O. MacKellar.
Dental Surgeon—Mr. J. W. Elliott.
Assistant Dental Surgeon—Mr. W. G. Ranger.
Resident Assistant Physician—Dr. Sharkey.
Resident Assistant Surgeon—Mr. Clutton.
Apothecary—Mr. S. Plowman.

LECTURERS.

Medicine—Dr. Bristowe and Dr. Murchison.
Surgery—Mr. Sydney Jones and Mr. MacCormac.
General Pathology—Dr. Payne.
Physiology and Practical Physiology—Dr. Ord and Dr. John Harley.
Demonstration in Physiology—Dr. T. Cranstoun Charles.
Descriptive Anatomy—Mr. Francis Mason and Mr. W. W. Wagstaffe
Anatomical Demonstrations in the Dissecting Room—The Anatomical Lecturers, Dr. R. W. Reid and Assistants.
Special Anatomical and Microscopical Demonstrations—Mr. Rainey
Practical and Manipulative Surgery—Mr. Croft and Mr. MacKellar.
Chemistry and Practical Chemistry—Dr. A. J. Bernays.
Midwifery—Dr. Gervis.
Physics and Natural Philosophy—Dr. Stone.
Materia Medica—Dr. Payne.
Forensic Medicine—Dr. Stone.
Comparative Anatomy—Mr. C. Stewart
Ophthalmic Surgery—Mr. Liebreich.
Botany—Mr. A. W. Bennett.
Dental Surgery—Mr. J. W. Elliott and Mr. W. G. Ranger.
Demonstrations of Morbid Anatomy—Dr. Greenfield.
Lectures on Morbid Anatomy and Practical Pathology—Dr. Greenfield.
Mental Diseases—Dr. Wm. Rhys Williams.
State Medicine—Dr. Alfred Carpenter.

W. M. ORD, M.B., Dean.
R. G. WHITFIELD, Medical Secretary.

Any further information required will be afforded by Mr. WHITFIELD.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.

ENTRANCE SCHOLARSHIPS.

Two Entrance Scholarships of the value of £30 and £20 respectively, tenable for one year, will be awarded annually in the first week in October, after a competitive examination in the following subjects:—Compulsory: English, Latin, French or German, Mathematics. Optional (only one of which may be selected): Chemistry, Mechanics, German, or French. The subjects (as regards extent and the authors selected) will be the same as those chosen for the Matriculation Examination of the University of London in June, 1876.

Candidates must give notice of their intention to compete on or before Saturday, September 16th, 1876. FRANCIS HIRD, Dean.

SCHOLARSHIPS in SCIENCE.—ST. BARTHOLOMEW'S HOSPITAL and COLLEGE.—A Scholarship of £100 open to Students who have not entered at any Metropolitan Medical School, will be offered for competition on September 27. Subjects:—Chemistry, Botany, Zoology, Physics. An Exhibition of £50 in the same Subjects, and One of £40 in the Subjects of Preliminary Education, open to Students who have entered at the Hospital in October, will be competed for in October. For particulars, apply personally, or by letter, to the Warden of the College, St. Bartholomew's Hospital, Smithfield, E.C.

GUY'S HOSPITAL.—The Medical Session commences on MONDAY, OCTOBER 2nd.

MEDICAL OFFICERS.

Consulting Physicians—Sir W. Gull, Bart., M.D., D.C.L., F.R.S.; G. Owen Rees, M.D., F.R.S.
Physicians—S. O. Habershon, M.D.; S. Wilks, M.D., F.R.S.; F. W. Pavy, M.D., F.R.S.; W. Moxon, M.D.
Assistant Physicians—C. Hilton Fagge, M.D.; P. H. Pye-Smith, M.D.; Frederick Taylor, M.D.
Consulting Surgeons—J. Hilton, Esq., F.R.S.; E. Cock, Esq.
Surgeons—J. Cooper Forster, Esq.; Thomas Bryant, Esq.; Arthur E. Durham, Esq.; H. G. Howse, M.S.
Assistant Surgeons—N. Davies-Colley, M.C.; R. Clement Lucas, B.S.; C. H. Golding-Bird, M.B.; W. H. A. Jacobson, Esq.
Consulting Obstetric Physician—Henry Oldham, M.D.
Obstetric Physician—J. Braxton Hicks, M.D., F.R.S.
Assistant Obstetric Physician—A. L. Galabin, M.D.
Ophthalmic Surgeon—C. Bader, Esq.
Assistant Ophthalmic Surgeon—C. Higgens, Esq.
Dental Surgeon—S. J. A. Salter, M.B., F.R.S.
Assistant Dental Surgeon—H. Moon, Esq.
Aural Surgeon—W. Laidlaw Purves, Esq.
Medical Registrars—Frederick Taylor, M.D.; J. F. Goodhart, M.D.
Surgical Registrar—Frederic Durham, Esq.
Apothecary—James Stocker, Esq.

The Hospital now contains 695 beds, and includes wards for obstetric, ophthalmic, and other special departments.

In connection with the Lying-in Charity, about 2,500 cases are annually attended by the Students.

Number of Patients relieved during the year, about 91,000.

LECTURES, DEMONSTRATIONS, AND PRACTICAL COURSES.

Medicine—Dr. Habershon and Dr. Wilks.
Clinical Medicine—Dr. Habershon, Dr. Wilks, Dr. Pavy, and Dr. Moxon.
Surgery—Mr. Bryant and Mr. Arthur E. Durham.
Clinical Surgery—Mr. Forster, Mr. Bryant, Mr. Durham, & Mr. Howse.
Practical Surgery—Mr. Davies-Colley.
Clinical Lectures on Midwifery and Diseases of Women—Dr. Braxton Hicks.
Morbid Anatomy—Dr. Hilton Fagge and Dr. Goodhart.
Cutaneous Diseases—Dr. F. Taylor.
Anatomy (Descriptive and Surgical)—Mr. Howse and Mr. Davies-Colley.
Practical Anatomy—Mr. Clement Lucas, Mr. Golding-Bird, and Mr. Jacobson.
Physiology and General Anatomy—Dr. Pavy and Dr. Pye-Smith.
Practical Physiology—Dr. Pye-Smith.
Chemistry—Dr. Debus and Dr. Stevenson.
Experimental Philosophy—Mr. A. W. Reinold.
Practical Pharmacy—Instruction will be given in the Hospital Dispensary.

Clinical Lectures in Medicine, Surgery, and Midwifery, weekly.

Special Classes are held in the Hospital for Students preparing for the Examinations of the University of London and of the College of Surgeons.

The Museum of Anatomy, Pathology, and Comparative Anatomy (Curator, Dr. Fagge), contains 11,000 Specimens, 4,500 Drawings and Diagrams, an unique collection of Anatomical Models, and a series of 600 Models of Skin Diseases.

Appointments.—The House-Surgeons and House-Physicians, the Obstetric Residents, Clinical Assistants and Dressers, are selected from the Students, according to merit and without payment. There are also a large number of Junior Appointments, every part of the Hospital practice being systematically employed for instruction.

Prizes.—Two Entrance Scholarships, of £60 and £30, for proficiency in Classics, Mathematics, Modern Languages, Botany, Physics, and Chemistry. Six Scholarships, varying in value from £10 to £50 each, for general proficiency in Medical Study. The Treasurer's Gold Medal in Medicine; the Treasurer's Gold Medal in Surgery; the Gurney Hoare Prize of £25, for Clinical Study; the Sands Cox Scholarship of £15 per annum for three years, for Physiology and Physics; the Michael Harris Prize of £10, for Anatomy.

Fees.—First year, £40; second year, £40; third year, £30; or £105, in one sum on entrance, or in two moities, at the commencement of the first Winter and of the following Summer Session.

Several of the Lecturers have vacancies for Resident Private Pupils.

For further information, apply to the Dean, Dr. F. Taylor, or the Medical Secretary, Mr. Stocker.

Guy's Hospital, July, 1876.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 30, 1876.

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ADDRESS IN PUBLIC MEDICINE.

By Alfred Carpenter, M.D., C.S.S.Camb.

A PARLIAMENTARY leader has spread far and wide the proposition *Salus populi suprema lex.* We are bound to believe that, when he uttered that sentiment, he honestly gave adhesion to the principle involved in it. Nay, the harassing legislation which a belief in its correctness helped to promote, has assisted to bring about the ebb-tide in the promotion of sanitary work which we are now witnessing. It may be thought that a proposition which has become a proverb, cannot be accepted as an axiom; the epitome of abridged wisdom which is wrapped up in its meaning being lost sight of. Such is the proposition to which the then Prime Minister gave utterance nearly three years ago, and which should be the watchword of the Health Department of this Association. The questions which are involved in the proposition are manifold, and their prosecution by the members of the medical profession has produced a greater number of enemies than it has brought friends.

Ebb-tide in sanitary work, however, is not to be wondered at. Terence wrote in ancient times:—

> "Obsequium amicos, veritas odium parit;"

and, as in times of old, so it is now, obsequiousness has no place in the performance of duty, and as a natural consequence its prosecution promotes opposition. It is my present purpose to show why opposition is attended with so much apparent success, to point out simple lines of progress, and propound a theory as a basis for continued exertion.

It is scarcely more than forty years since the first national platform was established upon which satisfactory observations could be made, and successful operations carried on in the cause of preventive medicine. The statistics which have been prepared by William Farr have been true pioneers of sanitary work. I would by no means decry the observations made by the old sanitarians. Howard and Pringle, Harvey and Jenner, with many other older workmen, are worthy of the highest regard by those who value the work in which we are engaged, and who think prevention of greater national importance than cure. If it had not been for the work of these eminent men, followed as it was by that of the enlightened politicians who framed and passed the Factory Act of 1833, and the Registration Act of 1834, William Farr's records would not now be matters of history, and we might still be groping in the dark as to the natural laws which regulate the health of the people, and be theorising as to the causation of disease, instead of calling upon Parliament to legislate for its prevention. The facts which have been brought to light by Farr's tables, the enormous mortality which has been shown to exist in defined districts, among defined classes of persons, and at particular epochs in their lives, together with the philosophical and suggestive papers which have been prepared by, or at the suggestion of, one who deserves as much of his country as any living man—I mean John Simon—have led to a flood of legislative measures, sometimes contradictory, passed in paroxysms; too often spasmodic in their character and unsatisfactory in their working; culminating at last in the enactment of a measure, which made the appointment of medical officers of health compulsory upon all local sanitary authorities. This measure has laid a foundation which enables us to apply particular observations to defined localities all over the country. The compulsory appointment of those medical officers was preceded by a permissive stage—permissive, first, in the application of sanitary work to a particular district—permissive, in the way in which that work should be applied, but at the same time accompanied by the stern resolves of the courts of law that, in applying those works and bringing them into practice, the rights of individuals should be respected. The antagonism between the *suprema lex* and the liberty of the subject; the opposition between *suprema populi* and the rights of property, continued to throw serious impediments in the way of sanitary progress, because the truths of sanitary science were few, whilst the *ipse dixits* of its professors, both medical and engineering, were numerous and contradictory. Especially has this been the case with the comparatively new profession of sanitary engineers, a profession which has sprung up to execute the works which sanitary science has called for; the members of which profession, in a large number of instances, were ignorant of natural science. Is it to be wondered at that Parliament in its wisdom passed permissive measures? Is it not a natural thing that those who had faith in the truth of their dogmata should ask for a trial of the principles they wished to be carried into practice, before making it compulsory on local authorities to entertain them? Was it not natural that those who desired healthy and satisfactory progress should prefer to see the suggested enactments in operation, and that they would wish to have an opportunity of studying their effects, before committing the legislature to a course of action which would have to be retraced if it happened to be projected on wrong lines?

Hence the value of permissive measures; the promoters of antagonistic schemes for the improvement of the health of the people have had a fair field: the principles upon which these schemes are based may have been correct, but unfortunately the advice of the medical expert has been but too often only half acted upon. The principles which govern the application of sanitary law have been only half understood by those who have had to carry them into practice, and have been only half applied. Medical men are not acquainted with the first principles of engineering work. To engineers has been most naturally entrusted the duty of devising and carrying out the works which were required for the removal of the causes of the disease, with the too frequent result of partial failure in effect, because sanitary law or a study of biology have not been the guiding stars of the engineer; whilst the medical adviser, being totally ignorant of the requirements of the former, has unwittingly passed over serious defects in the proposed schemes. The lesson which has been learnt is, that medical officers of health must know something of the first principles of sanitary engineering, so that they may be able to detect any grave defects in the works which a local authority may determine as requisite to be carried out in a given district. Such first principles must be part of the education of everyone, so far as they are connected with drainage, water-supply, and building construction.

Registration of the causes of disease tells us in conclusive figures that disease is irregular in its incidence; that it coincides in its incidence with certain social conditions; that certain forms of disease decrease or increase as those social conditions alter for the better or for the worse. The study of the statistics of a given locality is a mariner's compass to the student in prevention; whilst the rise and fall of certain forms of disease in that locality constitutes a barometer whose daily readings point out to the pilot the course which he should steer, and advises him of coming storms. It is only recently that every place has had its recognised pilot, whose duty it is to watch the indications afforded by registrations, and to advise the local authority accordingly. The indications are, however, not afforded to that officer at the most important and essential time, viz., at the very onset of epidemic or infectious disease. Registration of death is not in itself sufficient for the welfare of the state. The only information which a medical officer of health receives officially at present is that disease of an infectious character has been fatal in a given place some time previously. This information is conveyed to him days or even weeks after the event, and he finds, on inquiry, that the *materies morbi* has already been spread far and wide, that the contagia which have been produced by that case have been passed into the public sewer, the nearest water-course, or other receptacle for human excreta, and, as a consequence, have most likely multiplied indefinitely. It is also probable that many cases of the same kind occurred before one was fatal, and that no efficient steps were taken to localise or circumscribe the effects of the disease in that locality. It is more than probable that if the proper officer could have had information of the first appearance of that disease in the locality, the general distribution of its contagious particles would have been prevented, and the people saved some of the consequences of that distribution. A natural sequence to the registration of death is the registration of these forms of disease, for the repression of which a sanitary organisation is by law established. That registration will be effected in due course. It is a coming wave of legislation, waiting for the time when the natural history of those diseases which it is intended to encounter is more fully understood by the public, and more perfect knowledge obtained by ourselves as to the way in which preventive measures are to be used. We must be agreed among ourselves as to the proper steering course before we can have sufficient influence with the legislature to procure the enactment of a satisfactory measure. We must be agreed as to the class of disease which should be registered, and agreed also as to the persons who should give information to the registrar. I cannot support the opinion that it is our duty, as a profession, to give information on this point. A medical man, or, indeed, any other person, is out of place in undertaking a duty which may follow upon, but which is not a part of, the work he is asked to perform by his employer, especially if that work appear to be to the detriment of the latter. It would be morally wrong for a medical adviser to conceal the nature of a given case, if of an infectious character, from the knowledge of his employer, or the responsible head of the establishment in which his employer resides; but, the medical man having communicated that knowledge to him, the latter should be the party to give the information to the State, and be responsible to the local authority if he withheld it. The members of our profession cannot claim the protection of privilege in any case. If called upon, they would be obliged to convict the employer of neglect, if the latter failed to comply with the requirements of the law, if such should be enacted. The employer, or the person responsible for his welfare, should give notice, just as at present the owner of cattle is bound to send information to the inspector that disease of a certain kind exists on his farm. It was felt, when the Contagious Diseases Act was passed, that to call upon veterinary surgeons to give the required information would defeat the object of the Act. It would no less defeat the object in the case of human beings, if medical men were to be called upon to forward the information to the local authority; there would be an immediate premium on the employment of unregistered persons, and an effort made to suppress the discovery; and unless medical officers of health are to be entirely restricted from private professional work, it is quite impossible for such an enactment to work satisfactorily to the State, whilst, under any condition, it would be unjust to the private practitioner.

The progress which has been made in recent years in the repression of disease is marvellously great. The compulsory measures which are already on the statute book are extensive. The various factory acts, nuisance removal acts, registration, vaccination, and adulteration of food acts, acts for regulation of lodging-houses, of water-supply, and numerous other fetters which are placed upon disease production, both afloat and ashore, are very galling to a large portion of those affected by them; they are restive under the yoke, and will not understand the reason why those acts have been enacted. As a consequence, the unwritten and unexpressed object of our legislators is to prevent the rigid application of the laws of health to their own particular locality. It is true that many among them are energetic, but many too frequently follow the shadow rather than the substance, they raise some question on some trivial side-issue, and make a strain at a gnat, but on great questions which affect themselves they swallow the camel with the greatest ease. No better illustration of the truth of this proposition could be afforded than the action of a portion of those persons who have been recently agitating for a so-called Vivisection Bill. Some of these persons are per mitting cruelty of the most excruciating character to be daily inflicted on their flocks and herds. They allow castration and other painful operations to be performed in the most painful manner on all classes of animals on their estates. They allow the cottages of their poor tenants to continue in a condition in which morality and chastity are impossibilities; whilst drunkenness, wife-beating, and child-murder are the natural sequences to such states of habitation. These things go on every day before their eyes. They have the power to prevent them, but they do not; yet they do raise their voices in shrill clamour against comparatively humane actions which they do not understand, which have for their objects the diminution of suffering in the future, and an elucidation of the truths of physiological and pathological science. The truths of those sciences are so telling against certain forms of quackery and delusion, that it is not surprising to find the supporters of quackery among the promoters of the Vivisection Bill. They would stop the study of physiology if they could, for it deals death blows at the —pathys and —isms in which they delight.

I would not, however, have it considered that we are in favour of the cruelty which is said to be practised by scientific students in demonstrating physiological facts. When I was myself a student, I was never cognisant of such, and I believe that the statements are gross libels on our profession—libels which are quite unworthy of any Government to have countenanced, and are an indication of a desire on the part of some of the ruling powers to put a slight upon science, and especially upon that profession which includes among its members a large portion of the searchers after the hidden truths of nature.

An idea is now present in the minds of the ruling powers that they do not intend to be doctor-ridden. They have done a great piece of satisfactory work; they have made the appointment of Medical Officers of Health compulsory. Some local authorities have even conscientiously performed their duty, and have appointed efficient officials.

The medical officers so appointed have zealously set to work to find out the sanitary defects which exist in their district, and have made elaborate reports regarding the same. Many are astonished to find that, although appointed to do certain work and to make certain suggestions for action, no action is taken, and things remain much as they were before the appointment was made. There is nothing very extraordinary in this. It is the rule in every-day life. The custom of the unit is necessarily the custom of the aggregate of units; and the local authority does that as a body, which the majority of individuals comprising it do in their daily life. It is the same result which naturally follows when a medical man offers his gratuitous advice to his wealthy patient at the wrong moment. The country is now passing through a phase of this kind; honest and conscientious medical officers of health are bringing down upon themselves a shower of indignant remonstrances, of widespread abuse and energetic opposition from local John Bulls, who do not recognise the fact that the State is suffering from mischiefs which can be removed if proper measures be taken for their removal. The reports of medical officers of health lie on the table, and very little concerted action is taken for the removal of those causes of disease which have been so ably and clearly pointed out. The patient is saying pretty plainly that he does not intend to rigidly obey the laws of health, or to be doctor-ridden, and until some wave of epidemic disease arises, and compels him to reconsider his determination, he will not alter his course, or take a different line of action; he may then instruct the sanitary engineer to carry out costly works which remove the most flagrant nuisance, but when carried out they often do not effect all the objects intended, because some first principle of sanitary law is altogether overlooked.

These results, though not due to defects in sanitary science so much as to construction of works, are leading the public to inquire for themselves and to criticise our actions. Fortunately for science, physiology is taught in some of our elementary schools, whilst honours are taken at our universities in natural science by men who do not intend to enter the medical profession. The youth of both sexes are learning more and more the laws of Nature, and imbibing the first principles of physics. A portion of the public believe that it is the duty of the physician to give a reason for the line of treatment he is pursuing; they will not be satisfied with an evasive answer, whilst the more sensible portion will not be led astray by a false one. Our explanations must be either strictly correct, or so framed as to apply to a possible hypothesis, and not be contrary to the laws of natural science. To the medical profession the country owes in a great measure the knowledge which has been obtained of the laws which apply to the prevention of disease. As a profession we must continue in advance of laymen, and we must not allow the idea to gain ground that prevention and cure are different studies, and may be entirely separated from each other. It may be even that one will supersede the other and become the more noble study, but to give currency to the proposal that medical men should not be called upon to consider the means to be used for the prevention of disease, and that they may ignore the operations of the engineer, would be suicidal. We must know how to prevent the disease if we would retain the confidence of the public. If we are properly acquainted with the best principles of prevention as well as of cure, our objectors will not be long in finding out that they had much better be doctor-ridden, as they style it, than put their trust in delusions. At the same time it is our duty to advise, not to dictate; to recommend, not to command; and to support our recommendations by arguments based on sound science. If the doctor be unskilful, addicted to dogmatise, and to advance opinions which are not founded upon scientific truths, he is doing serious harm, and helping to promote those forms of quackery which are so rife among the idle, the self-willed, and the half-educated ignoramus of society. We require a clear insight into the conditions which give rise to disease, to reduce the principles of preventive medicine to the plainest lines, and to bring it into formula which may be at once assented to; perspicuity being the basis of all true knowledge in every branch of study.

I will set out what I believe to be some of these bases. The first principle of sanitary work is *motion.* Any plan which entails stagnation as a part of its scheme must have the cause for that stagnation very clearly expressed, and a sound reason given for it, or the scheme is bad in design, and not calculated to effect the object for which it is proposed. This is a canon law with reference to the first great purpose of the sanitary officer. From the moment of excretion until it is utilised, motion of the excreta is the first sanitary law. If the excreta of carnivorous animals be kept moving, those combinations which produce epidemic disease are not forthcoming. For this purpose sewers are required in crowded localities. They are the necessary evils which follow upon the aggregation of individuals into crowded communities, though they are quite out of place in the village and the isolated mansion. Any sewer so constituted as to allow stagnation of any of its contents in any part of its course is wrongly made. If arrangements be introduced which necessarily produce stagnation in the air, if only for a few feet of house-drain, a manufactory or vineyard is allowed to exist in which contagious particles may vegetate, and may be the starting point of a fresh epidemic; any trap on a sewer which is not accompanied by a corresponding ventilator may become a trap to catch men. Any sewer so constructed as to allow of deposit of solid matter, or which allows sewage to stagnate in any part of its course, is in a similar condition. Sewers must contain a current of sewage constantly passing down, with a corresponding current of air always passing one way or the other, if they are to be kept free from the power of manufacturing mischief. Ventilation must be free and absolute, ingress being allowed as well as egress, in a way which cannot be counteracted. For every house in connection with a public sewer there should be at least two free openings provided in the house-drain, an inlet as well as an outlet. If this arrangement be carried out, and the opening contrived so as to effect the object in view, and not for the purpose of

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defeating it, the natural forces will more effectually ventilate the sewers than any artificial aids. The diffusion of gases, the tension of vapour, the differences of temperature, in the sewer as compared with the outer air, the constant movement of external air, together with the movement of sewage in the sewer, will suffice to produce a free ventilation at all times. If this be done, no contagium particle will have a chance of reproduction in the contents of sewers, and no sewer gas will be discharged which will convey elements of mischief.

Deposit must not be allowed to take place; sewers must flush clean. The engineer who constructs sewers so that a deposit is probable in the invert of the arch has failed to effect the object for which he was engaged, and has erected an elongated cesspool. A sewer must flush clean under all circumstances. If sewage be always moving in the sewer there will not be time for deposit, there will not be time for those changes to take place upon which the production of contagia depend, so that motion prevents evil. Sewage must continue in motion and pass on to its destination. There is another point worthy of mention which is too often forgotten—fresh sewage does not smell. If a sewer stink, it is defective in its workmanship somewhere. It is not sanitary science which is at fault, but engineering work. Sewers which give out unsavoury odours ought not to be accepted. They are defective either in their ventilation or in their levels; they are either wrongly designed or badly executed; and the engineer should be called upon to rectify the mistake.

Sewage cannot be retained in a sewer or anywhere else for more than twenty-four hours without producing a chance of evil; long before that time has elapsed it ought to be on its way to be utilised. The moment utilisation of sewage has properly commenced, from that moment the evils which might result from sewage recede into the far distance, and it becomes ineffective as a focus of infection. At present, nineteen-twentieths of the sewage produced by the thirty-two millions of Great Britain is cast into the sea, or allowed to decompose after it has set up an immense amount of disease. Some of it becomes food for fishes, but the major portion is lost for ever by its reduction to its original elements.

(*To be continued.*)

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ON THE TREATMENT OF INFANTILE CONGENITAL CLUB-FOOT. (*a*)

By W. J. Little, M. D.

I propose to sketch the earlier and more recent experiences in the treatment of Infantile Congenital Club-foot, since the introduction of subcutaneous tenotomy by Stromeyer, and especially to point out the practicability and the advantages of conducting the mechanical part of the treatment from beginning to end with padded metal splints instead of more elaborate appliances.

As a stranger to Edinburgh I am ignorant, as far as personal observation is concerned, of the state of the treatment here of this important, and, if neglected, serious deformity. I am more than satisfied by having Edinburgh as the theatre of my remarks, from the knowledge that nowhere better than in this University can a full investigation of a subject be secured or any practical good to humanity be evolved from it. Whatever degree of perfection the treatment of club-foot may here have reached, I have good reason for saying that in many parts of the United Kingdom from which members of the British Medical Association here assembled have come, there is much to be desired before it can be considered that prompt and efficient treatment of congenital club-foot is the rule of surgical practice.

If I had had the honour of presenting myself before you forty years ago, I might have heralded here, as I did in London two years later, the discovery of true subcutaneous division of tendons by Stromeyer, (*a*) an event which took place four years before, and the fact that several adolescents and adults have been cured of different forms of contracture by that subsequently distinguished surgeon. An analysis of the work of Stromeyer, published in 1838 (Beiträge zur operativen Orthopædik, Hanover), shows that the average age of his operated patients, including both congenital cases and non-congenital ones, was eighteen and a-half years, that of Duval "Traité Pratique du Pied-bot," 1839, was fifteen and a-half years, my "Treatise on Club-foot and Analogous Distortions: London, 1839," exhibits an average of seventeen and a-half years, whilst Dieffenbach's book "Die Durchschneidung der Sehnen, Berlin, 1841," that is, three years later than Stromeyer, shows an average of thirteen years of age. It was natural during the infancy of the division of tendons that parents and adults should have been more willing to present themselves for relief by an operation imagined to be a serious one, than to bring infants and children for that purpose.

As early as 1836, in my Inaugural Dissertation at Berlin, "Symbolæ ad Talipedum Varum Cognoscendum," following in this respect the opinion of the physiologist Rudolphi, I pointed out the dependence of varus upon contraction of the anterior and posterior tibial muscles, as well as upon contraction of the gastrocnemii; and in May, 1837 (see "Treatise on Club-foot," &c., p. 212), added division of anterior and posterior tibial tendons as a necessary preliminary proceeding in well marked congenital varus. At this date I also severed the flexor longus pollicis, the extensor proprius pollicis, peronei, and the ham-strings in other forms of contraction. Stromeyer, who had previously considered the inversion of the foot in congenital varus to be due to the action of the gastrocnemii only, objected to division of the tibial muscles. Twice only did he divide the posterior tibial in congenital varus as an experiment. (*b*) Stromeyer has since directed his mind to wider fields of surgery. I believe that if he had continued to labour at distortions, he would long ere this have endorsed my opinion and practice as to this matter. Dieffenbach followed the teaching of Stromeyer, and appears from his work above quoted to have only once severed the posterior tibial tendon. The case was that of a boy twelve and a-half years of age. German and French surgeons have usually followed the example of Stromeyer and Dieffenbach.

At the same time I showed, as others had previously done, that malformation of the bones of the ankle and tarsus was not the cause of the distortion. (See on the "Nature of Club-foot and Analagous Distortions and their Treatment, with or without Surgical Operation, 1839." *Introduction*, p. xxix.) I agreed with Scarpa with respect to the anatomical malposition of the bones, and the conclusion at which he arrived, viz.—"That of the entire tarsal bones, the astragalus had suffered the smallest degree of displacement, which alone proved the possibility of curing infantile varus.' I showed that in every instance of infantile or adult varus examined anatomically, however great may have been the state of extension and adduction of the foot, some portion of each of the three articular surfaces of the trochlea of the astragalus was in contact with an equal proportion of the three articular surfaces presented by the tibia and fibula in the ankle-joint, and that the essential peculiar characteristic of varus was the dragging inwardly of the navicular and of the remaining tarsal bones away from the astragalus and os calcis, by the contracted anterior and posterior tibial muscles, aided by the long flexor of the great toe. By

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(*a*) An extempore address delivered at Edinburgh, together with additional observations.

(*a*) Delpech "L'Orthomorphie," vol. ii. p. 330, proposed excellent rules for dividing tendons without exposing them; but in the only case which he operated he transfixed the limb with a scalpel, and made a wound one inch in length on each side of the tendon, and afterwards divided it by means of a convex-edged bistoury. See "Little on Club-foot, 1839," Introduction p. liv. This was not subcutaneous surgery.

(*b*) See "Stromeyer Bieträge," 1838, p. 80, and also 10 of this paper.

this time all the requisite knowledge of the morbid anatomy of congenital club-foot, which was essential for the cure of even severe forms of it, had been obtained.

The subcutaneous division of the posterior and anterior tibial tendons previously confined to patients above the age of two and a-half and three years, was extended by me to young infants before 1842. (See Lectures in the *Lancet* on "Deformities of the Human Frame" of that date, reprinted by me under the title of a "Treatise on Deformities of the Human Frame," with additions (known by insertion within brackets) in 1853, pp. 283, 292, and 297). Previously to 1839, I had divided the posterior tibial subcutaneously in children above the age of two or three, and in adults, by passing the knife beneath the tendon above the malleolus from behind forwards, where it could be *seen* and felt, and be severed with comparative facility. In stout fat infants I was then accustomed to divide the posterior tibial by means of a departure from subcutaneous division of tendons, by making a longitudinal wound three-quarters to an inch in length over the tendon above and behind the malleolus. But a death about this time through phlegmonous erysipelas occurring in a stout adult female in whom I had severed the peronei by open wound, led me to a final abandonment of this unfortunate departure from subcutaneous tenotomy.

Subsequently (*British and Foreign Medical Review*, 1844, vol. xxi.), I introduced the plan of dividing subcutaneously this tendon from before backwards above the malleolus, since which time the operation even in stout infants has been rendered comparatively easy in practised hands, and acknowledged by many to be a necessary one in severe infantile congenital varus. When first introduced this division was effected *à deux temps*, using two knives, one of which was blunt-pointed. Mr. Gowlland, in 1853, performed it in a single proceeding, using only one knife.

Gradually these improved methods have made their way and are now commonly employed. Previously to 1840, division of plantar tissues, although practised by Stromeyer, Dieffenbach, and myself, was more prominently recommended by Mr. Martin Coates, in a valuable pamphlet published at that date.

By this time also the application of tenotomy to very young children had been encouraged by the example of Dieffenbach (four days old), 1841, Evory Kennedy, of Dublin (four weeks old), 1840, and of myself. In my lectures, printed in 1843-4, I was able to state that I was accustomed to operate on children as early as the age of six or eight weeks, when satisfied that the case was irremediable without it. (a)

From this period to the present day there has been a progressive disposition to operate at the earliest possible period—on the day of birth (L. S. Little), at two days old (as by myself), during the first week or month, in suitable cases. No one unaccustomed to treat these cases at the earliest age can realise the enormously increased facilities of cure it presents. To complete this brief historical sketch of the principles successively laid down more than a generation ago for the application of subcutaneous division of tendons, combined with the mechanical treatment, to the cure of congenital club-foot, I will add that in 1839 ("On the Treatment of Club-foot and Analogous Distortions, with and without Surgical Operation," pp. 209), I published the particulars of restoration to form and function of as severe a degree of congenital club-foot, in a young man, aged 17, who was operated on in 1837, as has ever been published before or since, to my knowledge, in any country. In that case division of anterior and posterior tibial tendons and achillis tendon was effected. (a) Many years before, Continental surgeons who had devoted themselves to the cure of deformities by instruments only, had laid stress on the importance of endeavouring to correct the inward twist of the foot before attempting to bring down the heel. In 1837 I applied this principle to the severe curable forms of adult varus, by devoting all attention to removal of the inward twist by means of a straight wooden splint, furnished with a steel spring, bandaged on the outside of the leg, until the foot had acquired a position in a straight line with the leg, and, indeed, until it had assumed a valgoid position. Afterwards depression of the heel was effected, and the foot made to rest with the entire sole on the ground. Up to this time Continental surgeons in general, as far as can be judged from their writings, had not attempted to cure severe cases such as that represented, Case xxiii., p. 209, "Little, Treatise on Club-foot and Analogous Distortions." The cases previously operated abroad were mostly cases of non-congenital varus, and the slighter congenital ones. This result was the effect of their insufficient original investigation of the morbid anatomy of congenital varus, and of their belief, following the opinions of Scarpa, Stromeyer, Delpech, and Cruveilhier, in the dependence of congenital varus on primary deformity of the bones, and consequent failure to note the influence exercised in the production of the deformity by the posterior tibial muscle.

In some cases the comparative difficulty of severing the posterior tibial led to disregard of this operation.

The prominent superficial situation of the achillis tendon sufficiently accounts for the shortening of this tendon having early, and at first, exclusively attracted the notice of the majority of surgeons, and often of their patients (see "Little on Club-foot and Analogous Distortions," 1839, p. 79). For similar reasons the anterior tibial soon attracted notice, and was subjected to division. Next came the turn of the long flexor of the great toe, and of the plantar fascia.

No improvements on these principles of treatment have been effected since that period. Individual surgeons have acquired technical skill, or have introduced modifications in apparatus. Evidence in proof of this assertion is afforded by the cases and illustrations appended to my work of 1839, already quoted.

It was then with justice triumphantly felt that as regards congenital club-foot, a success never before reached in the history of orthopædic surgery had been obtained. *A fortiori* how much more readily and certainly might not in future infantile congenital club-foot be cured! Some tinge of enthusiasm may at that time have been pardonable.

At the periods in question, therefore, *i.e.*, in 1839, and more emphatically in 1842, it was shown, by example and precept, that in order to rectify the form and position of varus or congenital club-foot, whether treated with or without surgical operation, the treatment should be divided into two stages:—

1. That in which the inward twisting of the foot should, in the first instance, be rectified, and the distortion be thus converted from a compound distortion to a more simple one, *i.e.*, from varus to equinus. (a)

(a) Mr. Wm. Adams' "Club-foot: its Causes, Pathology, and Treatment. London, 1873," has erred in having quoted a passage written by me in my Lectures in the *Lancet*, 1843-4, and reprinted by me in a "Treatise on Deformities of the Human Frame," 1853, p. 284, on the subject of the time when operative interference is desirable, and against early operation, omitting, at the same time, to make any quotations from the same lecture in favour of early operation. Thus, at p. 283, when advising "that in every case, the treatment of which can be commenced previously to the age of six months, the case should be attempted by the application of mechanical means," I added a note in 1853, "the exceptions are like fig. 104, p. 265, which, from the outset, at the age of two or three months, require operation." Again, at p. 291, I said, "In this institution I frequently recommend tenotomy in very young infants, sometimes so early as the age of six or eight weeks," and I added a note that Dr. E. Kennedy, of Dublin, previously to 1840, operated on an infant four weeks old. Mr. Adams, in 1873 (*opus cit.*), has also passed over without notice my observations in favour of early operation when unmistakably indicated, contained in "Holmes's System of Surgery, Article Orthopædic Surgery," first edition, 1862, vol. iii., p. 568, contained also in Holmes's second edition. If an author's opinion be cited and criticised, his latest published recommendations should be quoted.

(a) See "Treatise on the Treatment of Club-foot and Analogous Distortions, with and without Surgical Operation," 1839, p. 209.

(b) See "Little on Club-foot and Analogous Distortions," London, 1839, Case xvi., p. 164. Remarks on it, p. 168. Also

2. That in which the straight looking but extended and still contracted foot *equinus* should, by the bringing down of the heel and by elevation of the fore part of the foot, become capable of being planted evenly on the sole, and that if the varus was sufficiently severe to require division of the anterior and posterior tibial tendons, this operation and conversion of the varus into equinus should precede division of the tendo-achillis and the bringing down of the heel.' (a)

It was, however, customary for several years after this date to disregard, especially in very young subjects, the subdivision of the operation into two stages, as above described. This course was followed with the view of saving the feelings of parents by compressing two operations into one, especially at a time when anæsthetics had not been discovered.

The positive evils which, it will presently be shown, may arise through simultaneous division of the tibiales and achillis-tendons, or from the division of the achillis only, previously to the correction of the inward tendency of the foot had not been discovered.

Those surgeons who have no experience of the curability of the less severe forms of varus without any operation, and whose practice it is to resort to tenotomy in every case, appear not to be aware that by mechanical treatment in many cases the inward inclination can be removed by use of an outside splint, the foot, as I have said, being then converted from a varus form to that of equinus. When this conversion has been effected, and the necessity of severing the anterior and posterior tibials has been removed, the question remains whether or not it be necessary to sever the tendo-achillis. Sometimes even this operation is not necessary. More commonly it is needed. Considerations such as are suggested by these facts have always induced me to discountenance early operation except in well marked or severe grades, of which the surgeon experienced in treatment of varus can easily decide; and to encourage the surgeon practising away from the large centres of population to try what he can accomplish by simple mechanical means. If in a few weeks he succeeds by mechanical means in removing the inward inclination he may then have to effect the division of the tendo-achillis, which is a simpler operation, or even complete the cure without operation.

By being able to substitute a simpler operation for a more complicated one in suitable cases, the patient becomes in every way a gainer. Unnecessary division of tendons leads to diminished symmetry and strength of limb, whilst, on the other hand, a necessary division of tendons, by restoring the functions of the contracted joints, favours the restoration of form and movement.

Enough has been here said to warn against the practice of immediately operating in every case of infant congenital varus which presents itself, and in favour of circumspect, gentle, earnest efforts with mechanical appliances and manipulations in slight cases, or those in which doubt exists as to the absolute need of operation.

A few weeks employed immediately after birth in endeavouring to remedy at least the inversion, will involve no risk of aggravation of distortion, as is the case when any beneficial treatment is purposely postponed to a later period. The surgeon has to take care that the case shall be cured before the age at which a sound child usually walks.

In 1842 I was justified in the sanguine statement that within the lapse of another generation persons labouring under congenital club-foot would not, as was then too commonly the case, be seen walking in our streets. The hopes of a generation ago have not been entirely realised. Moreover, many incompletely restored cases are common in public places, in hospitals, and in our consulting-rooms. It is a fact that cases frequently present themselves of children and youths who have been operated in one, two, or even three hospitals, or by different private and orthopædic surgeons, and are still far from restoration, indeed some of them are in a worse position than if they had never been touched, because the operated tendons have been unduly lengthened, secondary deformities have been produced, the retracted bellies of the gastrocnemii, forming, for example, a small wasted mass high up towards the ham, the nutrition of the bones of the leg and of its remaining structures generally much reduced, the temperature ill-maintained, troublesome chilblains adding to the patient's annoyance during winter, the motion in the ankle-joint often less, and the contraction of the plantar tissues greater than when the individual was born (a).

Lectures in the *Lancet*, 1843-4, reprinted "Deformities of the Human Frame," 1853, p. 285, 295, 303.

(a) Stromeyer was the first (in 1836) who divided the posterior tibial. His proceeding was by a preliminary incision three-quarters of an inch or one and a-half inches in length. The cases in which he divided this tendon were two non-congenital cases, aged respectively eleven and twenty-eight, and two congenital ones, aged respectively four and five years. In respect of these cases he departed from his own subcutaneous method. These operations were performed between August 1, 1834, and February, 1837. He did not afterwards repeat division of the posterior tibial. The following were his reasons for the abandonment of this operation ("Beiträge," p. 81):—"The contemplation of these cases appears to indicate that section of the posterior tibial exercises no decided influence in the restoration of the form and function of club-foot; yet I will not deny that this subject requires further investigation." As regards the history of this operation, it may interest to state that in 1836, whilst in Berlin, I was engaged in investigations of the morbid anatomy and treatment of club-foot, I informed Stromeyer, by letter, of my conviction that congenital *varus* depended upon contraction of the anterior and posterior tibials, as well as upon the tendo-achillis. Stromeyer's reply was to the effect that the posterior tibials had nothing to do with the production of varus, and dissuaded me from division of it. I was not aware until the appearance of his work that he had already performed the operation several times. In the work ("Beiträge," op. cit., p. 29) he gives full reasons for his conduct. It is worthy of notice, that acting without knowledge of Stromeyer's previous practice, I kept to the subcutaneous method in the five cases in which I divided the posterior tibial between November, 1837, and March, 1839, related in "Little on Club-foot," &c., 1839, Cases xviii., xxiii., xxiv., xxviii. The youngest of these cases was two and a-half years. The mode of operation was that described in this address, p. 6. Many others were afterwards operated on by me in the same way. The subcutaneous method, as regards this tendon, was very simple, and not difficult when the tension of it was distinct to the eye and touch in their subjects. It was different with young infants, in whom, by the first month after birth, and some times at an earlier age, the ankle was surrounded by so much adipose tissue that the posterior tibial was in them never visible and never distinctly felt until after much experience had been acquired. A striking difficulty arose when wishing to apply to infants that subcutaneous section of the posterior tibial which I had proved to be so useful in older subjects. Therefore, after 1839, I ventured upon a departure from the subcutaneous method, and exposed the posterior tibial by a three-quarter inch incision, and divided it many times, as Stromeyer had done, with impunity. I abandoned it for the reasons already referred to in this address, and between 1836 and 1843 laboured at the discovery of a secure method of reaching the tendon subcutaneously, even in very fat children, which was effected, and which is fully detailed, "Little: Treatise on Deformities," &c., 1853, p. 297.

(a) I should fail in my duty to the profession and to the public, if I did not unhesitatingly here state that many of the most able surgeons, as well in the metropolis as in the provinces, have inflicted much injury by heedless tenotomy, that is through having undertaken the treatment of these cases without sufficient previous study of the subject—through insufficient acquaintance with the mechanical aids requisite, or disregard of the teachings of their predecessors, as to the value of manipulations, and the mischief resulting from keeping a part too long *secured* in an apparatus. I will adduce a case in point: A parent lately brought to me a child four years old, who had originally been affected with congenital varus of average severity. The family surgeon had fruitlessly cut the tendo-achillis, and used a so-called Scarpa shoe. The distortion being unabated, and the child already walking in the position represented in fig. 1 of this paper, the family surgeon sent the patient, with a letter of introduction, to the surgeon of a metropolitan hospital, who admitted the case into his hospital, and, in addition to the re-division of the tendo-achillis, severed the anterior tibial, kept the patient three months in the hospital, and sent the child home wearing an apparatus similar to that previously employed by the family surgeon, with the foot apparently none the better when examined out of the apparatus. A few months more elapsed, the deformity and difficulty of walking becoming aggravated, the child was again sent to the metropolitan surgeon, who again took it into his hospital, repeated the opera-

It is possible that exceptional circumstances have led to my becoming consulted as to a larger number of incompletely cured, damaged, or neglected cases. But I am not singular in being placed in a position to observe that relapsed or imperfectly treated cases abound. Mr. Jackson and the rest of the staff at the National Orthopædic Hospital in Great Portland Street, London, can testify that nearly as many cases of the latter class present themselves as of young previously untouched infants. A friend of mine of long-standing, whose praiseworthy and successful efforts for many years to relieve the mischiefs caused by the unsuccessful treatment of congenital club-foot amongst the well-to-do members of the population, and more especially amongst the poor, justify my mentioning his name—Mr. Clowes, of Windermere, informs me that he continually sees cases lamentably indicative of want of skill in, or ill-luck attendant upon, treatment.

This side of the picture of the results of subcutaneous tenotomy after general employment of it for more than a generation is indeed a sorry one. The other side of the picture is, I rejoice to say, a bright one, and need not, therefore, so long detain us.

I am here to-day to ask you to consider with me for a few minutes whence comes the sorry side of the picture which, but for the bright side, would be a subject of sincere humiliation to us as a profession. It should in justice be stated that until the days of Stromeyer all was dark in the condition and prospects of everybody affected with well-marked congenital club-foot. Despite writings on the subject by Hippocrates, Scarpa, Delpech, and many others, only those cases of club-foot of the slightest grade, such as can now-a-days, with the improved knowledge at our disposal, be cured more easily without operation, had the smallest chance of being restored—they trudged on their way in the forlorn deformed state in which we occasionally meet some of the present generation, the great mass of congenital club-foot persons, estimated by me at probably one in 2,000 of all born in Western Europe, wearing heavy, clumsy irons, eking out scanty pleasure, if not positive pain, from their indifferent locomotion.

When we contemplate the perfection with which the worst forms of infantile congential club-foot are, under favourable conditions, remedied at the present day, we may console ourselves for some disappointments, and be reassured that the subcutaneous method of Stromeyer has conferred great blessings on humanity, has increased the usefulness of our profession, and given it an additional claim to the regard of society at large.

What are the causes of the failures or relapses from complete restoration which are met with in public practice, and among even our private patients?

From the number of cases of varus which present themselves in which treatment has been delayed until the infant was presumed to be old enough for operation, it would appear as if, since tenotomy has been in vogue, practitioners had given up as superfluous the common sense treatment by any domestic articles available for splint and bandage, to which their forefathers resorted. This has been one regrettable result of the prominence attached by many surgeons to treatment by operation. (a)

In the next rank I believe must be placed the omission to operate at a sufficiently early age those cases which appear undoubtedly to require its performance. So long ago as in 1839 and in 1842, as already stated, I endeavoured to lay down rules for determining what cases respectively could be remedied without operation or by its means, and recommended that cure should be accomplished before the age at which sound children usually walk. The fact that the majority of operated patients had been adults, and that section of tendo-achillis alone gave great relief, retarded the extension of tenotomy to other tendons by the profession at large, and tended more to operations on adults than on infants. Each succeeding year has increased the conviction that to restore the part to its proper form and movements as promptly as possibly, with or without operation, as the nature and severity of the case indicate, is the certain mode to obviate the tendency of the bones, ligaments, muscles, and fasciæ to become more and more shortened, wasted, deformed, and weakened, in proportion as the limb grows. If the practitioner considers the case to be a favourable one for mechanical treatment, and finds, after due attention to it, that adequate progress be not made, he should at once operate. Delay in the completion of effective restoration of form and movements *before* the age at which robust children usually walk is mischievous, but after that period every day's delay does manifold greater injury. The tegumentary structures, the muscles, tendons, fasciæ, and ligaments in all situations round the ankle, and those connecting the tarsal bones, metatarsus, and toes, situated on the contracted side of the member, become daily more shortened, and exhibit greater opposition to restoration, whilst the similar structures situated on the opposite side of the member become daily more elongated and weakened. In the less deformed cases the deeper structures, as well on the back and inside of the leg as on the sole, appear little concerned in the production of the distortion.

Every step made with a foot not capable of being placed evenly on the ground with so much of the entire sole as a sound person applies to it, occasions a certainty of aggravation of the deformity, and augmentation of the difficulty in obtaining perfect restoration.

(*To be continued.*)

Literature.

LECTURES ON SURGERY. (a)

Although Mr. Spence specially intends this work as a text-book for his class, still he is not without hope that it may also prove useful as a work of reference for practitioners. No doubt Mr. Spence's pupils will find it of great use in the study of surgery under their able teacher, but we doubt if the work will be much read by students who cannot enjoy at the same time the advantage of Mr. Spence's oral instruction. As a book for students it is not all that it might be. In some parts the description is poor to a degree, quite insufficient for preparing a student for an examination, unless, indeed, the examinations are very different in Scotland from what they are south of the Tweed. Perhaps, however, these bald places in the text are really filled up by reference to principle and detail in the lecture as given. Probably this is the case, for if each chapter represents the teaching of one lecture, we could not otherwise account for the shortness of certain of these

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tion, ordered an apparatus, again leaving the mechanical treatment to his house-surgeons and dressers. After the second stay in the hospital—this time of four months' duration—the parents removed the child. The case was as bad as a case of neglected varus of four years old can be, with the aggravation of several large cicatrices above the insertion of the achillis tendon into the heel, two considerable (by comparison) scars over the insertion of anterior tibial tendon. The posterior tibial tendon did not appear to have been touched. By this paper I desire to show that such occurrences are not desirable or unavoidable. I do not exaggerate when I say that I have come across many scores of such cases with the same history. These are not cases of accidental failure of treatment, but cases in which all the principles of treatment, as laid down in this paper, and in many previous writings of my own and of other authors, have not been followed, and in which the surgeon has neither attended to the details of treatment himself, nor placed the management, after operation, in the hands of competent assistants. They are a discredit to surgery, and it is indisputable that no graver charge can be brought against special hospital (orthopædic) surgeons than that which might be brought against those general hospital surgeons who treat congenital varus in the manner I have instanced.

(a) The title of the author's first work published in this country shows that in 1839 he, at least, did not attach exclusive importance to division of tendons.

(a) "Lectures on Surgery." By James Spence, F.R.S.E., Surgeon to the Queen in Scotland. 1875. Second Edition. Edinburgh: A. and C. Black.

chapters. Lecture XVII., for instance, which is an introduction to the cancers, occupies but three pages.

The subjects of *inflammation* is hurried over and treated in anything but a masterly manner, whilst in the short account which is given of *pyæmia*, the only reference which we can find to the characteristic variations of the temperature is included in the terse remark, "The temperature is subject to great and sudden alterations." The pupil is told that "the typhoid nature of the symptoms renders them very analogous to those induced by certain annual poisons" (p. 131), but he is not informed what the diseases are for which pyæmia may be mistaken; nor is he, of course, told how the diseases differ. Again, in speaking of gangrene (p. 62), the author says that when the disease ceases to extend, "a line of demarcation is formed between the dead and living tissues." He does not explain what this line is, nor what it is due to; nor does he say that the line is chiselled out by nature at the expense of the *living* tissue. We do not think that it is sufficient to tell a student merely that there is a line of demarcation between the living and dead tissue. As regards the treatment of gangrene, the author teaches his students that they may give ammonia in extreme cases to stimulate the patient, but not in cases of urinary infiltration, for that "it tends to favour decomposition of the urine." We question the expediency of giving his pupils this caution.

We believe that the practitioner will derive great assistance by reference to the book before us, for if it be wanting in the theoretical part, it certainly does not fall short as regards the practical part of the teaching. The advice given to surgeons to open acute abscesses early and freely, not to keep on poulticing too long, and to let the incisions in the ligature of vessels, and in lithotomy, be free, shows that the surgeon is well aware of the fact that much of the operator's success will depend on attention given to comparatively small matters. He tells his pupils to make an early incision in case of whitlow and deep-seated abscesses in the neck and perinæum, rather than to wait for distinct fluctuation.

In the lecture on Syphilis we read: "I do not believe in two distinct poisons, though I consider that the poison may differ in degree rather than kind, and that the same poison may produce different forms of sores, owing to the susceptibility of the person or part affected, and other conditions." We read on the same page (120) that secondary and tertiary symptoms may follow on a soft sore. With these remarks we entirely agree. The soft sore, we are also told, heals most quickly after having been burnt with sulphuric acid; and that, as regards the hard chancre, "we require to be very active in our treatment. If we see the case early we must destroy the sore by potassa fusa." But if, when the slough has come away, we find the edges hard, we are told to work away again with our caustic. We are led to infer—indeed, we are told further on—that secondary symptoms will probably follow on a hard sore, "even though the primary hard chancre has healed rapidly." In these circumstances we would venture to ask Mr. Spence what good his painful meddling with the hard chancre has wrought? If the indurated sore appeared very shortly after impure contact, we might possibly do good by active treatment with caustics, but as a matter of fact it does not.

Lecture XXIII. is a most happily written chapter on *wounds*, and in it the student is cautioned, and, we think, advisedly, against being led away by the wondrous reports, especially those coming from abroad, of the "antiseptic treatment." The lecturer is right in saying that the antiseptic method, "as it is termed, is being pressed in some quarters to the exclusion of conditions, which I think equally, if not more important in the treatment of wounds and operations. . . . Some of the statements advanced in favour of the antiseptic system so ignore the success obtained by simple dressing and treatment of wounds, or assert such an amount of infallibility as to the curative powers of the special method, as to require notice." The statements, the author considers, arise from want of experience in, or misrepresentation of the simple method of treating wounds.

In the same cautious tone does the Professor speak of the somewhat modern system of treating fracture by the plaster-of-Paris bandage. He says that he thinks that when we possess well-tried, simple, and successful plans of treatment, we should be very chary in departing from them. "Novelty," he says, "is not always progress, and, unfortunately, many novelties in surgery at the present day seem to consist in departure from simplicity of treatment."

In referring to Esmarch's bloodless method, he remarks: "The principle, it will be seen, from what I have already said, was clearly enunciated by the late Sir Charles Bell, and is described in his "Great Operations of Surgery." Mr. Spence tells his pupils not to use it in cases where there is malignant disease, or much suppuration, lest unhealthy fluids should be forcibly distributed by the bandaging amongst healthy tissues. He also tells them not to employ it in cases of ligature of arteries. "I make these exceptions," he continues, "because I think that this form of bloodless surgery is liable to suffer from its indiscriminate use, and from over-laudation; but I have already said that I consider it a most valuable aid in proper cases, and it seems as if it were revived now with special relation to the progress of conservative surgery."

Mr. Spence speaks with great authority upon the subject of *injuries and diseases of blood-vessels*, and the twelve lectures devoted to it are full of interest, thought, and work. Under the head of *fractures* we learn that Mr. Spence, who was in former years a great advocate for the use of the long splint in fractures of the femur, has now entirely discarded it for the treatment of extension by the weight and pulley. In speaking of the treatment of the surgical neck of the humerus, he says: "The elbow is supported so as to keep the parts in position." (P. 291.) The hand and forearm should no doubt be well supported, but not the elbow. The author is apt to mislead the young surgeon when, in talking of the nasal mucous polypi (p. 95), he says that "a single twist of the forceps will remove the disease effectually." In substituting the word *osteo cystoma* for *spina ventosa*, Mr. Spence has done well, but it is a pity that he still employs that old term, *morbus coxarius*.

Mr. Spence expresses himself as being in favour of chloroform as an anæsthetic, but he says that when he is dealing with an aged patient, or with one with a feeble pulse, he mixes a little anhydrous sulphuric ether with the chloroform, "although for general use the chloroform answers far better." He advises that the patient be brought rapidly under the influence, believing that there is less danger in so doing than in beginning with small doses. He laughs at the measuring-bottle as merely giving an appearance of caution, and preparing for a coroner's inquest. This is, we think, very near the truth.

An important point in Mr. Spence's work is that he has given up performing Chopart's operation since the introduction of amputation at the ankle. Experience has shown him that it never leaves a very useful stump, and that it is far inferior to amputation at the ankle. He is not dictatorial on this matter; he merely gives us the result of his valuable and ripe experience. He tells his hearers that if they ever perform Chopart's amputation, he would advise them to divide the tendo-Achillis at the same time. He considers that Pirigoff's modification of amputation at the ankle-joint is anything but an improvement on it. Mr. Spence does well to be proud of the successful primary amputation at the hip-joint, which he alludes to every now and then. At one place five pages are devoted to the clinical history and remarks, and plate xli. gives us a full length portrait of what is left of his patient, supported in the upright position by a crutch. Earlier in the same volume nine pages are sprinkled over with statistics. It is a pity that here (as at a few other places) the text has not been condensed so as to have afforded the author room for entering on the subject of *artificial limbs*, for doing which he says that he felt very much tempted had his limits permitted.

In treating *cleft palate* no mention is made of Sir W. Fergusson's improvement of the operation in dealing with the gap in the superior maxillæ by cutting and moving pieces of the bone. Nor in the treatment of *strangulated hernia* is any mention made of puncturing the gut. In many, perhaps in most cases of strangulation, such treatment would do harm rather than good; but on the other hand, there are cases in which sufficient fluid or gas may be withdrawn to allow of the return of the gut. Such are the large and old standing ruptures, and perhaps the umbilical. In such cases the reviewer's puncture has been employed with success.

Mr. Spence prefers (1008) lithotrity to extreme dilatation of the urethra in cases of stone in the female bladder.

If we have referred somewhat critically to certain parts of Mr. Spence's book it is not with a view to find fault, but rather to call the author's attention to certain weak spots, so that when he is called upon for another edition it may be, as it naturally will be, nearer perfection. We should like to see the *clinical cases and commentaries* embodied in the text of the work in the usual course of the lectures. Thus they would have been more valuable to the student, and would have afforded material for fixing the author's remarks. As it is, they are scattered, collected in batches, in different parts of the two volumes. It is hardly likely that the ordinary reader will wade through half a page of a clinical clerk's work, which looks more like an auctioneer's catalogue than a pithy and well-considered report (v., pp. 684, 688). We cannot close our remarks without complimenting the author and the publisher on the illustrations, both plain and coloured. They are excellent, and will prove of great use to the young practitioner and the student. We doubt if any one could mistake a case of erysipelas after having seen the illustrations in plate iv. The uncoloured lithographs which represent the manipulation, apparatus, and method of applying bandages and so on, in *fractures* and *dislocations*, are clear and truthful.

◆

CLINICAL LECTURE ON A CASE OF CATARACT EXTRACTION. (a)

THIS is a lecture by Dr. Charles Bell Taylor, of Nottingham. Dr. Taylor narrates the case of a patient, aged 58, weighing only 6st. 3lbs., with cataract fully formed in the left eye, but not so fully formed in the right eye. She was, to all intents and purposes, blind, and had been so for upwards of a year. The tension of the eyeballs was slightly below par. The corneæ attenuated. The cataract had a hard yellow nucleus. As to the idea of reclination in this case, Dr. Taylor points out that 50 per cent. of such cases fail, and hence the only course left was to extract, removing a small portion of the iris. He would have preferred performing iridectomy first of all, and then removing the cataract some weeks afterwards, as was practised by Mooren, but that was out of the question in this case. Mooren operated in sixty-two exceptionally unfavourable cases in this manner, with only two failures.

Some of the best operators prefer the upper section of the corneæ, but Dr. Taylor seems to prefer the downward section. He would prefer to dispense with anæsthetics in the operation of extraction on account of the vomiting, congestion, and struggling which they occasion. Nitrous oxide is safe, and scarcely even causes vomiting, but it occasions struggling, spasm, and a kind of epileptic condition, so that insensibility can seldom be conveniently maintained until the operation is completed. Chloroform, bichloride of methylene, and methylene ether are pleasant to inhale, but they all cause vomiting, that form of vomiting sometimes lasting twenty-four hours, while the patient is with each of these exposed to the risk of fatal syncope, or death beginning at the heart. Ether is the only available anæsthetic with which he is acquainted with that is free from this special risk; this constitutes the real superiority of ether as an anæsthetic, and therefore he administered it in this case.

For the first two days after the operation suppuration seemed imminent, but the careful application of hot compresses, with a firm bandage, thrice daily, seemed to alleviate this state, and the other eye was operated only by downward section of the cornea.

◆

ON STETHOMETRY. (a)

THIS work supplies a want which must have been felt, more or less, by all. The author, too, must have devoted an unusual share of attention to the subject of which he treats; for though he speaks of his work being, as it were, elementary, it is in truth most elaborate, and the several points worked out to the fullest extent. We need not tell our readers that the object of the author is to advance our knowledge of the diseases of the chest by rendering the diagnosis the most exact possible. This special point, it is unnecessary to say, is one worthy of all attention. On no single point is a great physician seen more than on that of diagnosis, and it is certainly strange how many mistakes we are still capable of making. We believe that every one in turn makes some. But he is the greatest who makes the gravest, and the man who helps us to avoid them is a real benefactor to medicine.

We have no intention of entering at length into an analysis of the several chapters which compose this work. We may say, however, that after an introductory one, the author gives an account of the several modes which have been proposed for mapping out the chest. This is followed by a very elaborate account of the movements of the several parts of the thorax, and the causes of these movements. The reader will find some very curious points here in connection with the ribs and their motions. Then comes a description of the new instrument introduced by the author, and which he calls a stethograph. We cannot attempt to describe it, but must refer our readers to the work itself, and as it is illustrated, they will find no difficulty in understanding the instrument. In the following chapters the author shows how the instrument acts as a guide to diagnosis and treatment, and in the concluding chapter how the instrument aids in the prognosis of chest diseases. In the last chapter in particular several cases are given where the diagnosis was materially aided by the use of the stethometer. At the end of the volume the author has added an appendix on the nature and quantity of the organic matter contained in respired air. This latter subject, we need scarcely say, is one of much consequence and interest.

We had nearly forgotten to state that the volume is dedicated to Dr. Stokes, and seems to us a becoming compliment to one who has himself contributed so largely to our knowledge of thoracic diseases.

We can with confidence recommend this volume to the notice of our readers. They will find in it information which, as far as we know, does not exist in any other, and they will feel that after its perusal they have gained much in rendering the diagnosis of some of the diseases of the lungs far more accurate than hitherto.

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SIR WILLIAM FRAZER has given notice in the House of Commons that early next session he would move for leave to bring in a bill to amend the law relating to the sale of poisons and poisonous substances.

(a) "Clinical Lecture on a Case of Cataract Extraction." Stevenson, Nottingham.

(a) "On Stethometry." By Arthur Ransome, M.D., M.A. (Cantab.), Lecturer on Public Health in the Owens College, Manchester. London: Macmillan and Co. 1876. Pp. 201.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 30, 1876.

POLYPHARMACY.

IN the long and able address which Dr. Sieveking has just delivered before the British Medical Association, he draws attention to the good results which followed from the protest of the late Sir John Forbes against the polypharmacy of the day. Dr. Sieveking went so far as to assign to an article written by that eminent physician, on " Homœopathy, Allopathy, and Young Physic," the " maternity of a new era of the medical profession in its scientific position in her Majesty's dominions." There is, said he, a *vis destructrix*, as well as a *vis medicatrix* in nature, and which has to be met boldly and decisively. " But modern English medicine paid too exclusive attention to the latter, while it ignored the former; it placed its trust in the *armamentarium pharmaceuticum* to an extent which we, of the present day, neither follow nor applaud. The trade spirit also had some part of these aberrations; hence it was but natural, as the laity discovered that they might put aside the customary six bottles a day, in addition to the pill at night and the draught in the morning, sent in (and charged for) by the family attendant, without necessarily becoming a unit in the Registrar's death list, that they often attributed a cure, which we know the *vis medicatrix* is capable of effecting in many cases, when aided by a suitable regimen, to an infinitesimal dose of sepia, pulsatilla, or nux."

It was, said Dr. Sieveking, not to be denied that when Forbes's article roused the indignation of his opponents, the elements in treatment which were allegorically represented by the old story of Dr. Diet, Dr. Quiet, and Dr. Merryman, had given place almost entirely to what was termed heroic methods. "Bleeding from the jugular vein and temporal artery, large and repeated doses of mercurial and antimonial preparations, constant venesection and leeching were in daily use; and it was not to be wondered at, that as physiology and pathology came to be more thoroughly studied, the difficulty of finding a satisfactory reply to an inquiry, why these things were done, should arrest the thoughtful practitioner. Homœopathy gave Sir John Forbes a rude shake, and he found it necessary to unlearn much and to retrace his steps, so as to recover the true path of nature. But it was only on the principle, *fas est et ab hoste doceri.* Forbes made himself the spokesman of many, who, by the support they rendered him, showed that while they recognised this error, they were as far as he was from regarding homœopathy as a development of science."

We think, however, the change which took place some years ago in our system of treating disease, was not of so sudden and timely a nature that it could be attributed to any one cause, or to the representation of any one writer, but rather to several causes which had been silently at work for years previously, and which cooperated in bringing about the results of which we are now speaking.

Although yielding to no one in our contempt for both the doctrine and the practice of homœopathy, we do not for a moment hesitate to allow that this system, irrational and absurd as it undoubtedly is in theory, had, independently of the writings of Forbes, no little influence in throwing discredit upon the wholesale drugging of patients which was then in vogue among general practitioners. Long before Sir John Forbes wrote the article above mentioned, the tenets and practice of Hahnemann had not only taken a strong hold on the upper classes of society, but had made a strong impression upon the minds of those people who, whether physicians or patients, still held fast to the principles of orthodox medicine. The apparent success with which the more simple and curable diseases were treated by homœopathists, taught the polypharmacists how much might be accomplished without the use of drugs, for no one having any pretention to common sense allowed that the globules of the homœopathists were anything but a delusion and a sham, or that their doctrine had any rational principles to rest upon; and consequently it was soon seen that the curative powers of nature were sufficient to explain all the apparent triumphs of their system.

Another cause which did much to stop the large and indiscriminate use of medicines then in vogue was, that a better and more thoughtful class of men were entering the ranks of the profession, and that the standard of medical education was daily becoming higher and more comprehensive; while at the same time our knowledge of pathology and of the natural tendency of disease was making great progress and opening our eyes to the fact that many diseases, even those of an acute and dangerous nature, tended to a spontaneous cure, or at all events were not to be cut short by the heroic remedies, or the large consumption of drugs, which were formerly resorted to. On this subject we would gladly dwell did our limits permit us, but we must hurry on to the consideration of other causes which also in no small degree contributed towards a wholesome reform in the treatment of disease.

In the first place, we shall allude to that spirit of scepticism which has from time to time raised its voice in our department, as in all other departments of human knowledge; and to those reactions which history shows us to have marked the progress of medicine, of politics, of religion, and indeed of all human actions and systems of belief. It can scarcely be denied that the expectant treatment so frequently followed at the present day, and the reliance that is now placed upon food and stimulants, instead of bleeding and antimony, are to be partly attributed to a reaction upon the old system of treatment, and for which reaction no adequate explanation can be given, or no other than that unstable state of public opinion which at all times, and on all subjects, often goes from one extreme to the other. If some of us have been taught to cure pneumonia with a little acetate of ammonia, and a poultice to the chest, it is because others before us attacked that disease with all the *armamentaria* of bleeding, calomel, opium, and antimony. If Todd poured down the throats of his patients pints of brandy, it was because Bouilland had before him bled his patients almost to death.

Nor ought we to forget to take into consideration the share which a possible change of type in disease, and the share which the prejudices of our patients themselves may have had in dealing all but a death-blow to the polypharmacy of former times. The hypothesis of a change of type in disease has been ridiculed by two classes of physicians—by those who, complacently viewing the progress of modern pathology, have attributed to this cause, and to this cause alone, the more cautious treatment of the present day; and by those who, although at first upholding the above hypothesis, have afterwards changed their views, being influenced more by public opinion than by their own convictions, or by a careful examination of the subject. If, however, we are to judge from the testimony of those who lived and practised in both those periods of which we are now speaking, we are warranted in concluding that the supposed change in the type of disease is something more than a mere hypothesis; and if it is highly probable that such a change has taken place, at least, to a certain extent, it follows that such a change may have had some effect in arresting the perturbative method of practice which formerly prevailed. We shall not, however, insist that a change of type in disease is even partly accountable for certain characteristics of modern therapeutics, but only suggest that it is a possible cause, and one that should not be lost sight of.

Less open to doubt is the influence which the prejudices and predilections of our patients themselves had upon the modern practice of medicine. It was not to be supposed that even the most faithful adherents to orthodox medicine could remain indifferent to the practice and apparent success of the homœopathists. Nor was it to be supposed that while their neighbours were expatiating on the marvellous effects of swallowing a few tasteless globules, they could keep from remonstrating against the customary six bottles a day, the pills every night, and the nauseous morning draughts. It was more than could be expected of them, and we know, as a fact, that they did remonstrate. Besides, at the time we are now speaking of, patients participated in the general scepticisms of the age; they had lost a good deal of that credulity and superstition, and that reverence for authority and opinion which characterised our ancestors; and one way in which they showed how much they were influenced by the rationalistic spirit of the times, was their aversion to the polypharmacy which was more or less forced upon them, and the readiness with which some of them adopted a plan of treatment the palatable nature of which was certainly no small recommendation.

Lastly, but by no means of least consideration, is the effect of that large share of attention which has been for the last twenty years devoted to hygienic reforms, and the study of State medicine. The impetus which has been recently given to the study and practice of this department of medicine, and the zeal which all parties have shown in improving the state of the public health and in preventing disease are well known to us all: and a little reflection will convince us that this devotion to preventive medicine, and this awakening to the good results to be expected from hygienic practices, had no small share in diverting the minds of medical men from the question of treatment, especially that meddlesome treatment which so engrossed the attention of the practitioner of the past.

Such is our view of the causes which have led to a more rational system of therapeutics, and the influence of which might have been more fully illustrated and made more striking had the scope of this article permitted us to do so. As yet, too, we have only spoken of the polypharmacy of the past; but we hope to have an early opportunity of showing that a certain phase of this polypharmacy still survives amongst us. We may then also think it worth while to question the propriety of wholly giving up the traditions and practices of our predecessors—and to consider whether, by steering a middle course between the old heroic method of grappling with disease and the *laissez faire* system of some modern practitioners, we may not be acting in accordance with the suggestions of a sound pathology and a proper estimate of the resources of modern therapeutics.

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SUMMER DIARRHŒA.

THIS is a very common ailment at this period of the year. A great many different hypotheses have been put forward in order to explain its occurrence. Perhaps of all these so-called explanations, the one which has met with most favour has been that of its origin in eating fruit. The fact that fruit begins to be plentiful in hot weather, especially towards the latter part of July and through August, and that this is the time when summer diarrhœa shows itself most strongly, is too suggestive for many minds to carefully examine the evidence so furnished of this association. That the mortality is greatest amidst children under one year of age, who cannot help themselves to fruit, and who, as a rule, have not fruit given to them, is fatal to this captivating hypothesis. So strong, however, is the impression that fruit is the chief provocative of summer diarrhœa, that children are largely denied this form of food, though one peculiarly grateful to them; and, as a consequence, when opportunity offers, they are apt to gorge themselves with fruit, often of an unwholesome character, and then, of course, diarrhœa is induced, and the mischievous hypothesis strengthened. It will do much towards allowing children a fair daily amount of ripe wholesome fruit, when it becomes generally known that summer diarrhœa has a totally different origin. The *Philadelphia Medical Times* of August 6th has a leader on "Sunstroke, or Thermic Fever," by its able editor, H. C. Wood, so favourably known to us by his unequalled work on "Therapeutics and Materia Medica." Dr. Wood has paid great attention to this matter of the production of disease by excessive heat, and the recent hot weather—which has been quite as excessive in Philadelphia as here —has given him unusual opportunities for its study. It appears that it may show itself in two forms, (1) that of collapse, with a temperature as low as 95·5 Fahr., the skin being bedewed with perspiration ; or in the (2) form of pyrexia, the temperature rising to 107·5. In the latter form cold baths are of the greatest service. (These observations of Dr. Wood's quite agree with what has been observed of sunstroke in India, and even at home this year.) A great number of cases of such thermic fever has been furnished by the centennial, and the cold bath gives great relief.

Dr. Wood goes on to say: "Such cases must be frequent during long spells of excessive heat. This appears to be especially the case with children. There can be little doubt that many of the cases reported as cholera infantum, enteritis, &c., are really instances of thermic fever, and are curable by treatment as such. Especially does this seem to be true of those cases in which the disease is popularly said to 'go to the head.' Cases of this character usually owe their cerebral symptoms either to intense exhaustion, to be treated by stimulants, or to intense fever, to be treated by cold baths. In the *Philadelphia Medical Times*, vol. v., p. 664, may be found a most valuable paper by Dr. C. G. Comegys, concerning the cold bath treatment of infantile 'summer complaint.' Any one who has seen, as I have this summer, the child in whom drugs had ceased to act, and who was seemingly doomed to die, relieved in twelve hours by enforced cold bathing every three or four hours, will grant to Dr. Comegys the credit of having introduced one of the most life-saving improvements in modern infantile therapeutics. The sudden sweet sleep, replacing, after the bath, the fretful nights and days of unrest, is a thing never to be forgotten when once seen, and the arrest of diarrhœa is certainly no less remarkable."

This is, indeed, a valuable addition to our means of treating infantile disorders, and one which brings out in strong relief the usefulness of the clinical thermometer. If in a case of diarrhœa in hot weather, it is found that the temperature continues to rise, then the thermic origin of it may be at once suspected. Purgation, as Wunderlich points out, is a potent means for lowering temperature, and ordinary diarrhœa is found along with a low body temperature. When the thermometer reads 101°, 102°, or even higher, in a case of diarrhœa in an infant, the cold bath should be resorted to without delay, and repeated till the temperature falls. It has been found that the administration of quinine is useful after the cold bath in thermic fever, and its use by subcutaneous injection might not be contra-indicated by the state of the bowels ; or it might be given by the mouth, along with [illegible]huric acid and infusion of hæmatoxylin.

These observations from Philadelphia are really most important, not only as to the best means of treating summer diarrhœa, but as tending to destroy the erroneous impression that fruit is the origin of the mischief. By this last effect children will largely benefit, as proper quantities of fruit are very useful for them ; quite as much so as for the adult, who finds that plenty of fruit keeps him cool and regulates his bowels.

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THE HOSPITAL SATURDAY FUND.

In another part of our columns will be found an account of the proceedings of the last meeting held by the board of delegates of the above fund at the Workman's Hall, Stratford.

It was, in the first instance, very kind of the representatives of the working classes to come forward in aid of the funds of those hospitals and dispensaries to which, in the hour of sickness, those classes are so much indebted. No doubt the hospital authorities feel the honour and the gratitude shown to them, and on the principle of never "looking a gift horse in the mouth," would be the last to find any fault with the manner in which they distribute the funds at their disposal. At the meeting, however, above referred to, the plan fixed upon for this year's Hospital Saturday distribution is so novel that we, who can express our opinions from a more independent platform, cannot help smiling at the ingenuity, and even the conceit, which characterises the scheme, even at the risk of being thought a little ill-natured and ungrateful.

In the first place, if we regard the very careful manner with which the council propose to divide the money available for distribution, and the anxiety they show lest any charity should get one penny more than it deserves, we involuntarily conclude that they place no small value upon their fund, and that they evidently wish to impress upon the hospital authorities a keen appreciation of the obligation imposed upon them. But what strikes us most of all is the remarkable, novel, and eccentric character of their scheme of relief. In fact, it reminds us of the pedantic system of rewards and punishment adopted in schools. The plan of regulating the amount to be awarded by a system of marks, the classification of the various subjects for which prizes are to be given, and the withdrawal of all reward where the party concerned has been guilty of bad conduct, reminds us of a school in which boys are rewarded according to their respective merit and good behaviour, their proficiency in learning, and the regularity of their attendance. Most marks are to be given for amount of work done, but economy and industry, and success at passcertain examinations will also be taken into account. Thus, the largest slice of the cake will be given to the boy who has been able to do most work, and who has generally distinguished himself during the last year, and the next largest to the boy who has scored most marks through his careful conduct and economy, and who has not spent his pocket money extravagantly. But a prize is also to be given for their efficiency, as shown by their written examination, one mark being awarded for every question answered to the satisfaction of the examiner. Moreover, as we have already hinted, punishments are to be awarded as well as prizes, and we are sorry to see that one boy, who has always borne an excellent character, has been threatened with the loss of his slice of the cake for alleged misconduct. His parents, however, have promised to investigate into his alleged misconduct, so that the gentlemen who decide as to the respective merits of the boys will for the present abstain from punishing him.

But not only does this method of dealing with our hospitals and dispensaries appear to us a little puerile and humiliating, but it must fail to give the most relief to those institutions which are most in need of it. If the amount to be distributed is to be "solely in proportion to the amount of relief afforded and the efficiency obtained," if one mark is to be given for each bed occupied per week, and one for every 200 atttendances of out-patients relieved during the last twelve months; and if, moreover, the money available for distribution is to be allotted in proportion to the number of marks obtained, it follows that the largest, the richest, and the best-endowed hospitals will get the largest share of the fund. It seems almost impossible that such can be the intention of the distributors of the fund, but the report before us distinctly states that "though questions have been asked each hospital and dispensary as to their several incomes for the past year, the distribution *shall be based solely upon the amount of relief afforded, the economy practised, and the efficiency attained.*"

With respect to the inquisitorial nature of the scheme, little fault can be found, as the wants, the condition, and the resources of an hospital must always be a guide to the distribution of such a fund. But independently of information on such a subject, the Hospital Saturday Fund will exact in accordance with its third principle:—(*c*) Efficiency—a very full and correct account of the efficiency of each hospital and dispensary. The hospital authorities, therefore, must be on their best behaviour, for if they answer the questions put to them "to the satisfaction of the Council," they will get plenty of marks, whereas if their answers are not to the satisfaction of this august body, they will get none, and no marks means no money.

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THE REGISTRAR-GENERAL'S QUARTERLY RETURNS.

We have on former occasions so fully noticed these returns that we shall, in respect of the one just issued, merely draw attention to a few of its more interesting features. We are first informed that the population of England has been increasing faster than usual by the excess of births over deaths, and by a decrease in emigrations, and that the birth-rate is remarkable as exceeding that which prevailed in the corresponding quarter of any preceding year since 1837, when civil registration began. The marriage-rate agreed with the average of the ten preceding corresponding quarters, but was particularly low in Cornwall, where great depression prevails in consequence of the unsatisfactory state of the mining interest. The death-rate for the quarter was equal to an annual rate of 20·9 per 1,000 of the estimated population; and it is rather remarkable that within recent years there has been a steady decline in the female death-rate. As usual, we find that in Lancashire the death-rate was very high, being 27·3 per 1000. As remarked in the last returns, "sanitary progress has been far more marked in urban than in rural districts," and, consequently, although the towns have the greatest mortality, they show the greatest improvement. So much is this the case, that in twenty of the largest towns, including London, the death-rate during the quarter averaged 22·6 per 1,000, which only exceeded the general urban rate by 0·5 per 1,000. With respect to infant mortality, which is generally so high, there has been a slight decline, but in North Wales there continues to prevail such an excessive rate of mortality among infants, that the Registrar-General considers it to be "deserving of notice and investigation." The deaths from the nine principal zymotic diseases are also below the average; the most fatal of them being measles. Scarlet-fever has been on the decline during the present year, but in one part of the Redruth district, known as Treleigh, the extraordinary prevalence and malignity of this fever is apparently connected with the fact that the inhabitants drink the water of a stream which is little better than an open sewer. We are also glad to find that typhus and typhoid fever are still on the decline, and that the death-rate from these fevers is now less than at any period since 1837.

In this report special attention is paid to the sanitary condition of our watering-places. The Registrar-General remarks that the vital importance of health reputation to watering-places, and the special risk to which they are exposed by the importation of cases of infectious disease, invest the sanitary organisation of such places of resort with peculiar importance. The neglect to provide hospital accommodation for the isolation of non-pauper cases of infectious disease in so many of our most popular watering-places is specified as evidence of a short-sighted sanitary policy much to be regretted. Watering-places, in regard to sewage, water-supply, and other essentials of sanitary organisation, "should endeavour to make themselves models for other urban sanitary districts." This, however, can scarcely be said to be the case, although the average sanitary condition of English watering-places, judged by their statistics of mortality during the second quarter of the year, "may be pronounced satisfactory."

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Notes on Current Topics.

The late Hours of Shopwomen.

About nine months ago we drew the attention of our readers to one of those reports which are annually issued by the inspectors of factories, and which contained a terrible revelation respecting female labour in the "Black Country," the moral and physical degradation of the women employed in that district, and the awful amount of juvenile depravity and disease, and of infant mortality, resulting from such a shameful state of things. But among the social abuses which form the subject of consideration in the report recently drawn up by Mr. Redgrave, our attention is directed to an evil which, although far from being of so disgraceful a nature, or fraught with such deplorable consequences as that which has reference to the female labourers in the colliery and iron districts, is nevertheless more widely spread, affects a larger number of our female population, and comes more under the daily observation of the best classes of society. There can be no doubt that the massing together and detention of a large number of young women in hot, stifling, and ill-ventilated rooms from morning to night, and the number of hours they are restricted to a standing posture, with little or no exercise in the open air, must have a very baneful influence upon their health, and predispose to a variety of complaints that may certainly be said to come under the category of "diseases of modern life." The evil, however, is so intimately connected with the conventionalisms of society and with class interests, that it is difficult to see how it is to be removed; and our only reason for alluding to the subject is to suggest that the medical profession might do something to check that readiness with which so many young women sacrifice the best part of their youth to the greed and selfishness of their employers. If medical men took every opportunity of representing the pernicious effects that may arise from young and delicate girls standing behind the counters of our crowded shops up to 11 or 12 o'clock at night; and if among the many humanitarian societies that are continually springing up, room could be found for one which might induce the public to give up late shopping and large orders at short notices, or which would encourage the devotion of a little more time to rest or pleasure, and a little less to business, there might be some hopes of mitigating or altogether removing an evil which is certainly no small blot upon modern civilisation.

A Dental Hospital for Dublin.

A MOVEMENT has been in progress in Dublin for several months, having for its object the establishment of a dental hospital on the same basis, but, necessarily, on a much smaller scale from its prototype in Leicester Square. The list of officers appears in the *British Journal of Dental Science* of the current month, and is as follows:

Consulting Physician.—Thomas Hayden, Esq., V.P., K. and Q.C.P.I.

Consulting Surgeons.—Edward D. Mapother, Esq., M.D., surgeon to St. Vincent's Hospital.

Dental Surgeons.—Frederick Ryding, Esq., L.D.S.; William B. Pearsall, Esq., F.R.C.S.I.; Henry Sherlock, Esq., L.R.C.S.I.; M. J. Bloom, Esq.; Francis M'Clean, Esq., L.F.P.S. Glasg.; John O'Duffy, Esq., M.O.S. Gt. Brit.

Hon. Treasurer.—J. H. Longford, Esq., M.O.S. Gt. Brit.

Hon. Secretary.—John O'Duffy, Esq., M.O.S. Gt. Brit.

The journal in which the list of officers appears supports the proposal with warmth, and anticipates for the new hospital a decided success. We concur both in the good wishes and the favourable expectations of our contemporary, for it seems to us an opprobrium to Ireland that a competent institution for the practice and teaching of dental surgery has not hitherto existed. We do not encourage the splitting-up of surgery into an indefinite number of specialities, and we disapprove of the establishment of separate institutions to do the work which can be or is already well done in general hospitals, but there can be no dispute that dental surgery is as much a specialty as ophthalmology, and that it has not yet been—as a general rule—and cannot well be provided for as a department of general surgery. It is no slight to the Dublin hospitals to say that in the great majority of them the scientific practice of dentistry is not even attempted, and in only one or two of the whole number is any dental surgeon even nominally attached to the staff. The poor population is therefore dependent upon the charitable services of individual dental surgeons, or upon the somewhat crude manipulation of students, and as a consequence is almost without resource when suffering from teeth diseases.

Nor is there any better provision for the teaching of dentistry in Ireland, for which neither clinical experience, special instruction, nor a proper diploma are available to the student of this branch of surgery; nor is it within the power of the recognised colleges to remedy such a condition of things, inasmuch as there has not hitherto existed any teaching machinery whatsoever. As the natural consequence of this state of things, the public in Ireland is to a great extent in the hands of practitioners of whose competency neither the guarantees of surgical qualification nor of apprenticeship are forthcoming.

It cannot be doubted that Ireland is large enough for a special school of dental surgery, and Dublin large enough for a very efficient dental hospital, and we hope that the movement now in hand may be the means of providing both.

Liebig's Extract of Beef.

THE selling by chemists of what is known as Liebig's Extract of Beef has been declared by the Glasgow magistrates to be an offence against the Excise, one of its ingredients being French port. Two Glasgow chemists have been fined £12 10s. for having sold the mixture without possessing a wine license.

International Medical Congress, Philadelphia.

THE International Medical Congress will be formally opened at noon on Monday, the 4th day of September. The sessions of the Congress and of its sections will be held in the university of Pennsylvania. The general meetings will be held daily, from 10 to 1 o'clock. The sections will meet at 2 o'clock. Luncheon for members of the Congress will be served daily in the university building, from 1 to 2 o'clock. On Wednesday evening, September 6th, Dr. J. J. Woodward, U.S.A., will address the Congress on the scientific work of the surgeon-general's bureau. The public dinner of the Congress will be given on Thursday evening, September 7th, at 7 o'clock.

Pyæmia Contracted from a Cow.

LAST week the coroner for the southern division of Kildare held an inquest on the body of a cattle doctor, who died of blood-poisoning. It was sworn that the deceased attended a sick cow in the neighbourhood; he had at the time a small abraded ulcer on his hand, like a boil. After he came home his hand and arm swelled, and the swelling extended to the other arm. Having heard the evidence of the medical attendant, the jury found "That the deceased died from pyæmia, the result of absorption of some animal poison through an abraded wound of hand.

Methylated Spirits for Dispensing.

IN a general order, issued by the Inland Revenue

Board, dated July 24th, 1876, the following paragraph in relation to methylated spirit occurs :—It is further ordered that in order to prevent the use of methylated spirit in the preparation of medicine for internal use, the respective officers immediately remind all wholesale or manufacturing chemists in their stations that such use of the spirit is strictly prohibited by the Act 29 & 30 Vic. c. 64, s. 8, and that the board do not consider the use of such spirit legal in any medicinal preparation except soap and compound camphor liniments. Any infringement of the Act should be at once reported to the Board by the supervisor, and a sample of the medicine sent to the laboratory at the chief office." From a report of the last meeting of the Pharmaceutical Council, we observe that this order has been noticed by them, and that they have undertaken to explain to the Board the desirability of allowing the use of methylated spirit in the case of the liniments of aconite and belladonna.

We solicit also the particular attention of certain drug contractors for Irish union workhouses who are wont to supply tinctures—doubtless for philanthropic reasons—to the sick paupers at considerably less than the cost of the rectified spirit of which those tinctures are supposed to be made. If the Board of Inland Revenue see fit to devote themselves to a search through the Irish dispensaries they may probably find something to their advantage.

The Poisonous Strength of some Homœopathic Tinctures.

THERE is still a very general opinion that in all the homœopathic preparations of poisonous drugs the quantity of medicine contained in them is so immeasurably small, that a whole bottle of these tinctures, or a whole box of globules, might be swallowed with impunity. This was the opinion entertained at the recent inquiry into the death of Mr. Bravo, in which no notice was taken of "poisons all about the house," as that expression was said in reference to a lot of homœopathic remedies which some of the inmates had been in the habit of using. It is, however, so important that the mind of the public should be disabused of this false impression, that we shall direct attention to a paper which appeared some time ago in the *Practitioner*, and in which Dr. Robert Farquharson made some excellent remarks on the strength of certain homœopathic tinctures, and the evil consequences liable to result therefrom.

Dr. Farquharson found that the injection of fifteen drops of the strong or mother tincture of aconite was sufficient to kill a rabbit. This tincture appeared to be about equal in strength to that of our liniment of aconite, which we all know to be a much stronger preparation than the tincture of the British Pharmacopœia. The mother tincture of belladonna was next submitted to experiment, and was also found to be much stronger than our own tincture, five or six ten minim doses being sufficient to produce well-marked physiological symptoms of that drug, whereas fifteen or twenty minim doses of the tincture of the British Pharmacopœia may be often given without producing any such effect. Dr. Farquharson then turned his attention to the notable preparations of the homœopathists, some of which were carefully analysed by Mr. Broonen, the able analytical chemist of Messrs. Savory and Moore. One solution containing arsenic was labelled "Arsenicum Alb Poison. Dose for an adult, one to five drops," and was found to contain one grain of arsenious acid in 102 minims of water; while the corresponding solution used by the regular practitioner contains one grain of the acid to 120 minims of solvent. Another solution containing corrosive sublimate, and labelled "Mercurius Cor. Poison. Dose for an adult, one to five drops," was found to be four times the strength of the corresponding solution of the British Pharmacopœia. Dr. Farquharson justly remarks that although these preparations were labelled "poison," it is doubtful how far they were freely sold ; but that, at all events, "the ground is cut from under the feet of the homœopathist, one of whose great boasts used to be that no mercury or injurious metallic substance was ever prescribed by any of their practitioners." But they cannot, without exposing their knavery, dispense with the appearance of infinitesimal doses and minute sub-division ; and hence their inducement to adopt an excessive concentration of these powerful drugs, in order that their patients may suppose they are prescribing only a minute quantity of the remedy employed. Fortunately, the homœopathic amateurs who dabble in drops and globules use the third dilutions, which in all probability are powerless for good or evil. But when we bear in mind that the more potent mother tinctures are quite open to the public, Dr. Farquharson cannot be said to magnify the danger which may be apprehended from the unrestricted sale of such strong preparations, and which dangers he enumerates as follows :—1. The free purchasing of these poisons with homicidal or suicidal intentions. 2. The prescribing of them by old-fashioned homœopathists under the impression that they are perfectly harmless. 3. The great probability of the mother tinctures being mistaken for some of the dilutions ; and (4) the possibility of some of these strong tinctures being mistaken for the corresponding preparations of our own.

We may remark, in conclusion, that Dr. Farquharson gives full credit to Dr. George Johnson for having been the first to point out the strength of some of these homœopathic remedies. Several cases have come under Dr. Johnson's observation, in which the administration of the homœopathic solution of camphor had been attended with serious consequences. Considering the freedom with which this solution is used in domestic medicine, it is as well to know that it contains one ounce of camphor to one and a-half ounces of spirit, being stronger than the spirit of the pale brandy, in the proportion of seven to one.

The Army Medical Department.

WE understand that of the 44 candidates whom Mr. Gathorne Hardy had netted to "compete,"—save the mark ! for 77 army surgeoncies only 25 actually came to the scratch at the recent examination.

The department is not likely to be saucy about the quality of the answering and will, of course, be glad to take any candidate whom the examiners can stretch their conscience to recommend, yet it is not likely that more than 15 of the 25 competitors will achieve even this humble standard.

The "tea and turn-out" scheme of the War Office has thus culminated in just a baker's dozen of students upon whom the army waits for a reinforcement of its medical staff. Mr. Hardy and his colleagues deserve no better success, and we wish them joy of the *fiasco* and courage to answer the House of Commons when it reassembles.

We have, through the progress of all these miserable tinkerings of the army medical system, refrained from urging candidates to hold back from the competition because we did not wish to exercise a coercion upon the department, but preferred to give its proposals a fair chance with students. We do not hesitate now to advise candidates with all earnestness for their own sakes to refrain from entering the service, for we can promise them, if they will only wait a few months or a year, they will obtain a return in the way of advantages which will amply repay them for the delay.

Things are coming to their worst with the Army Medical Department. If another session of Parliament opens and finds the troops as they now are without adequate medical attendance and the temptations of the War Office despised as they have been, Parliament will, if we do not greatly mistake, insist on the emancipation of the service from combatant jealousies and official obstruction, and will awake to the necessity of dealing with medical men as with all other servants of the Crown.

A Knife-blade Fixed for Years in the Pleural Cavity.

In the New York *Medical Record* for July 22 there is a curious account of an autopsy of a patient about thirty years old, who had died of pulmonary consumption on July 8, 1875, and in whom a knife-blade was found in the left pleural cavity. It was three inches long, half an inch wide, and was lodged between the third and fourth ribs, at the inner border of the left scapula, lying in a slanting position and the edge forwards. The wound by which it had entered was indicated by a small and now adherent cicatrix about an inch above. This patient had been an inmate of penal institutions for about half of his life, and the reporter states from personal knowledge that the wound had not been received within four years of his death, and the presence of the foreign body was wholly unsuspected by those who had charge of him, the patient doubtless having reasons for not calling attention to it. Further inquiry rendered it probable that the injury was received in a quarrel in 1868 or 1869. Moreover, the reporter does not regard the foreign body as the probable cause of his phthisis.

Sea Water in the Treatment of Obesity.

In a recent number of the *Paris Médicale* we have some remarks on the treatment of obesity by the administration of sea-water combined with a residence at the seaside. Sea-water taken internally acts as a diuretic and purgative, particularly the latter. A small glassful of it should be taken three times a day in a little fresh water or milk. Sea-water baths are also to be resorted to, free exercise should be practised, and fattening articles of food strictly avoided. It is stated that sea-water used in this manner facilitates the oxygenation of the blood, and that it hastens the elimination of effete materials.

Cisterns and Waste Pipes.

In a report which has been recently issued by Mr. F. Bolton, examiner of the water supplied by the Metropolitan Water Companies, attention is drawn to a source of contamination of the water and even the air of private houses, which, although often been pointed out before, is too frequently overlooked by the householder. The contamination of water from the gases generated by sewage is, remarks Mr. Bolton, of far more frequent occurrence than is generally understood. Waste pipes from cisterns are frequently found to be in direct communication with the sewers. The gases thus flow back into the cisterns and become absorbed by the water. To prevent this, No. 14 of the Regulations should be strictly observed, the overflow pipe being brought outside the house and the end left exposed to the air, instead of being carried into the drain as is often the case. The adoption of this plan will get rid of the poisonous effluvia and gases from the drains, which would otherwise ascend through the pipe, and not only be partly absorbed by the water in the cistern, but be mixed with the air in the houses, thereby becoming a cause of fever and disease. The water delivered for domestic purposes by the Metropolitan Water Companies is frequently deteriorated after leaving the water companies mains by the dirty state of the cisterns on the premises of the consumers; and many of the cisterns, tanks, and butts for containing water in small tenement houses in the metropolis are in a disgusting and filthy state. An opportunity for inspecting these presents itself when travelling on some of the metropolitan and suburban lines. Cisterns will be seen without lids, full of rank and decaying vegetation, which on closer examination would show more or less organic deposit, and under the microscope would be found to abound in infusorial life. All cisterns should, therefore, be frequently cleaned out, more especially at the present season of the year, and every care should be taken to prevent the contamination of the domestic water supply after delivery.

We can vouch for the truth of the above remarks from our own personal observations; and we know for a fact that the companies often get blamed for their water, the dirty appearance and the smell of which have been entirely owing to the gross neglect and filthy habits of those to whom it is supplied. It is not only among the poor, but among the middle and higher classes, that the cisterns are apt to get into a dirty state. The cisterns should not only be occasionally and thoroughly cleaned out, as above directed, but just before the fresh supply of water comes in, that which remains in the cistern should be allowed to escape, and all the taps kept turned on for a few minutes after the fresh water has commenced to flow in. By this means the bottom and every corner of the cistern are kept perfectly clean and free from deposit, while it is impossible for the water, which is thus frequently renewed, to become impregnated in any appreciable degree with any gaseous impurities from the waste-pipe.

Diagnosis of Empyema.

Up to the present time, remarks the *Revue Médicale*, we have been able to recognise the existence of fluid in the pleural cavity, but we have no means of knowing the nature of the liquid effused. . . . . An Italian physician, however, of the name of Baccelli, and professor of clinical medicine in the University of Rome, has just published a remarkable work on the physical diagnosis of this disease, in which he points out a method of distinguishing between a serous and a purulent effusion. This method is founded upon the well-known physical law in virtue of which vibrations of sound are transmitted through liquids in inverse proportion to that of their density: being transmitted but feebly if the liquid is very dense, with force if it is limpid. Baccelli finds that a word spoken in a bass voice can be clearly heard, as well as the bronchial expiration, at the base of a serous effusion, whilst neither the voice nor the bronchial breathing is transmitted through a collection of pus. But for this method to be successful two conditions are necessary: 1. The naked ear should be closely applied to the chest without the aid of the stethoscope, and the ear which is free should be plugged with the finger in order to shut out all external sounds. 2. The patient should be placed in such a position that when he speaks, tne vibration of his voice penetrates in a direction diametrically opposed to the ear of the observer. Thus, supposing we are listening to the back part of the right lung, the patient's head should be turned to the left, in such a manner that an imaginary line drawn from his mouth to the ear of the observer passes obliquely from above downwards through the centre of the effusion. Professor Baccelli relates several cases in which the success of his method was proved by the result of the customary operation. This Italian physician makes his patient repeat the word *trenta-tre* as being the most favourable to the application of the above plan—a word which could be easily replaced by any French or English word consisting of three sonorous syllables.

British Pharmaceutical Conference.

THE following is a list of the papers that up to the present time have been promised for reading at the thirteenth Annual Meeting of the Conference, to be held in Glasgow, on Tuesday and Wednesday, September 5th and 6th :—

1. Liquid Extract of Pareira. Mr. Barnard S. Proctor.
2. Variation in the Strength of the Preparations of Opium. Mr. D. B. Dott.
3. Report on the Assay of Opium for Morphia. E. L. Cleaver. F.C.S.
4. Note on the Assay of Opium. Mr. Barnard S. Proctor.
5. New Derivatives from the Opium Alkaloids. Dr. Wright, F.C.S.
6. The Presence of Free Acetic Acid in Opium. David Brown, F.C.S.
7. New Excipients for the Official and other Pill Masses. Mr. G. Welborn.
8 The Preparation and Preservation of Phosphorus Pills. Mr. T. Haffenden.
9. Notes on some Salts of Pilocarpine. Mr. A. W. Gerrard.
10. Report on the Aconite Alkaloids. Dr. Wright, F.C.S.
11. The Solubility of Cinchona Principles in Glycerine. Mr. T. Andrews.
12. The Therapeutic Value of the Aloins. Dr. Tilden, F.C.S.
13. The Active Principle of Capsicum Fruit. J. C. Thresh, F.C.S.
14. Report on the Oxidation of the Essential Oils. Part IV. C. T. Kingzett, F.C.S.
15. Report on the Essential Oil of Sage. M. M. P. Muir, F.C.S.
16. Note on the Benzoates in Suint. Mr. A. Taylor.
17. Note on the Colouring Matter of *Crocus sativus.* W. W. Stoddart, F.C.S.
18. Pekoe "Flower"—or, Hair of the Tea Leaf. T. B. Groves, F.C.S.
19. A New Form of Plaster of Cantharides. Mr. A. W. Gerrard.
20. A Proposed Solution of Citrate of Iron and Quinine. Mr. J. F. Brown.
21. Preliminary Report on the Chemistry of Ivy. R. H. Davies, F.C.S.
22. Supplementary Note on Phosphate Syrups. W. L. Howie, F.C.S.
23. On Filtering Papers. Thomas Greenish, F.C.S.
24. Further Experiments on the Antiseptic Action of Salicylic Acid. Mr. J. C. Hunter.
25. Strength of the Tincture of Nux Vomica. L. Siebold, F.C.S.
26. Preparation of Milk of Sulphur. L. Siebold, F.C.S.
27. The Condition in which Salicylic Acid is excreted by Patients. F. B. Benger, F.C.S.

Fallibility of Analysts.

AT the Lambeth Police Court recently a tradesman appeared to answer a summons for having sold arrowroot which was said by Dr. Bernays, upon analysis, to be adulterated with potato flour, &c. A duplicate sample had been submitted by the firm from whom the arrowroot had been originally purchased to Dr. Saunders, the City analyst, who pronounced it to be a fine sample of St. Vincent arrowroot, and pure. The case at the first hearing having been adjourned in order that the sample might be examined by the Somerset House officials, a certificate signed by Mr. Bell and two other analysts was now produced, wherein the sample was declared to be pure arrowroot. Professor A. J. Bernays now reported to the sitting magistrate that, since the adjournment he had re-examined the sample taken from the defendant and found that he had made a mistake, for which he tendered an apology. An application was made for the costs, amounting to £2 10s. 6d., which were ordered to be paid—we presume by the analyst. There is, and could be, no excuse whatever for such gross negligence, and if the vendors of the arrowroot obtained damages against the analyst he would richly deserve his punishment.

An officer who is specially retained for legal investigation and to give opinions *ex cathedra*, and who has reason to expect that he will be examined on oath, has no palliation for his incompetency or carelessness, and we sympathise with tradesmen in the loss and inconvenience they suffer under such circumstances.

Coroners and Magistrates.

AT a meeting of the justices of the County of Middlesex held last Thursday, the vexed question of salaries of the coroners of the county once more came up for discussion, and as usual excited the ire of that portion of the magistracy who seem to be anxious to effect a saving in the county rates. The majority of the members of the court present on this occasion were of the class of retired tradesmen who can only view the question of remuneration of professional labour from their own standpoint in the grumbling, cheeseparing spirit of the class from which they have sprung. Dr. Hardwicke appears as usual to come in for their severe animadversion, for he, more than his colleagues, is always thought by his masters to be holding an unnecessary number of inquests, some eleven more than Mr. Humphreys, consequently his bill of costs is a few pounds more. His charges were, on this account, declared to be "unsatisfactory," and, in the indignant language of the chairman, "showing a disparity which ought not to exist." These magnates see no reason why Dr. Hardwicke, whose district lies far and wide, and compels him to travel dozens of miles and devote his whole time to his arduous duties, should ask to be fairly remunerated for his extra labour and cost of travelling. As to the charge brought against him of holding an unnecessary number of inquests he must be the best judge of this. We only know that a vast number of deaths, especially of infants, occur without any kind of judicial inquiry taking place to determine how and by what means death took place, and to these just justices of the county human life must appear of far less importance than the saving of a few pounds.

In the report of the proceedings it appears that the question of a further increase of remuneration to the coroners was discussed, and a letter was read from the Secretary of State, who reminds the magistrates of their duty by telling them that "for increased work the Act of Parliament enables them to award increased pay." Mr. Cross further states that "if an increased number of inquests have been held, and an increased expense of mileage incurred, such elements should not be *entirely left out of the calculation* in arriving at the basis of what is a fair salary to be paid to the coroners." In defiance, however, of this plainly written opinion, the magistrates had the impertinence to pass a resolution to the effect "that, having no means of discovering in what cases inquests were fairly held, and having a reason for believing that a large number were unnecessary and improper, they declined to make any increase in the salaries of the coroners of the county." Can anything be more unjust and iniquitous on the part of gentlemen holding Her Majesty's Commission of the Peace?

On Thursday morning last Mr. Rawdon Macnamara laid bare the right subclavian artery, external to the scalenus muscle, in one of his patients in the Meath Hospital, suffering under axillary aneurism, and compressed the vessel with Mr. Porter's "presse artére." The operation was attended with unusual difficulties in consequence of the displacement of parts, especially of the clavicle upwards, resulting on the great size of the aneurism; these difficulties, however, were all successively overcome, and the operation was performed with such an amount of caution and of skill that the patient did not lose a teaspoonful of blood. Up to the time of our latest report the patient was doing well. The case is of especial interest as a contribution to the surgery of aneurism, to the study of which the Irish school has long devoted itself, and in which it has earned well-deserved distinction by having given birth to the "compression" system. Should Mr. Macnamara's case turn out as satisfactorily as appearances promise, it will prove to be a valuable modification of the treatment advocated by Bellingham, Tufnell, Porter, and other surgeons of equal note.

The Medical Defence Association has been busy in prosecuting some rather flagrant cases of infringement of the Medical Act. A Mr. Witherington, chemist, of Wandsworth Road, was fined £15 and £2 18s. 6d. costs for using the title "Dr." on labels, &c., and having the word surgeon on a lamp over his door. On July 5, W. Walton Spiller, of 189 High Street, Shadwell, was fined £20 at the Thames Police Court for calling himself "Dr. Walton," and having the words "Walton, surgeon," on his door. The defendant said he called himself "venereal surgeon." The magistrate said this was both an admission and an aggravation of the offence. On July 22 another chemist, named T. C. Balls, of 2 Grange Road, Bermondsey, was fined £5 by Mr. Benson at the Southwark Police Court for unlawfully professing to be a surgeon.

The following tables, which are published by the Irish Local Government Board, show in each province where small-pox prevailed to the greatest extent within the last year, and the quarters of the year when it most prevailed:—

Summary of Small-pox cases attended by Dispensary Medical Officers during the year ended 30*th September,* 1875,—*taken from their quarterly returns.*

Provinces.	Quarter, 31st Dec., 1874.	Quarter, 31st Mar., 1875.	Quarter, 30th June 1875.	Quarter, 30th Sept. 1875.	Total
Ulster - -	41	27	41	37	146
Munster - -	8	—	—	—	8
Leinster - -	—	5	47	1	53
Connaught - -	160	218	251	57	674
Total Ireland	209	250	339	83	881

Deaths from Small-pox during the year ended 31*st December,* 1875, *abstracted from the returns of the Registrar-General.*

Provinces.	1st Quarter, 31st Mar., 1875.	2nd Quarter, 30th June 1875.	3rd Quarter, 30th Sept. 1875.	4th Quarter, 31st Dec., 1875.	Total.
Ulster - -	7	13	5	5	30
Munster - -	8	—	—	1	9
Leinster - -	2	8	—	—	10
Connaught - -	222	204	63	5	494
Total Ireland	239	225	68	11	543

The returns of the Registrar-General exhibit an increase in the deaths by small-pox from 540 in 1874 to 543 in 1875.

Madame Hagelle, of Paris, has given ten million francs to found a hospital for incurables at Paris.

Correspondence.

PROVIDENT DISPENSARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Only that your correspondent, "Nemo," has published his letter concerning me in your journal, which has such a wide circulation in Ireland, where I have obtained my degrees, I should think it beneath my consideration to reply. The subject of provident dispensaries has already been well ventilated in most of the London medical journals, but as your correspondent is "Nemo," he cannot have read the reports, and therefore he does not know that there are over one hundred medical men in London alone who have similar institutions, and attend the poor for even much smaller fees than what I charge. That the main fact in his letter is utterly untrue I shall prove; but first, it is certainly the case that I attend the very poor (who would otherwise have to apply to the parish for relief) for small fees, but in *every* case I make it a certain rule to ask a new patient if he is one of the working class, and if he be not he is in all respects treated as a private patient, and charged probably as high a fee as "Nemo" himself charges. Fully one-third of my 3,000 patients were private, and paid the ordinary fees. "Nemo" has found out one or two "well-to-do tradespeople" who have evidently misrepresented their circumstances to me, and from this fact he, as a *good logician*, argues that I attend all grades alike. His letter is evidently that of a thoughtless and spiteful man; but, unfortunately for his pocket, it will not have the effect intended.

I remain, Sir, yours faithfully,

GEORGE A. LEWIS.

214 Old Kent Road, Aug. 21, 1876.

⁂ We cannot agree with Mr. Lewis that "Nemo's" remarks, published last week, are spiteful. It is the duty of every medical man to make known in the medical journals actions which he considers to be unprofessional, in order that they may be fairly discussed, and if wrong, prevented. Mr. Lewis admits in his letter that well-to-do tradesmen can, and do obtain his medical services for an inordinately low fee, and therefore "Nemo" has a right to complain.

There is nothing to prevent any man from giving advice and medicines for a very small fee, or even gratuitously if he will, but the question at issue is one of wider importance. The profession must set their faces against private provident dispensaries. Without referring to the institution of Mr. Lewis, against whom, as a professional man, we have no cause to complain, more than that in this matter his opinion differs from ours, we cannot conceive it possible that one man can by himself undertake charity on a large scale; much less can a medical man struggling for existence, such as is the case with many who open these so-called private provident dispensaries, do full justice to the cases which come before him, and also find the expensive medicines required for their treatment, for a sum which in some instances is so small that it would barely pay the cost of the medicines. We are quite of opinion that provident dispensaries well managed are useful institutions, enabling the poor to obtain medical services and treatment for a small sum of money, instead of them depending entirely upon charity. In this way they may be taught to respect themselves, and to save rather than to rely upon their pauperism to obtain all their requirements. Furthermore, the poor certainly have a greater regard for medical advice for which they have to pay than for medical advice literally hawked upon them as it now is by the numerous free hospitals, dispensaries, parish, &c. Necessarily, a great many expenses are entailed, besides a very great deal of labour, in carrying on the work of a provident dispensary, and if worked by one man, who has an object in making his private institution pay, it is liable to the very greatest abuse. He would naturally desire to get *through* the greatest number of cases in the smallest space of time, and would thus fail to recognise important symptoms upon which the whole treatment should depend, whilst at the same time he would be prejudiced to supply the cheapest remedies, when under other circumstances he would recognise the necessity of the expensive drugs.

We doubt not that Mr. Lewis will, on mature consideration, see the truthfulness of our remarks, and we would suggest to him that if he, assisted by his local *confrères*, would institute a provident dispensary under proper direction, and aided by subscribers, he would then enable the poor to obtain efficient advice and medicines for a small fee, instead of applying to the parish; whilst he himself would obtain some small remuneration for his service, and would at the same time avoid the ill-feeling which some of his neighbouring brother practitioners now have towards him.—ED.

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SUNSTROKE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—An interesting case of sunstroke was recently mentioned to me by my friend, Mr. John Noble, retired surgeon, R.N. He informed me that he reported it in his medical journal for the Admiralty about six years since.

The patient was a ship's steward, who received the stroke at the time Mr. Noble's ship was stationed at Annesley Bay, during the Abyssinian war. When Mr. Noble was called in, the man was in a dying state, and he rapidly sank. The thermometer, in the axilla, stood at 112 degrees shortly before death. This case is noteworthy for two reasons—1st. It shows how much the raised temperature of the blood has to do with sunstoke, and encourages the practice of cold effusion in the treatment of similar cases. 2nd. It strengthens Dr. B. W. Richardson's opinion that death is inevitable in any disease if the temperature of the blood reaches as high as 110 degrees.

I am, your obedient servant,

J. M. WINN, M.D.

Harley Street, Aug. 23, 1876.

[Although recovery is rare when the temperature reaches 110°, yet cases of recovery with a much higher temperature are now on record; one in particular in which several thermometers registered over 120°.—ED. M. P. & C.]

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Medical News.

Hospital Saturday Fund.—The last meeting prior to Hospital Saturday of the Board of Delegates was held by special invitation at the Workman's Hall, Stratford. Captain Mercier, the chairman of the fund, in making the usual report on behalf of the Council, mentioned that the arrangements for this year's collection were very complete, and that there was every reason to anticipate a large measure of success. The various public bodies, including the Post-office, the Police, the Royal Mint, the Fire Brigade, the Dock, Railway, and Steam Packet Companies, were cordially co-operating, whilst the *employés* of upwards of 1,060 firms, in addition to the 1,000 firms who contributed last year, had given their adhesion to the movement. Attention was also drawn to the case of Jane Park, whose sad death at the Universty College Hospital had formed the subject of a coroner's inquiry. Great indignation was expressed, and a resolution was moved by Mr. Moss to exclude the hospital from this year's distribution. Dr. Pardye, who had been a student at University College Hospital, drew attention to a letter which had appeared in the *Lancet* from Dr. Kempe (the house-surgeon of University College Hospital), and also to the fact that the Hospital authorities were instituting an inquiry into the case. After considerable discussion the following resolution was, on the motion of Mr. Frewer, seconded by Mr. J. Hughes, unanimously carried—"That as the Hospital Saturday Board understands the hospital authorities are instituting a full investigation into the lamentable case of Jane Park, the board do abstain for the present from expressing any opinion with reference thereto." The plan for this year's Hospital Saturday distribution, which had been prepared by a sub-committee, and had been confirmed by the council, was, after considerable discussion, unatradesmen who can only view the question of remuneration of professional labour from their own standpoint in the grumbling, cheeseparing spirit of the class from which they have sprung. Dr. Hardwicke appears as usual to come in for their severe animadversion, for he, more than his colleagues, is always thought by his masters to be holding an unnecessary number of inquests, some eleven more than Mr. Humphreys, consequently his bill of costs is a few pounds more. His charges were, on this account, declared to be "unsatisfactory," and, in the indignant language of the chairman, "showing a disparity which ought not to exist." These magnates see no reason why Dr. Hardwicke, whose district lies far and wide, and compels him to travel dozens of miles and devote his whole time to his arduous duties, should ask to be fairly remunerated for his extra labour and cost of travelling. As to the charge brought against him of holding an unnecessary number of inquests he must be the best judge of this. We only know that a vast number of deaths, especially of infants, occur without any kind of judicial inquiry taking place to determine how and by what means death took place, and to these just justices of the county human life must appear of far less importance than the saving of a few pounds.

In the report of the proceedings it appears that the question of a further increase of remuneration to the coroners was discussed, and a letter was read from the Secretary of State, who reminds the magistrates of their duty by telling them that "for increased work the Act of Parliament enables them to award increased pay." Mr. Cross further states that "if an increased number of inquests have been held, and an increased expense of mileage incurred, such elements should not be *entirely left out of the calculation* in arriving at the basis of what is a fair salary to be paid to the coroners." In defiance, however, of this plainly written opinion, the magistrates had the impertinence to pass a resolution to the effect "that, having no means of discovering in what cases inquests were fairly held, and having a reason for believing that a large number were unnecessary and improper, they declined to make any increase in the salaries of the coroners of the county." Can anything be more unjust and iniquitous on the part of gentlemen holding Her Majesty's Commission of the Peace?

On Thursday morning last Mr. Rawdon Macnamara laid bare the right subclavian artery, external to the scalenus muscle, in one of his patients in the Meath Hospital, suffering under axillary aneurism, and compressed the vessel with Mr. Porter's "presse artère." The operation was attended with unusual difficulties in consequence of the displacement of parts, especially of the clavicle upwards, resulting on the great size of the aneurism; these difficulties, however, were all successively overcome, and the operation was performed with such an amount of caution and of skill that the patient did not lose a teaspoonful of blood. Up to the time of our latest report the patient was doing well. The case is of especial interest as a contribution to the surgery of aneurism, to the study of which the Irish school has long devoted itself, and in which it has earned well-deserved distinction by having given birth to the "compression" system. Should Mr. Macnamara's case turn out as satisfactorily as appearances promise, it will prove to be a valuable modification of the treatment advocated by Bellingham, Tufnell, Porter, and other surgeons of equal note.

The Medical Defence Association has been busy in prosecuting some rather flagrant cases of infringement of the Medical Act. A Mr. Witherington, chemist, of Wandsworth Road, was fined £15 and £2 18s. 6d. costs for using the title "Dr." on labels, &c., and having the word surgeon on a lamp over his door. On July 5, W. Walton Spiller, of 189 High Street, Shadwell, was fined £20 at the Thames Police Court for calling himself "Dr. Walton," and having the words "Walton, surgeon," on his door. The defendant said he called himself "venereal surgeon." The magistrate said this was both an admission and an aggravation of the offence. On July 22 another chemist, named T. C. Balls, of 2 Grange Road, Bermondsey, was fined £5 by Mr. Benson at the Southwark Police Court for unlawfully professing to be a surgeon.

The following tables, which are published by the Irish Local Government Board, show in each province where small-pox prevailed to the greatest extent within the last year, and the quarters of the year when it most prevailed:—

Summary of Small-pox cases attended by Dispensary Medical Officers during the year ended 30th September, 1875,—taken from their quarterly returns.

Provinces.	Quarter, 31st Dec., 1874.	Quarter, 31st Mar., 1875.	Quarter, 30th June 1875.	Quarter, 30th Sept. 1875.	Total
Ulster	41	27	41	37	146
Munster	8	—	—	—	8
Leinster	—	5	47	1	53
Connaught	160	218	251	57	674
Total Ireland	209	250	339	83	881

Deaths from Small-pox during the year ended 31st December, 1875, abstracted from the returns of the Registrar General.

Provinces.	1st Quarter, 31st Mar., 1875.	2nd Quarter, 30th June 1875.	3rd Quarter, 30th Sept. 1875.	4th Quarter, 31st Dec., 1875.	Total
Ulster	7	13	5	5	[illegible]
Munster	8	—	[illegible]	[illegible]	[illegible]
Leinster	2	8	—	[illegible]	[illegible]
Connaught	222	204	63	[illegible]	[illegible]
Total Ireland	239	[illegible]	[illegible]	[illegible]	[illegible]

The retur[illegible] in the [illegible] 18[illegible]

[illegible] ables at Paris [illegible]

Correspondence

PROVIDENT DISPENS[illegible]

TO THE EDITOR OF THE MEDICAL [illegible]

SIR,—Only that your correspondent, [illegible]
lished his letter concerning me in your [illegible]
such a wide circulation in Ireland, [illegible]
my degrees, I should think it beneath my [illegible]
reply. The subject of provident dispensaries [illegible]
well ventilated in most of the London [illegible]
your correspondent is "Nemo," he [illegible]
ports, and therefore he does not know [illegible]
hundred medical men in London alone [illegible]
tutions, and attend the poor for even [illegible]
what I charge. That the main fact in [illegible]
untrue I shall prove; but first, it is [illegible]
attend the very poor (who would otherwise [illegible]
the parish for relief) for small fees, but in [illegible]
a certain rule to ask a new patient if he [illegible]
class, and if he be not he is in all [illegible]
patient, and charged probably as high a fee [illegible]
charges. Fully one-third of my 3,000 [illegible]
and paid the ordinary fees. "Nemo" [illegible]
two "well-to-do tradespeople" who have [illegible]
sented their circumstances to me, and from [illegible]
good logician, argues that I attend all [illegible]
is evidently that of a thoughtless and [illegible]
fortunately for his pocket, it will not have [illegible]

I remain, Sir, yours [illegible]

[illegible]

214 Old Kent Road, Aug. 21, 1876.

*** We cannot agree with Mr. Lewis [illegible]
marks, published last week, are [illegible]
every medical man to make known in [illegible]
actions which he considers to be [illegible]
they may be fairly discussed, and if [illegible]
Lewis admits in his letter that well-to-do [illegible]
do obtain his medical services for an [illegible]
therefore "Nemo" has a right to complain.

There is nothing to prevent any man from [illegible]
medicines for a very small fee, or even [illegible]
but the question at issue is one of [illegible]
profession must set their faces against [illegible]
pensaries. Without referring to the [illegible]
against whom, as a professional man, [illegible]
complain, more than that in this [illegible]
from ours, we cannot conceive it [illegible]
himself undertake charity on a large [illegible]
medical man struggling for existence [illegible]
many who open these so-called [illegible]
do full justice to the cases which [illegible]
find the expensive medicines required [illegible]
a sum which in some instances is [illegible]
pay the cost of the medicines. [illegible]
provident dispensaries well [illegible]
enabling the poor to obtain [illegible]
small sum of money, instead [illegible]
upon charity. In this way [illegible]
themselves, and to save [illegible]
[illegible] to obtain all their [illegible]
[illegible] certainly have a [illegible]
[illegible] they have [illegible]
[illegible] upon [illegible]

[illegible]

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gue and typhus
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confounded by
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which arises.
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house is generally
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make a dung heap at
croaches on his land,
make his dung heap
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in the Irish labourer's
the front of it. The
and often I have heard
necessity for having the

ndition of labourer's cot-
e owners of the cabins to
g stye at the side or back,
es against having manure
houses, would have more
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, and would not interfere
improved condition of the
pulsory removal to the hos-
tickets, would do more to
tion of acts which could be

our obedient servant,

A DISPENSARY DOCTOR.

ERANNUATION.

DITOR.

ur publication of this week
lest P. L. Doctors," regard-
of this. It would appear
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it it is anything beyond
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and which is signed "An

nimously adopted on the motion of Mr. A. W. Mackenzie. The plan is as follows :—That though questions have been asked each hospital and dispensary as to their several incomes for the past twelve months the distribution shall be based solely upon the amount of relief afforded, the economy practised, and the efficiency attained. The amount of relief afforded being the question of primary importance shall be the first taken into consideration, and a proportion of the total moneys available for distribution, equal to 75*l.* per cent. shall be allotted under the head of relief, the remaining 75*l.* per cent. being allotted in equal proportions under the heads of economy and efficiency. That the amounts to be awarded to each hospital or dispensary shall be determined by a system of marks on the following plan :—(A) Relief.—That one mark be given for each bed occupied per week, and one for every 200 attendances of out-patients relieved during the last twelve months. Marks to be totalled, and the money available for distribution to be allotted in the proportion of so much for each mark obtained. (B) Economy.—That the hospital and dispensary marks shall be awarded as follows—viz., hospitals at which the cost of in-patients per bed per week is 15s. or under, three marks ; 20s. or under, two marks ; 25s., one mark. Out-patients institutions at which the cost per head is 2s. or under, three marks ; 5s. or under, two marks ; and 8s. or under, one mark. The following institutions will receive special consideration under this :—Orthopœdic Hospitals and Surgical Appliance Societies. That of lying-in patients treated at their own homes, 25, shall be considered equal to one bed occupied per week. (C) Efficiency.—That the efficiency of each hospital and dispensary shall this year be determined by the information obtained from the answers to the general questions of the Hospital Saturday council ; that for every "general question" answered to the satisfaction of the council one mark shall be awarded ; where questions do not apply to institutions the committee will specially consider them. The marks awarded under the heads B and C to be totalled, and the remaining £25 per cent. of moneys available for distribution, for economy, and efficiency divided and allotted in like manner as under the head A in proportion so much for every mark.

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NOTICES TO CORRESPONDENTS.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3 If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

Hospital Saturday Fund.—Hospital Committees, and those of kindred medical institutions who desire to participate in this years Hospital Saturday Distribution, but who have omitted to furnish to the Council of the Hospital Saturday Fund the information on which the Council will make their awards, are reminded that the time for supplying the required information has been extended to Hospital Saturday, 2nd September. Medical institutions, the committees of which neglect to send in returns by the 2nd September will necessarily be excluded from this year's distribution, the plan of which has already been prepared. As in the two previous years, the distribution will be made equitably to each institution, according to the amount of Relief given, Economy practised, and Efficiency attained.

HOW TO MAKE LEECHES BITE.

To the Editor of the Medical Press and Circular.

Sir,—With your permission I would suggest to your readers a simpler and quicker way of applying leeches than that quoted in your journal of the 9th inst. It is this : get an apple, cut a slice off the top, then scoop out the centre, put the leeches into the cavity and apply over the part required. I have for some time tried this plan and have never been disappointed, as I found them to take instantly they are applied. Of course when the number to be used is large a large apple must be used, or two or more small ones.

Faithfully yours,

Parsonstown, James P. Myles, L.R.C.P.E., L.R.C.S.E.
August 16, 1876.

FEES TO MEDICAL WITNESSES.

To the Editor of the Medical Press and Circular.

Dear Sir,—Is there any rule laid down by law for the granting of fees to a medical witness ? Is £1 a fair fee to offer a professional man for giving evidence under the Vaccination Act when defaulters are summoned, and where he has to drive eight miles to the court and pay cab hire and other expenses, besides losing a day out of his district.

Where I have been so hardly dealt with, if I thought it possible to claim a fee in each case I decidedly would apply for it. Can I legally do so ? Ought not the same rule hold good in those cases as in Crown prosecutions where the same medical man if engaged in different cases to give evidence gets a fee for each from the Crown.

I am, Sir,
"Only a Dispensary Doctor."

[The Clause of the Vaccination Amendment Act, 26 & 27 Vict., cap. 12, is as follows : The Guardians may direct proceedings to be instituted for the purpose of enforcing obedience to the provisions of this Act; and as to all expenses incurred in such proceedings, if the Justice or Justices before whom such proceedings are had, certify that such expenses ought to be allowed, such Justice or Justices shall ascertain the amount thereof, and such amount shall be payable out of the Poor Rates ; and such proceedings on account of neglect to have a child vaccinated may be taken at any time during the continuance of the neglect. It will be seen that it is quite optional in the magistrates to certify for prosecution fees, or to fix the amount of such remuneration, but the Guardians have no option but to pay on such certificate. The fee usually granted by the magistrates has been £2 2s., and it is the very least sum which a medical officer should receive for attendance at a distance from home. It would not be reasonable to claim a fee in such case, but the magistrates would, we are sure, certify for any reasonable fee on a remonstrance and representation of circumstances.—Ed. M. P. & C.]

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Students' Manual of Medicine. Part I. By Jas. Eberle, L.R.C.P. London : Baillière, Tindall, and Cox.

Mental Physiology. By W. B. Carpenter, F.R.S. Fourth Edition. London : King and Co.

Hay Fever. By George M. Beard, M.D. New York ; Harper Bros.

Hunyadi Janos Natural Mineral Water. By A. Martin, M.D. London : Ridgway.

Guide to the London Charities. London : Hardwicke and Bogue.

Fresh Air and How to Secure it. By Jas. Curtis, C.E.

On the Treatment of Ovarian Cysts by Electrolysis. By F. Semeleder, M.D.

Wine and its Counterfeits. By J. L. Denman.

El Anfiteatro Anatomico Espanol. Canada Lancet. La Presse Médicale. The New York Medical Journal. The Students' Journal. Nature. Science Gossip. Le Progrès Médical. Le Paris Médical. The Clinic. Melbourne Medical Journal, &c., &c.

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APPOINTMENTS.

Finlay, D. W., M.D., M.R.C.P.L., a Physician to the St. George and St. James Dispensary, King Street, Regent Street.

Gray, R., L.K.Q.C.P.I., L.R.C.P. Ed., L.R.C.S.I., Consulting Sanitary Medical Officer for the Armagh Urban Sanitary District.

Gowan, C., M.D., L.R.C.S. Ed., Medical Officer and Public Vaccinator for the Anston District of the Worksop Union.

Hawkins, F. M., M.B., C.M., House Physician to the Wolverhampton and Staffordshire General Hospital.

Hex, H., M.R.C.S.E., House Surgeon to the Birmingham and Midland Eye Hospital.

Jackson, W., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer to the Skipton Union Workhouse.

McCreery, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for No. 1 District of the Sudbury Union, Suffolk.

Marshall, Dr. H. F., an Acting Physician to the Birmingham and Midland Free Hospital for Sick Children.

Watts W. F., M.R.C.S.E., a Medical Officer to the Dewsbury Hospital and Dispensary.

Wilson, Dr., Demonstrator and Superintendent of Practical Anatomy at the Medical College of the London Hospital.

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Births.

Barnett.—On the 9th inst., at Holywood, co. Down, the wife of Surgeon J. Milford Barnett, M.D., H.M. Indian Army, of a daughter.

Canny.—On the 21st inst., at Laherdane, co. Mayo, the wife of D. J. Canny, Surgeon, Army Medical Department, H.P., of a son.

Townsend.—At St. Patrick's Hill, Cork, the wife of Edward R. Townsend, jun., M.D., of a daughter.

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Marriage.

Drummond—Angus.—On the 10th inst., at Elswick, Newcastle-on-Tyne, Dakid Drummond, M.A., M.D., third son of David Drummond, J.P., of Dunfillan, co. Dublin, to Margaret Horley, eldest daughter of Geo. Angus, Esq., Beachgrove, Newcastle-on-Tyne.

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Death.

Ekins.—On Aug. 8, at Colpe Drogheda, Patrick William Ekins, L.R.C.S.I.

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

THE PRESENT WORKING OF THE SANITARY ACTS IN IRELAND.

TO THE EDITOR.

SIR,—In my last letter I endeavoured to point out some of the causes which renders the Sanitary Act inoperative. They were chiefly mistakes in the framing of the law, and the entrusting its proper carrying out to those who are *most interested in its obstruction.* As you very happily put it in one of your leading articles, entrusting a jury of milkmen to examine adulterations in their fellow tradesmen's milk. I propose now to discuss some of the hindrances to the proper performance of the Public Health Acts which arise from their dealing with the customs of the people.

A Poor-law inspector once said to me, "we do not know what to do with the dung heaps." Now, to any one unacquainted with the Irish poor, this would seem a very ridiculous speech, and easily remedied by enforcing the law; whereas in reality it showed his deep knowledge of the subject, a knowledge which has since been received in high places. An Irish peasant's dung heap means not only a manufacture on a grand scale for typhoid fever, which unhappily it too often is, but it also means *always* his bread and butter, or to put it more properly, his potatoes and milk. The poor man calls it his "industry." He makes it useful in this way. His children gather whatever refuse they can, road scrapings, dead leaves, manure, &c. If the father possesses a donkey and cart, he collects ferns and other vegetable substances, which will rot. He gets some "butts" of earth from his master the farmer, and with the aid of water the whole is converted into very useful and often rich manure. So rich is it that it is eagerly bought up by the farmer, and at a good round sum too, or better still, the labourer gets his potato garden ploughed and free of rent for the manuring of it.

I am afraid, Sir, I am entering somewhat into political economy, but it is necessary to show what a difficulty underlies a seemingly simple subject.

Suppose that the labourer has no manure beds, he has to rent the potato garden from the farmer at a high price, his wretched wages (from 6s. to 3s. 9d. about here) are stopped until he pays for the garden, and all that time he has (with perhaps a family of seven or eight children), to run credit for bread, &c. Now contrast this man's case with one who has his potato garden free, and one cannot wonder why the Irish poor invariably almost have a manure heap, and that nothing sets them so frantic as a summons for its removal. But the dung heap not only has its relations with the poor man who makes it and lives by it, but Farmer O'Brannigan, P.L.G., has as great an interest in it, for he cannot make sufficient manure himself, and therefore relies for a supply on Pat Mulligan, to whom he has given a house, under often stringent terms, that he is to make a "handful of manure." Farmer O'Brannigan, P.L.G., depends often for his rent on his crops. Hence landlord, tenant, and labourer are equally and conjointly interested in the most fertile cause of fever in this country. That dung heaps *are* the most fertile cause of fever I think no dispensary medical officer will deny. The dung heaps of the poor are mainly composed of rotting vegetable matter (I might hint at the first cousinship of typhoid and ague, as Murchison has of the identity of the plague and typhus fever, were it not foreign to the matter). However, there is no doubt in my mind that at the turning and removal of the manure typhoid of a low type, often confounded by men of the old school with simple continuous fever, breaks out and is caused by the miasm and smell which arises.

When we review the subject I think everyone will acknowledge the wisdom of the remarks made by the Local Government Inspector:—We sanitary officers are on the horns of a dilemma; as the matter now stands, we must either allow typhoid fever to generate at will, or we must expose ourselves to the bitter enmity of the poor of our district, and to the no less certain snubbing, if not open hostility, of the Board of Guardians. Yet I think a remedy would be found, and that with the farmers shemselves. The labourer generally obtains his house—alas! how often his hovel—from the farmer. This house is generally built on the side of the road for obvious reasons. The farmer will not give any land to make a dung heap at the side or back of the house, as it encroaches on his land, hence poor Paddy the labourer must make his dung heap *in front*, he must have his pig (another very important and long since acknowledged item in the Irish labourer's finances), either in the house or at the front of it. The peasant, I repeat, cannot help it, and often I have heard them bitterly complain of the necessity for having the cesspool in front of the house.

A short bill to better the condition of labourer's cottages, with clauses compelling the owners of the cabins to have a place for manure and a pig stye at the side or back, and stringent and heavy penalties against having manure heaps in front, or tiles to the houses, would have more effect in stopping fever than that olla podrida of laws yclept 37 and 38 Vic., cap. 93, and would not interfere with agricultural interests. An improved condition of the dwellings of the poor, and compulsory removal to the hospital of the infected seen on red tickets, would do more to stop fever than any conglomeration of acts which could be put together.

I am, Sir, your obedient servant,

A DISPENSARY DOCTOR.

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COMPULSORY SUPERANNUATION.

TO THE EDITOR.

SIR,—I have just seen in your publication of this week a letter signed "One of the oldest P. L. Doctors," regarding the subject of the heading of this. It would appear from that gentleman's letter that he has been for the long period of 42 years a P. L. or dispensary medical officer, and yet he states that he is informed it would be *madenss* to resign; as he would not succeed in obtaining superannuation. This is, indeed, a very hard case, for if superannuation is to be got at all, or if it is anything beyond the mere name, surely this gentleman by rights and justice is entitled to it!

The letter, dated June the 20th, which appeared in your journal, which is referred to, and which is signed "An old P. L. M. D." I also saw. I am much surprised that till now no notice was taken of that letter by any member of the profession; as I consider the suggestions it contained were well deserving of attention!

Not the least was one that, the M. D's who are in Parliament (one particularly was named) might be respectfully urged to obtain, if possible, Compulsory Superannuation. If properly and earnestly set about, I do not see why the effort should not be successful, in fact, I believe it would undoubtedly be so. Too much apathy and want of union among ourselves, are the cause of no good result; added to these the well-off and more fortunate members of the profession *who have power and influence* do not sympathise with and assist their poorer brethren in this matter, that is of vital importance to the latter, so great, indeed as to give them some *little independence in their declining days!*

The law as it now stands regarding superannuation, and so long as it is to be decided by boards of guardians, may be looked upon as of *very little value.* The man before alluded to, after forty-two years' *hard toil*, is sufficient proof of the statement. A policeman when he has served twenty-one or twenty-five years is allowed a handsome pension, but the unfortunate, educated medical gentleman has no certainty to look forward to, no matter how long his service may be. It was hoped that the Irish Medical Association could have succeeded in getting the matter referred to, satisfactorily and finally settled before this; but it still looks far in the distance, and "hope deferred maketh the heart sick." The energy and perseverance of the National School Teachers in seeking successfully what they desired is an example for us to follow. I have only to say in conclusion that if superannuation is not to be obtained, let the idea of it be given up for ever, and let men not be led to expect what is not probable. As far as I can see, I cannot encourage any good hope; and so long as I perceive such a marked coldness and indifference on the part of members of the profession, I shall, though an humble individual, *cease to trouble myself or to take any farther interest in the matter.*

My best thanks are due to you—an expression in which I hope all the profession will cordially join—for your desire to advance at all times their interest by the use of your valuable paper, and by you yourself advocating their hitherto neglected claims.

I am, Sir,
Your obedient servant,
J. D. R. K.

August 8th, 1876.

[WHILE we concur to the fullest extent in the observations of our correspondent, we are sorry we cannot agree in his happy anticipation of success for a compulsory superannuation agitation. There would not at present be the remotest hope of success, and a futile effort would seriously damage the position of the profession in respect of other grievances of which the prospect of redress is now hopeful. The opinion of the Local Government Board, the ratepayers, and the Guardians is unanimous and explicit. They will not, as a principle, superannuate any medical officer who can do without a pension, no matter what his services may be, and they will resist tooth and nail any proposal to compel them to do so. Where superannuation has been refused, the apparent cause has always been either that the medical officer was well off in his circumstances, or was capable of continuing his work, and superannuations have been applied for and obtained by medical officers who—though their length of service entitled them to consideration—were quite capable of continuing work. In one case which occurs to us the medical officer having obtained superannuation on the ground of ill-health, and on the faith of medical certificates, got well in haste, married, purchased a general practice in England, and is now in the full work of a large and populous district. In other cases the superannuated medical officer continues in the enjoyment of lucrative and laborious private practice, and holds public appointments, and, though a rich man, receives the superannuation grant for the rest of his life. While we hold that a medical officer who is really incapable of doing his work efficiently should be entitled to superannuation as of right, we can sympathise with Guardians in their desire to keep the power of deciding the matter in their own hands. At some future time the subject may be agitated with good effect, but at present we can assure our readers that the question is not ripe.—ED. *M. P. & C.*]

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CHARGE AGAINST DR. JOHNSTON, MEDICAL OFFICER OF THE WESTPORT DISPENSARY DISTRICT.

The following letter addressed to the *Mayo Examiner* has been sent us for publication:—

SIR,—I regret that I am obliged, in self-defence, to call public attention to a report in your journal of the 17th ult., of proceedings of the Westport Dispensary Committee on the 13th ult. The proceedings of the Committee had reference to a report made by John Kane, of Knappabeg, in this parish, against Dr. Johnston, medical officer of the Westport Dispensary district, for culpable neglect of attending, on a red ticket, his wife, who died without medical treatment. The Committee assembled to consider also the judgment of the Local Government Board on that report, and to show reasons why the Committee should ask the Local Government Board to reverse its judgment; of which I give as reported an extract:—"Upon a careful consideration of the evidence, the Local Government Board are of opinion that Dr. Johnston appears to have neglected the prompt and effectual discharge of his duty in this case." And again:—"The Local Government Board think that Dr. Johnston should be called on by the Committee of Management to send in his resignation." The defence of the Committee in favour of Dr. Johnston, as appears from the report of their discussion, and from their resolution, seems to hinge upon one or two points—1st: "That Father MacEvilly did not consider Mrs. Kane's life in danger, and did not anoint her." The Committee is thus reported—"Father MacEvilly hesitated to administer the last sacraments to Mrs. Kane." Again—"Father MacEvilly churched the woman, but she was not annointed." And again—"By the observations of Father MacEvilly it will appear that the woman's life was not thought to be in danger." And in the resolution, unanimously adopted "amidst laughter," and forwarded to the Local Government Board, the following appears—"It appears that Mrs. Kane was churched, but we have reason to believe she was not annointed." 2nd: That the doctor was not urged by John Kane to proceed at once to attend his wife. The doctor is thus reported—"I do not think from Kane's manner, on the evening of the 11th, that he thought her life was in danger. I never saw a man so indifferent as Kane about my attendance on his wife." Now, Sir, I beg to state *in limine* what I stated publicly at the investigation, that I remained neutral in this case from the beginning, through motives of delicacy; but I will now add I was not indifferent. Therefore, as regards Dr. Johnston, whom I respect personally, I will not either exculpate or criminate. I leave all that to the public mind. As to the Committee, many of whom I respect individually, I deprecate the thought of using one word offensive to even the least of them; but I cannot be blamed for endeavouring to remove from the public mind the impression made on it by the action of the Committee, viz., that I *did, as a matter of fact,* neglect to discharge an *important and* vital duty. Now, I hold that if I, having *been called on* to attend Mrs. Kane, and having made up my mind that she was in danger of death, refused, or even neglected, to annoint her, I would have neglected my duty. And I believe that nineteen out of every twenty of your readers are of opinion that I did not annoint Mrs. Kane, *i.e.*, "I neglected my duty." And surely, it is most painful to any priest to have it gone over the world, on the authority of a respectable public board, without one word in the meantime of explanation or retraction, that he did actually neglect his duty. And, now sir I give you the real facts of the case, for the truth of which I challenge contradiction. On the 11th April last I was called on by John Kane to attend his wife, who was quite lately after her confinement. I arrived at John Kane's house before 12o'clock noon. When approaching his house I met John Kane. I inquired if the doctor had seen Mrs. Kane, my object being that if he had pronounced unfavourably I would have less difficulty in Churching her under the circumstances. But when I saw her "I did not hesitate to annoint her," after having administered to her previously two other Sacraments. And perceiving her writhing in agony of pain, and in the exercise of my judgment, in the absence of a medical man, having satisfied my mind that Mrs. Kane was in great danger of death, I also Churched her. And, moreover, I told John Kane and some female relatives who were there, my opinion regarding her, and I urged him to at once call in a doctor. Well, having read in your journal of the 17th ult. a report of the proceedings of the Dispensary Committee, and conscious that a groundless issue had been placed before the Local Government Board on which they were asked to reverse their judgment I at once laid before the Local Government Board the above facts (an official reply to which I received in due course), vouching for their truth, and contradicting the statements and resolution of the Committee as regards myself. With the action of the Local Government Board in reversing their former deliberate opinion in presence of my authenticated facts, I have nothing to do. On the next day, 18th ult., I wrote to the Dispensary Committee also by way of complaint and remonstrance, but after an interval of more than a fortnight that honourable Committee has not deigned the courtesy of a reply. Now, as regards John Kane, I without impugning the testimony or cavilling with the opinion of any person, beg to state that I believe in my soul every statement deposed to by him to be substantially, if not literally true. And as to his having been "indifferent," truth compels me to put on record that, in my experience I seldom met a man who appeared more really and sincerely afflicted than when he heard my opinion of his wife's dangerous illness. And I will add, that there did not, and does not, exist in this parish a married couple who lived for upwards of 20 years more harmoniously and happily together, and that fact can be attested by all the neighbours. And now, I beg to submit a question. Is it possible that a steady, intelligent, strictly religious man, who lived happily with his wife, who had left him nine children, the greater part of whom are helpless, and the youngest a baby a few days old, and who, with her aid, could hardly make ends meet, but whose death has thrown on him the care and support of such a helpless family. Is it, I would almost say credible, that such a husband would be indifferent about such a wife? Or did he become indifferent in proportion as he was urged by the priest, and her condition shown to be apparently hopeless? Now, John Kane has sworn he was not indifferent, that he urged the doctor again and again, ; that the doctor had promised to follow him immediately, that he waited up all night expecting him, and called secondly on him early next morning; and I believe almost every man in this parish credit John Kane's testimony.

I remain yours faithfully,

Jeremiah MacEvilly.

Aughagower, 4th August, 1876.

ROSCOMMON UNION.

At the usual weekly meeting of the Board of Guardians of the above union, held on Saturday, the following report from Dr. Heily, medical officer of the Roscommon Dispensary District, on scarlatina, was read :—

"I regret to state that scarlatina still continues on the increase. Five new cases in Henry Street in one house occupied by a tailor named Fahey. Words are inadequate to paint the scene I witnessed in the sick room on Thursday night, a short time before the death of one of the children—poisoned, I might say, by its mother's obstinacy in preventing the removal of the patients to the workhouse hospital from the pestilential place occupied by them—two grown-up boys in one wretched bed, three in another. Unless very stringent measures are adopted and the parents compelled to allow the removal of the sick to hospital, it is impossible to think that sanitary measures—no matter how carefully and anxiously carried out—can be of use. Hoping that compulsory removal will be ordered this day."

Mr. McDonnell said something should be done to check the spread of the disease. The doctor recommended compulsory removal to hospital, and the board should cooperate with him as far as possible.

The Chatrman believed that as a board of Guardians they had no power to compel persons to enter the workhouse or hospital, whatever they might do as magistrates.

Mr. Burke believed the disease would continue to extend so long as the people of Henry Street were encouraged to keep their children outside by giving them a liberal allowance of out-door relief. The way to compel them to enter the hospital was to discontinue giving them out-door relief.

General Mitchell knew the parents who apply the money given them as out-door relief to other purposes than the relief of their children. He thought the board would be acquitted of all responsibility if they offered to take the parties into the hospital, and that the large sums given at present as out-door relief should be discontinued.

Mr. Burke fully concurred. It was encouraging these persons to remain in their houses, where their sick children could not be properly attended to, to give them 8s. and 10s. per week out-door relief.

The Relieving Officer said he considered he was bound to give provisional relief in all cases where it was recommended by the doctor. He never gave relief to persons except on the certificate of Dr. Heily.

General Mitchell believed Dr. Heily was quite right in doing his utmost to have these persons removed to the hospital, where they could be properly nursed and cared, instead of leaving them to die in the miserable houses at present occupied by them.

After some more discussion it was agreed to refuse out-door relief in the case of Fahey, referred to in Dr. Heily's report, and the relieving officer was directed to bring all available pressure on the parties at present suffering from scarlatina in order to induce them to enter the hospital.

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SLIGO UNION.

CONSULTATION FEES.

Relieving Officer Feeny reported that he had received a requisition from Dr. Laird to procure the attendance of Dr. Nixon to assist him in a very intricate midwifery case. Dr. Nixon was paid £2 for such assistance, and he (the relieving officer) came before the board to have the payment approved of.

Chairman—Is it usual to allow such a charge?

Relieving Officer—Yes, sir. The law allows two guineas.

Mr. Rowlett asked if there was anything in the fact that Dr. Nixon was their apothecary?

Mayor—Dr. Nixon is our apothecary, but he is fully qualified as a doctor.

Chairman—I suppose I may sign for it?

Mr. O'Connor—The law allows it.

Mr. Sidley—I do not want to oppose payment of this sum, but I consider that Dr. Devany should have been called on in the first instance. He gets £100 a-year as the second dispensary doctor, and he should assist Dr. Laird, and we would not have this additional claim on the rates. On principle, I am opposed to it.

Relieving Officer—On a previous occasion the second dispensary doctor got two guineas for going out of his district in this way.

Mr. Sidley—It is a mistake to say there are two districts in Sligo. Sligo dispensary is divided into two districts for the doctors' own convenience—that is how it is.

Chairman—I think when we are trying to economise the rates something should be done. It is not because we divide a district for the doctors' covenience that we are to pay them extra,

Mr. Sidley—I say that this £2 should never be paid to Dr. Laird. Dr. Laird should have called on Dr. Devany, and if Dr. Devany sent in an application here for £2 we would tell him that we paid him £100 a-year. That is the question, and we should not be going into fragmentary outposts of a district.

The payment of the £2 to Dr. Nixon was confirmed and the matter dropped.

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MOUNTMELLICK UNION.

THE CONSUMPTION OF STIMULANTS.

The following explanation was received from Dr. Clarke:

"Sir,—I have to acknowledge the receipt of your note intimating to me the directions of the board of the 12th inst., requiring me to furnish on next board day an explanation as to 'how it is that the use of stimulants appears to have increased the death-rate during the year ending 25th March, 1876, as compared with the 25th March, 1875.' I regret that you did not send me the resolution of the board held on the 12th inst. With regard to the difference in the death-rate of the two years referred to, during my long experience of nearly 26 years there has been always a difference more or less between each year, and as a necessary consequence a difference in the treatment of the patients under my charge, for whom I have endeavoured to prescribe whatever I considered most suitable to their individual cases. I have exercised the strictest supervision and economy consistent with my duty to the poor depending upon me. I beg most respectfully that gentlemen of the board will see the necessity of permitting me to use my discretion in the administration of remedies which I may consider best for the health of those under my medical charge. Should the board consider that there has been any undue expenditure or misapplication or waste of stimulants, I would be most happy to have the matter submitted to the Local Government Board, and an inquiry instituted.

"Joseph Clarke, M.D., Medical Officer,
"Mountmellick Workhouse.

"Dated 19th August, 1876."

Mr. Pattison then proposed, and Mr. A Peacock seconded, the following resolution:—

"That we regard Dr. Clarke's explanation of the matters referred to as quite satisfactory, and that the board desire to express their undiminished confidence in Dr. Clarke's care and discretion in administering to the wants of the patients under his charge."

An amendment was proposed that more detailed explanations be had from Dr. Clarke.

A scene of an unpleasant nature here ensued, in the course of which the proposer threatened to withdraw his amendment if the seconder of it persisted in certain observations. Order having been restored a division was taken, when the amendment was declared lost by a majority of 6 to 2.

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Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, August* 19*th*, 1876; *the Total Number of* Births and Deaths *registered during the Week with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, AUGUST 19th, 1876. Annual rate of mortality per 1,000 inhabitants.	Total Births *registered*.	Total Deaths *registered*.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . . .	10,050	314,666	17	144	100	25	23	1	1	4	1	1	1	11	2	1	18
Belfast . . .	20,687	182,082	19	99	65	18	6	...	...	...	...	5	...	6	...	...	6
Cork . . .	13,816	91,965	27	52	47	6	10	...	...	1	...	...	...	2	...	4	19
Limerick . . .	8,509	44,209	22	16	19	7	3	...	...	...	...	...	...	...	...	...	7
Londonderry . .	21,865	30,884	17	16	10	...	3	...	...	...	...	...	...	...	...	...	...
Waterford . .	17,209	30,626	19	15	11	3	1	...	...	...	...	...	...	1	1	1	1
Galway . .	21,358	19,692	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sligo . .	30,835	17,285	6	6	2	...	1	...	...	...	...	...	...	...	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 6, 1876.

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ON THE SCIENTIFIC AND EMPIRICAL INVESTIGATION OF EPILEPSIES.

By J. Hughlings Jackson, M.D., F.R.C.P.,

Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER IX.—*Unilaterally beginning Convulsion.*

(*Continued.*)

We shall speak of Range first. We have above admitted that there are all degrees of Range from spasm so local as twitching of one finger to universal convulsion. But we shall make three degrees of Range. They are entirely arbitrary and yet convenient:

1st. The spasm affects the most voluntary muscles of one side—face, arm, and leg. This is the analogue of the first degree of hemiplegia. It will be convenient to call the side first affected the "First Side.' But there is the discrepancy that some muscles of the trunk are convulsed on both sides.

2nd. It affects the most voluntary and other muscles more automatic. This is the analogue of the second degree of hemiplegia.

3rd. It affects all these and the unilateral muscles of the other side of the body (we call this the "Second Side"). This is the analogue of the third degree of, or rather degree of paralysis beyond, hemiplegia.

There are not only three degrees, but also several varieties of hemiplegia. We speak of degrees of that kind of hemiplegia only in which the arm suffers more than the leg; these three degrees from destroying lesions of different degrees of gravity of the corpus striatum correspond to the three degrees of convulsion.

First Degree. (*a*)

Corpus striatum Palsy.	*Corpus striatum Epilepsy.*
Right side of face paralysed.	Mouth drawn to right.
Right arm paralysed.	Right arm convulsed.
Right leg paralysed.	Right leg convulsed.
	Chest fixed on both sides.

The muscles of the chest in this degree of convulsion are involved on both sides, that is, they are involved on both sides when the unilateral muscles are involved but on one side. Yet, in cases of the first degree of hemiplegia, they are not involved. Here is a discrepancy to be carefully considered. (*b*)

The difficulty is cleared by what is known as Broadbent's Hypothesis. Broadbent supposes that the muscles acting bilaterally are represented in each side of even the highest division of the motor tract. Let us take the extreme case of the intercostal muscles to illustrate his hypothesis. He supposes that the nucleus in the cord, for these muscles on one side is united by a commissure with the nucleus for the fellow-muscles of the other side; thus the two nuclei

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(*a*) I have never, in a case of convulsion affecting one side, made trustworthy observations on the tongue and palate.

(*b*) I use the expressions unilateral and bilateral here for the *action* of the muscles. The muscles of the arm, leg, and some of those of the face can be used independently of their fellows of the other side of the body. Perhaps in strictness we ought to admit that the movements of parts which are most independent in their action are not absolutely so. But, for our present purpose, this would be hypercriticism; they can be used differently from their fellows on the other side. Other muscles, as those of the chest, must move with their fellows of the other side; they are bilateral *in their action* or very nearly so. There are no abrupt demarcations betwixt the two classes of movements. From the most independently unilateral movements of the hand to the necessarily bilateral movements of the chest there are intermediate degrees, as we have remarked.

The expressions "unilateral of one side" and "bilateral of both sides," are not tautological since they are abbreviations of the expressions, "muscles of one side which can act independently of their fellows on the other side," and "muscles which must act with their fellows on the other side."

become in effect a single nucleus—a "unified double," I will call it. By fibres from each corpus striatum to each nucleus, both nuclei are put under the control of each side of the brain. This hypothesis explains satisfactorily how it happens that the intercostal muscles on *both* sides can escape in destroying lesions of one of the corpora striata, notwithstanding that they are or rather were represented in the centre destroyed. Let us suppose that part of the left corpus is destroyed; no palsy of either side of the chest results; this is because the fibres which pass from the other—the right—corpus striatum are intact, and can act not only on their own nucleus in the cord, but by commissural fibres on the twin nucleus. Now let us speak of the *discharge* of the convolutions near to the corpus striatum, practically for our present illustration of a discharge of that centre itself. Broadbent's hypothesis is in entire accord with the fact that the bilateral muscles are put in action on *both* sides. The current from the discharged corpus striatum will discharge the nucleus of its own (opposite) side, and by the commissure the twin nucleus. The discharge will therefore put the intercostal muscles in action on both sides.

There are certain objections to this hypothesis. In the first place it may be denied that the intercostal muscles escape paralysis on the side hemiplegic from destroying lesion of the corpus striatum. To this objection it might be replied that authorities differ as to the fact, so that there is no appeal to them. Nevertheless, I am prepared to grant that in large lesions, and very soon after the attack in small lesions, the chest on that side on which the face, arm, and leg are paralysed may expand less than the other. But it is quite certain that the muscles are but slightly affected—so little, I repeat, that some authorities deny that they suffer at all.

After all the principle of the hypothesis remains intact. Subject to the correction of its distinguished propounder, I would say that its principle is "that the more muscles are bilateral in their action, the more equally are the muscles of both sides represented in each side of the brain." At any rate this is what I think. I have carried the hypothesis further than Broadbent, but, again subject to his approval, I should say that I have added nothing to the principle of that hypothesis. Were it proved that Broadbent's opinion as to the particular mechanism by which bilateral action is ensured is wrong, the principle of his hypothesis would remain.

I have been, from the first moment when I heard Broadbent's hypothesis stated strongly impressed with its great value. I published cases confirmatory of it, *Lancet*, vol. i.—1867 (*The Regional Study of Palsy and Spasm*), and *Medical Times and Gazette*, August 15, 1868 (*Case of Corpus Striatum Epilepsy* (*Hemi-spasm*). (a)

We now come to the second pair of correlated symptoms.

SECOND DEGREE.

A graver lesion of the corpus striatum produces the paralytic symptoms named in the next list, and there is a further degree of convulsion which corresponds. As we are now speaking only of range, as distinct from sequence, we give the symptoms in order from above downwards in the body.

Corpus Striatum Palsy.	*Corpus Striatum Epilepsy.*
Head turns to left.	Head drawn to right.
Two eyes turn to left.	Two eyes drawn to right.
Face turns to left.	Face drawn to right.
Chest muscles slower and weaker.	Chest muscles in spasm.
Trunk muscles weaker on right.	Trunk muscles in spasm on right (?)
Arm and leg paralysed on right.	Arm and leg in spasm on right.

THIRD DEGREE.

In the third degree of unilaterally beginning convulsions the spasm becomes universal. Both sides of the body are affected. I believe that this results from a discharging lesion in but one cerebral hemisphere, as do the first and second degree—that it is the result of a severer discharge. But it will be asked, Where are the paralytic symptoms from destroying lesion on *one* side of the brain which pair off with the spasms of the "second" side in the third degree of convulsions? The spasm after affecting the unilateral muscles of the right side affects next those of the *left*. What in—or of course beyond—hemiplegia corresponds to the spasm of the left, the second, side? There is, I think, a third degree of hemiplegia in which the whole of the muscles of the body are affected. Of course the word *hemi*plegia is now a misnomer; it is a degree of paralysis beyond hemiplegia. The expression beyond hemiplegia is used because the paralysis results from a lesion graver than—but in the same place as—those which produce the first and second degrees of hemiplegia.

Immediately after a very grave (*a*) lesion of one side of the brain there is universal powerlessness. I believe this to be two-sided paralysis. Let us continue to suppose the side of the brain damaged to be the right. It presents no difficulty, of course, that the left side of the body should be paralysed from a right-sided cerebral lesion; but I think the lesion paralyses the other side of the body also—*i.e.*, the unilateral muscles on the side of the cerebral lesion. There is not only a "decussating" paralysis, but also, I think, a "direct" one.

Let us glance at some facts supplied by experimentation on different animals which have different movements. We have seen that in man the bilateral muscles suffer less from a destroying lesion of one side of the brain than do the unilateral, although both are or were represented in the part destroyed. Let us consider the movements of a dog's limbs. The movements of these limbs, even of the anterior, are chiefly alternate, *i.e.*, their action is intermediate betwixt unilateral and bilateral action. He can, it is true, use one fore-leg at a time, but only in a few closely similar motions (although for many purposes). The movements of a dog's limbs approach in character those of the bilateral acting chest muscles in man. Any lesion of *one* side of this animal's brain produces not hemiplegia, but weakness more on one side, but yet of both sides. This shows that in the dog the unilateral muscles of both sides are more nearly equally represented in each side of its brain. Let us now take the case of the bird. This animal's chief movements (of its wings) are quite equal and quite synchronous on the two sides. Here we find that lesion of one cerebral hemisphere produces no one-sided effect. Its chief movements and the representation of them are in the same case as those of

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(*a*) I think the hypothesis is valuable in many ways. I still think of it as I did (*Medical Times and Gazette*, August 15, 1868), when I wrote "Remarks on Broadbent's Hypothesis:—Broadbent's hypothesis, *mutatis mutandis*, helps us towards a clearer idea of the most general nature of the defects of intellectual expression, and strikingly to the explanation of the involuntary utterances of those patients who cannot speak voluntarily. The fact that patients who cannot speak voluntarily can utter words involuntarily shows that there are sensori-motor processes for words *somewhere* in their brains. And just as "innate" bilateral movements are represented in each of the corpora striata, so acquired processes, when they have become automatic, may also be represented doubly. . . . Moreover, it will be found, I think, that cases of double hemiplegia confirm Broadbent's hypothesis. With regard to this, however, I will content myself by urging those who observe defective bilateral movements with hemiplegia—particularly difficulty in swallowing—to inquire carefully if the patient has not been previously paralysed on the other side. Again, at an autopsy on a patient known to have been paralysed of *but one side*, and who had had difficulty in swallowing, we should search *both* sides of the brain for evidences of disease. For it is a fact that much of the motor tract may be *destroyed* without the production of hemiplegia, or, at all events, without permanent hemiplegia."

(*a*) I use the word "grave" as inclusive of two factors, "(1) extent of lesion and (2) rapidity of lesion." They vary in relative amount in different kinds of pathological changes. This matter will be considered at length later on.

man's most bilateral movements; the wing movements of both sides will be represented equally in each corpus striatum. (a)

When we come to man we should expect that the difference of representation should be carried to an extreme. Thus, except from the gravest one-sided lesions, we do not find that there is any obvious paralysis of the muscles of the second side of the body. Nevertheless, there is proof that the unilateral muscles of both sides are represented in each corpus striatum. The proof is given by cases of Wallerian wasting. Thus, after old lesions of the right corpus striatum, there is "descending wasting" of fibres. We trace wasted fibres through the right crus, right side of pons and medulla, and thence into the *left* side of the cord. All this is simple, and corresponds with the left hemiplegia. But we trace also a band of wasted fibres into the same (the right) side of the cord. Thus, from disease of but one side of the brain, the fact that convulsion, although beginning unilaterally, becomes universal, is in accord with anatomical facts.

We shall have more to say on this when speaking of the sequence of spasm. So far we have spoken only of range of spasm. Under sequence we shall consider the further differences

[We should here speak of aphasia attending epileptic discharges of the centres for speech; but it is convenient to consider it when discussing the After-Effects of strong Epileptic Discharges.]

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PATHOLOGICAL ANATOMY OF THE BRAIN—LOCALISATION IN CEREBRAL DISEASE.

By PROF. CHARCOT.

Translated from *Le Progrès Medical.*

CHAPTER V.

BEFORE we more closely enter into the question which serves as the subject of these preliminary lessons (which is, as you have not forgotten, the theory of the localisation of brain diseases), I must give a concluding notice of the considerations presented to you in the last lesson relative to the normal structure of the grey matter of the convolutions studied comparatively in the various regions of the cerebral hemispheres.

A. I must first regard that structure in its common type, that is to say, the form in which it is most generaly distributed. We might, with M. Meynert, describe it under the name of "*stratification in five layers of cellular elements, nerves, or reputed as such.*

I am going briefly to recall to you the traits which are most characteristic of that structure. It is necessary, then, to point your attention again to the figure 6, which represents a section through the third frontal convolution, made to the bottom of a sulcus.

By way of contrast, it will be useful to sketch for you the description of a section of the cerebellar grey matter, borrowed, like the preceding one, from M. Meynert.

In the cortical grey matter of the cerebellum you notice successively—

1. A thick layer, poor in cellular elements, and receiving the proto-plasmic processes of the nerve cells, situated in the subjacent layer.

2. Deeper, a layer where one finds, according to M. Meynert, fusiform cells, and medullary fibres lying parallel to the surface.

3. Underneath Purkinje's cells, occupying the surface of a markedly granular layer, and yet deeper, the medullary matter.

If you now cast a glance at the figure representing the five layers of the grey cortical matter of the brain proper, you will see that the arrangement is not exactly the same as in some other regions of the encephalon.

I shall presently bring out very well-marked distinctions, varying with the region of the hemispheres which we examine, but I must first return to the "five-layered type."

B. The mode of arrangement thus designated is found through the whole extent of the hemisphere in front of the fissure of Rolando, and a little behind it, in one part of the parietal lobes, the limit in the direction of the occipital lobe not being well defined. We shall presently see that this type is notably modified in the posterior parts of the encephalon, comprising (1) the whole sphenoidal lobe, (2) the occipital lobe, (3) those portions of the grey matter of the internal surface, which are bounded by the posterior extremity of the occipital lobe, and by a fissure which marks off a perfectly distinct region, presently to be described under the name of "the square lobe."

But I think it will be necessary, for greater clearness, to return to a point which I have already touched upon, viz., that in the regions of the hemisphere where the five-layered type prevails there is, I repeat, an entire district where the structure of the cortex is remarkable for an interesting feature; one remarks in this locality the constant presence of comparatively enormous pyramidal cells, described as "giant cells." While keeping the pyramidal form proper to the cellular nervous elements of the region, these cells, as you are aware, are distinguished not only by their size, but by the clearness of their nerve prolongations, and by the development of the protoplasmic processes.

These last characters lead us to compare them with the motor nerve cells of the anterior cornua of the spinal cord.

The regions where this important feature is met with are, strictly speaking, the central regions of the external surface of the hemispheres, namely, the ascending frontal convolution, the ascending parietal convolution (especially in their upper parts), and lastly, a little lobule on the inner surface of the hemisphere which until lately has been unnamed, and for which M. Betz has proposed the name, "the paracentral lobule."

I will remind you that the existence of these giant cells in the grey matter, and their localisation in the regions mentioned above were described for the first time by M. Betz and M. Miezerjeweski. The conclusions arrived at by these observers have recently been confirmed by Mr. J. Batty Tuke in his class at Edinburgh. I have, in my turn, been able to recognise their precision.

I have endeavoured to demonstrate to you the fact that these very regions, remarkable for their peculiar structure, are just those in which (according to Ferrier's investigations in monkeys) the motor centres for the limbs are situate. Is not this, gentlemen, a coincidence deserving your careful attention?

(a) The following is an extract from a paper I contributed to the *Med. Times and Gazette*, Oct. 23, 1869:—

"A careful study of cases of disease of the nervous system has led me to conclude that *each* side of the brain contains processes for all classes of movements of *both* sides of the body, but that it contains them differently. The phenomena of hemi-spasm show that the muscles of *both* sides—(1) those which must act bilaterally; (2) those which may act alternately; and (3) those which can act independently—are all represented in *each* side of the brain. But they show also that those muscles of both sides which are in their action bilateral only, are equally represented in each of the two sides of the brain, that the muscles of both sides which are alternate in their action have a less equal representation in each side, and that those muscles of both sides which act independently as well as alternately and bilaterally have a very unequal representation in each of the two sides. The facts supplied by diseases of, and experimentation on, animals seem to show that the representation of the two sides of the body in each side of the brain is more equal the lower we go. These facts, read with the phenomena of hemiplegia, point, I consider, to the conclusion that the units of the nervous system are, like the nervous system itself, double. Using chemical metaphor, the units of Constitution are the atoms, but the developed processes—those which stand out in an actual and in a *quasi-separate* form from the background of potential processes of the whole organism—have a molecular formula containing two atoms. The unit of action is double the unit of constitution."

Instead of saying the "lower we go" [in the scale of animal life], I should now say the more alike are the movements on the two sides of an animal's body.

Let me also revert to the fact that, in the dog, these parts which Ferrier's experiments and Hitzig's previous experiments had shown to be motor centres—these very parts are distinguished, according to M. Betz, by the presence of pyramidal giant cells which are found in no other portion of the grey matter in these animals.

I hope that my insisting on this point is justified by the necessity for fixing these facts on your minds as exactly as possible. Clearly, then, these considerations give a special interest to those parts of the hemisphere where this anatomical peculiarity is met with. I think that it is most important to be well acquainted with these regions topographically, in order to be able to define them precisely in reports of autopsies. I shall, therefore, with your permission, enter carefully into this subject, and it will give us an opportunity for describing the median surfaces of the hemispheres, which have been until now, as I think, left too much in the shade.

The arrangement of the ascending convolutions, from their origin to the upper edge of the hemisphere, is familiar to us, so that we may give all our attention to their appearance on the median surfaces.

Fig. 6.

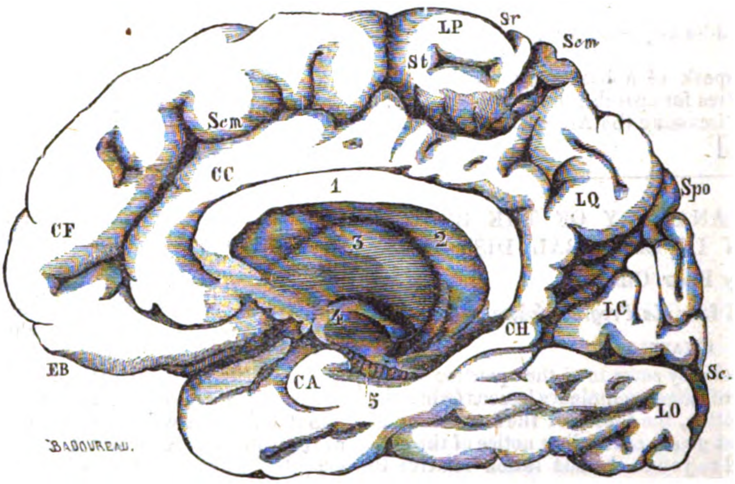

Fig. (6) Internal Surface of the Cerebral Hemisphere.

Sem, Calloso-Marginal Fissure; Spo, Parieto-Occipital Fissure; Sc, Calcarine Fissure; St, Transverse Fissure of the Paracentral Lobe; Sr, Upper Extremity of the Fissure of Rolando; LP, Paracentral Lobule; LQ, the Square Lobe; LC, Cuneiform Lobe; LO, Occipital Lobe; CH, Convolution of the Hippocampus; CA, Convolution of the Cornu of Ammon; CC, Convolution of the Corpus Callosum; CF, Internal Surface of the 1st Frontal Convolution; 1. Corpus Callosum; 2 Cavity of the Lateral Ventricle; 3. Optic Thalamus; 4. Anterior and External Part of the Cerebral Peduncle; 5. the Plaited Body.

In order to set out well, let us take a well-known starting point on the external surface, and follow the fissure of Rolando, going as far as its inner extremity. This fissure sometimes stops *within* the inter-hemispheric fissure; at other times it reaches only to the upper edge of the hemisphere, forming there a kind of notch.

The paracentral lobule is situated directly below this point, and is bounded as follows—*behind*, by an oblique sulcus, which is only the prolongation backwards of the calloso-marginal sulcus (which further on forms the posterior boundary of the ascending parietal convolution); *below*, by the horizontal part of the calloso-marginal sulcus, which separates it from the convolutions of the corpus callosum (gyrus fornicatus); *in front*, a groove, generally of little depth, but sometimes continued over the outer surface of the hemisphere, marks the internal part of the frontal convolution, and thus bounds the paracentral lobule.

We have thus under scrutiny a little lobe of quadrilateral form, having the greater diameter from before backwards. Generally a shallow groove, situated halfway between the upper and lower margins, runs its whole length. To conclude, its structure as well as its relations being considered, we may say that the paracentral lobule represents the inner end of the two ascending convolutions turned inwards toward the middle line.

This point being settled, it is not difficult to show that which remains to be unfolded concerning the topography of the inner surface of the hemispheres. 1. In front of the paracentral lobe you recognise the median (or inner) surface of the first frontal convolution. 2. Underneath, and separated from the last by the calloso-marginal sulcus, is the convolution of the corpus callosum (gyrus fornicatus). 3. This convolution is continuous behind with a well-defined lobule called the quadrilateral lobule. To speak precisely, it belongs to the parietal lobe, forming the median or inner surface of the superior parietal lobule; behind is the temporo-occipital fissure, well-marked in this place because it is not interrupted, as on the outer surface, clearly defining the quadrilateral from the occipital lobe. 4. Immediately behind the square lobe, in the neighbourhood of the occipital, we have to notice a triangular lobule, whose point is below and in front, the base behind and above, bounded behind by a deep fissure ("calcarine fissure"). This little lobule is called "cuneus." 5. Below this triangle you recognise the condition already mentioned regarding the outer surface between the spheroidal and occipital lobes. Here we should make out two convolutions running antero-posteriorly—(*a*) the lateral occipito-sphenoidal or fusiform lobule; (*b*) the median occipito-sphenoidal or lingual lobule. 6. I shall confine myself to mentioning farther forwards the *lobule of the hippocampus* and the *crook* which makes part of the system of the *cornu of Ammon*. We shall assuredly, in the course of these lectures, have occasion to make use of the topographical data which we have just set down, but I hasten to conclude a description which is in some sort a digression.

(*To be continued.*)

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The Keighley Guardians, who have made themselves notorious of late by their factious opposition to the Vaccination Acts, were last week summoned for a breach of gaol regulations, in introducing tobacco under cover, and smoking the same within the walls. Three were fined 20s. each, and two others acquitted.

ADDRESS IN PUBLIC MEDICINE.

By Alfred Carpenter, M.D., C.S.S.Camb.

(Continued from page 163.)

It is not assumed that the utilisation of sewage by irrigation is possible in every place. It is, however, simply a matter of cost. At the first sewage conference ever held in this country, which took place at Leamington in 1866, evidence was produced which showed the safety and success of the plan when managed by those who understood it. But the resolution which I submitted to the meeting, and which was ultimately carried without a division, stated that, whilst sewage-irrigation was a method of utilisation which would quite prevent the pollution of our rivers, yet there were places to which it was not applicable, and for which some other means of utilisation must be provided. I wish now to show what can be done by irrigation. The Croydon Sewage Farm at Beddington is at this moment utilising the sewage of 50,000 persons on 460 acres of land. It has been in action for sixteen years, and some of the land has been irrigated more or less night and day for the whole of that time. The farm is close to a dense population; it is immediately surrounded by residential property of the most valuable kind. The efficiency of the soil is becoming greater year by year, as the management of sewaged land is becoming better understood. The population of the parish in which it is situated, and of which it occupies nearly one-fifth of the whole area, has trebled since the farm was first laid out, an increase of population which is greater than has taken place in any neighbouring village or town. The rateable value in the parish books has risen by reason of the increase of building from £11,000 a-year, at which it was rated in 1861, to £36,000 a-year, at which it stands now. The death-rate, which averaged 20 in the 1,000 before the establishment of the farm, has not risen above 17 since it has been in operation. The birth-rate is high, tending to raise the death-rate higher than it otherwise would be. Sewage-farming at Beddington has neither depreciated the value of property nor injured life, but has actually acted in a contrary direction. It has also done much more than that. The land, which was naturally poor before it was taken for sewage utilisation, was let at the agricultural value of 24s. per acre. The neighbouring land has, however, risen in value since then, and now lets at £2 10s. to £3 10s. per acre as market garden land. But the Croydon local board have been obliged to take the land on lease at the enormous rental of £12 per acre, which is rather less than its cost would have been to us if we had purchased it compulsorily. The landlords, instead of receiving £525 *per annum*, now obtain £5,500 a-year without any trouble to themselves; they become rich men, if they were not so before. The farm employs more than three times the number of hands, and raises at least five times the amount of produce. There is at this time upon the farm a herd of nearly one hundred and twenty head of cattle, many of which have been bred on the farm, including fifty milch cows; they are as free from disease and as healthy looking as any herd in any part of the kingdom. Let us bear in mind that the landowners have become rich men, the wages paid have more than trebled, the produce raised has increased by five times; there has been no depreciation of value to neighbouring property, no production of infectious disease or miasmatic influences, but there has been a complete destruction of the contagium-particles which a large population necessarily produces, whilst the effluent water discharged into the river after it has passed over the farm, has seldom been less pure than that supplied to many places as potable water, although I would not, for obvious reasons, be in favour of such water being used for drinking purposes. This result is brought about by continuous movements; from the time the sewage is discharged into the house-drain, until the time when the effluvia leaves the farm, is from six to twelve hours. The most important operation which takes place on a sewage farm is the destruction of contagious particles. The moment they are brought into contact with the spongioles on the rootlets of sewage-grown crops, as may be easily seen in any field of rye-grass which is being irrigated with sewage, the spongioles seize upon the albuminous matters in the sewage by a kind of elective affinity, including the contagium-particles, remove them from the water, and digest them with an avidity which is most remarkable; no putrefaction takes place, no retrocedent decomposition arises, but the albuminous matter is digested as perfectly as white of egg is digested by the human stomach. Putrefaction is no part of sewage utilisation, and if putrefaction takes place, there is a corresponding decrease of productive power, and also a proof that sewage-farming is not properly carried out there. There are three simple rules to be observed. (1) The sewage must be kept near to the surface of the lane, so that the contagium-particles which may be contained therein shall not get beyond the reach of the spongioles of the crop, but shall be digested at once, before they can become reproductive. (2) The amount of produce removed from the land must bear a constant and regular ratio to that of the sewage put upon it; and (3) there must be a rotation of crops, so that the materials common to sewage which one kind of crop does not take out from the 'land may be removed by another class of vegetable produce.

The utilisation of sewage by agriculture is one of the most important actions which the political economist, as well as the sanitary officer, can promote. It is a large field for the investment of superabundant capital, which must bring a handsome return to the inhabitants of the land in which it is invested, even if the investor fails to get a large premium. If one-tenth part of the sum which has been lost in Turkish, Egyptian, Honduras, and other worthless securities, had been invested in sewage utilisation, tens of thousands of acres of land which are now comparatively useless, might be bringing in a yearly revenue of five pounds an acre to the present owners, whilst the produce raised upon them would assist to reduce the famine price of butchers' meat, and be a boon to the country. It is proposed to spend ten or fifteen millions of pounds in the formation of a channel tunnel, which by a slight accident may be entirely lost. A similar sum expended for the purpose of utilising the sewage of London would make 10,000 acres of barren land as fruitful as the Beddington fields, and could not be lost. Motion in contact with atmospheric air in the sewer, on the farm and from the farm, constitute the first principles of sewage utilisation. I say, in contact with atmospheric air, because this is the *sine quâ non* of utilisation. Even in the next best way of dealing with sewage, viz., by intermittent downward filtration, it is an absolute necessity, although in such case the utilisation is secondary and partial only.

Experience has taught us that in dealing with sewage there are two other canon laws which are simple and absolute in their character, and which cannot be departed from without danger. One has reference to the communication between the house and the main sewer. No matter how careful the architect or the sanitary engineer may have been in his plans, the drainage portion of the work is carried out by a class of workmen who habitually slur over their work, and the common laws of hydraulics and pneumatics are studiously ignored. The natural result is occasional or even frequent stoppage. To obviate this danger, no sewer should have any direct communication between it and the interior of the house. Such communication should always be by indirect channels only.

The other canon law is also as absolute. It is, that no water-pipe conveying potable water for use into any house should ever come into direct contact with a sewer or house-drain in any part of its course, especially at the orifice of discharge. The reckless way in which plumbers and house-fitters disobey these laws is producing danger to individuals in all ranks of society. Sewer-air from imperfectly-constructed sewers is laid on to our bed-rooms, dressing-rooms, kitchen departments, and lavatories, as regularly as if it were a necessary of life, whilst the water-pipe is in a thousand instances so placed as to render it perfectly impossible to be used without the contingency of air finding its way to the water from the impurest of impure sources. People reputed to possess common sense do not see the danger of such proceedings, because every one using water liable to be so contaminated is not affected on all occasions and at all times. They argue that the precaution of keeping water-pipes away from the neighbourhood of sewers is unnecessary, because a fatal result does not immediately follow. They might as well argue that a battle-field is not dangerous, because the hero of a hundred fights died a natural death in his own bed.

I am inclined to make seven distinct classes of zymotic disease, and to include among them several which, at present, are assumed to be peculiar to animals alone. But the classification includes all the diseases which appear as epidemics in this country. The conditions are analogous under which one or other of them may arise, according as a concurrence of circumstances come together or not. The first class includes small-pox, cow-pox, chicken-pox, and sheep-pox. Its reproduction requires a germ or atom of potent matter which must be introduced into the animal economy from without. Now and then an individual is found who is insusceptible of the disease. If we could discover the reason for this insusceptibility, we should get the clue to the means which are required for the entire prevention of small-pox, and even render vaccination unnecessary. Attention to ordinary sanitary detail will not prevent its appearance, though it may diminish its fatality. A person who is apparently most healthy, very cleanly in his habits, who always inhales pure air, drinks pure water, and who is but little exposed to the influence of decomposing fæcal evacuations, may yet suffer from the disease. It is true that it is much more fatal in a dark, ill-ventilated house, with the insanitary surroundings which usually belong to such; still the fact remains, that small-pox is not prevented by sanitary regulations alone, and is not so capable of prevention by municipal and personal cleanliness as most of the zymotic class.

A distinguished member of this Association has made out that the milder exanthem, cow-pox, acts as a preventive of the severer form of the disease, simply because it is a modified form of small-pox, modified by its transmission through an animal; the germ which produces it having been a germ of small-pox, changed in its nature by passing through the body of the cow. It is an instance of the way in which Providence places in our hands means whereby we may extract the sting of disease if we set about it in the right way. The recipient of the slighter disease is insusceptible of the severer form of malady for a long time; until most of the tissues of the body have been altogether changed, and new matter laid down in their place.

This insusceptibility to take on a similar form of malady a second time is peculiar to most zymotic diseases. A person having suffered from enteric or scarlet fever, is less liable to suffer from that form of disease again. In this they differ materially from constitutional and functional diseases. If a person have suffered once from gout or bronchitis, he becomes more liable to recurring attacks. He has established a custom which will possibly set up an outlet in his system for the discharge of effete or used-up matter. It has one privilege attached to it; there is often a smaller quantity of the particular material in which the germ or potent matter of zymotic disease delights, that in that person who is apparently in a healthier state, which accounts for the fact that delicate people suffer less severely from epidemic maladies than those who are strong and hearty. The manifestation of zymotic disease represents the result of some potent force or the effect of some living organism acting upon the humours of the body, and altering the condition of the system, which requires years to efface. It removes from the system the whole of the matter in which the active principle of infectious disease can revel; and until production of its particular pabulum takes place that particular disease cannot arise again, because there is no food for the active principle to live upon. I much doubt if this potent force or living organism, take it as we please, could have any effect upon the body, if the recipient were perfectly healthy; if no impunity existed in the fluids of the body; if the blood contained nothing foreign to a healthy and natural state. If this be so, a question arises, as to whence these impurities proceed, and how their effects are to be guarded against. I venture to put forth an hypothesis for consideration, which will explain much which is difficult to understand on any other view. Some impurities must exist; they are the used-up matter, the result of the act of life, or they may be inherited tendencies, which have resulted from former neglect of sanitary law, and which have depreciated the quality of the stock, and rendered it more susceptible to bad influences. The impurities naturally increase if there are any defects in the sanitary arrangement of the individual corpus. Their presence is of no moment if they are not in excess, and if they are removed from the body as fast as they are formed, or in the course which they naturally follow. Let us represent them by X, in an equation in which the factors X, Y, Z (as a total) represent any form of epidemic disease. The problem is to assess the value of each factor in the equation. Divide the factors with two parts: centric elements, or those which are proper to the body; and eccentric, or those which act upon it from without; X, Y, Z, may equal zymotic disease of any kind. Let $X = U$ and E; U being the used-up material, the formed material of Beale, always in the act of formation, is not foreign matter and is not in ordinary proportions injurious to life. It is always being diminished as fast as it is formed, by one or other of the excretory organs which exist for the purpose of removing it. If all the excretory organs and all functions be healthy, and all doing their work properly, the body is in good health, there is no excess of used-up material, no *débris* of combustion. If, however, one or other of the excretory organs fail to do its duty, from either overwork or inertness, something is left in the humoral system, and E is added. It becomes a positive quantity, and represents the excess of matter which should have been removed, $U + E = X$. They have a common origin, being the *débris* of the act of living; E will differ in quantity as well as in quality. It will be modified by personal character, by actions, by non-actions, and even by attainments, but especially by attention to or neglect of sanitary and moral laws. Still more will it vary according to the circumstances of the community among whom the person resides, the moral and the sanitary state, or the habitual neglect of sanitary law in which that community may indulge. Thus, a municipal authority who allows over-crowding, foul air, immoral acts on the part of the people, impure water, or bad food, is providing an excess of E, and increasing the danger which may arise from the introduction of the potent principle of infectious disease. If E be absent, X is not complete, and X, Y, Z cannot arise; X even may be complete from the circumstances I have detailed, but Y, Z, are still required to establish an epidemic. If Z be made to correspond to an atom of potent matter, a germ or living organism, the particular contagium of any kind of zymotic disease, the multiplying focus of infectious disorder, and one of the eccentric elements in the equation, it has to be introduced from without, and is capable of modification according to the character of the soil into which it may happen to be transplanted. Like the torula cerevisiæ or the Penicillium glaucum, upon which fermentation depends, and without which alcohol is not produced if Z do not gain admission to some part of the humoral system, the entity, zymotic disease, cannot arise. Just as Penicillium glaucum requires the sugar and the temperature to produce alcohol, so Z, the contagium-particle, requires the food upon which it increases and multiplies, as well as certain meteorological states for its proper development. These latter conditions are represented by Y. The severity of the disease will depend upon the quantity of E which exists in the factor X. The epidemic will be more or less general and fatal, according to the greater or lesser quantity of E in each individual, not according to the character of Z; Z will be reproduced according to the quantity of food in the recipient upon which it can increase and multiply. If E be absent, the effect of Z will be nothing, for there is nothing for it to feed upon. If, therefore, personal cleanliness be attended to, if all the excretory organs of the body be properly exercised, if the municipal authority have insisted upon obedience to sanitary law, if moral laws be obeyed in each unit of sanitary work, the effect of Z, whenever it happens to be introduced, will be reduced to a minimum, and Z may be so dwarfed as to be unable to effect a lodgment, or it may die out entirely. It will be by directing attention to the necessity of diminishing the growth of E that we shall prevent epidemics from spreading, rather than by useless attempts to keep out Z; by correct sanitary administration, rather than by trying to establish an all but impossible quarantine. If E in the factor X abound, and quarantine be not effectual, if Z once pass through the cordon, the power of the latter is lost, and all our work in that direction has come to nought. The equation stands thus: $X = U + E$, and represents the used-up material, the result of the act of life; $Y =$ the meteorological conditions, such as temperature, moisture, and certain atmospheric states which are required for the rapid increase of epidemics; $Z =$ the contagium-particle upon which the nature of the disease depends. The fatality of the disease will depend upon the quantity of E in the factor X. The rapidity of growth will depend upon certain meteorological states represented by Y, but the character of the disease itself will depend upon Z. We can diminish X to a minimum by personal, municipal, and sanitary arrangements; we cannot alter Y, but we can impede the introduction of Z, and prevent epidemic disease, unless it can be shown that zymotic diseases may arise *suâ sponte*. As regards small-pox, there is not any difference of opinion on this point. It certainly requires the introduction of Z from without, and if the contagium-particle be absent, small-pox cannot arise. It has been clearly shown that the contagium-particle is a living organism requiring certain forms of matter for its development, and if it do not meet with that matter its character is altered, and it is no longer the same entity.

There is a class which includes measles, whooping-cough, influenza, catarrh, and eczema epizooticum, in which Z appears to be a germ of living organic matter, most probably of vegetable origin, possibly the fructification of a class of organisms which have recently been called schizomycetous, and which are too minute for separate identification with present microscopical powers. That vegetable matter can produce similar effects, is seen in the action of the pollen of anthoxanthum odoratum, and also of the fine powder of ipecacuanha. The effect of these reagents upon the mucous membrane is not constant, it only arises in some persons. Year by year we find the persons affected to be more numerous. They probably have E in the factor X, in some form or other in their systems. The action produced is immediate, and it may be likened to that set up by mustard. The latter affects every one alike, in which it differs from hay-asthma. The action produced by fungi is not immediate; there is a period of incubation, a period sufficiently long for the production of an immense multiplication of fungus-growth, and, as a sequence to that growth, the production of a chemical result. Growing fungi produce carbonic acid or other acid or etherial products; there is always a considerable formation of gaseous matter produced by such growth. This can set up irritation in the tissues, just as formic acid can, if injected under the skin. The germination, and, as a sequence, the multiplication of fungi in acid media, is one of the wheels within wheels often met with in nature, where reproduction is more rapid, because reproduction itself produces material which increases growth. There is a marked difference between the effect of the materies morbi which sets up epidemic catarrh and that of pollen upon mucous membrane. The one is reproductive, the other is not. It is in the result of reproduction that the cause for the catarrh is to be found. In that reproduction, a material is set free which acts in a manner similar to the pollen of the anthoxanthum. Those who live in close ill-ventilated rooms, and who object to admit fresh air, are said to take cold when they do so. It is not the fresh air which injures them, but it brings into contact with the patient's mucous membrane some germ from without, or else it disturbs some such in the ordinarily undisturbed part of the room. The fruit takes root and grows in its new home, reproducing itself, perhaps, like cow-pox, under altered conditions, and in that reproduction sets free a material which is the actual cause of the catarrh.

The effect of copaiva in producing a rash similar to, and which cannot always be distinguished from, measles, except by the absence of fever, is a proof that a vegetable product can excite a similar state. It has not been shown that the rubeoloid eruption which sometimes follows the use of copaiva has any protective influence against true measles. An extended series of observations are required to prove this point; and it may be that there is an opening for information which is worth following up. Measles is more generally prevalent in mild damp seasons: it always appears more or less about cleaning time, when old heaps of rubbish are being disturbed, and decaying organic matter from homesteads and farm-yards are being spread over the soil. It appears then as an epidemic, as if there were a sequence in the operation. It is possible that the schizomycetous organisms may be altered forms of some particular mould or smut, altered in the character of their fructification, and altered in their mode of growth by transplantation to a new home; just as the contagium-particle of small-pox is altered by its transit through the humours of the cow. Alterations of this kind do occur: the connection between the echinococcus and the tape-worm is a case in point; and it does not follow that the organisms themselves are distinct species which require a continuous existence in that form for their occasional appearance as epidemics. Just as with small-pox, some persons never have measles, or whooping-cough, or scarlatina, though frequently exposed to the influence of the contagion. Whoever discovers the cause of this exemption will confer a boon upon humanity, as in that discovery will follow the establishment of a means for preventing altogether that class of disease.

The class which includes diarrhœa, cholera, dysentery, enteric and intermittent fever, is essentially one of filth-disease, arising from the effects of a sewaged soaked soil, of polluted water or air, rendered foul by miasms from decomposing organic matter. Wherever any of this class put in an occasional appearance diarrhœa is certain to be a regular visitor whenever the temperature rises above the ordinary standard, and continues high for any time. It has been imputed to the rise and fall of the water-line in the subsoil in connection with the rainfall of the district. A close investigation of the conditions under which summer diarrhœa arises in those towns in which it is prevalent—such as London, Leicester, and Berlin—shows conclusively that, although the highest mortality corresponds with the lowest level of ground-water, there is no relative proportion in any other point. A relation does exist between the origin of the disease and heat. The greater the heat the greater the mortality; the lower the amount of moisture in the air, the higher the death-rate from diarrhœa. A fall in the death-rate follows upon the return of atmospheric saturation. The fall in the level of ground-water, the increase of temperature, and the diminution of water in the air all occur together. Then it is that those who inhabit cellars, underground dwellings, dark, ill-ventilated houses, houses in which dry rot is taking place, all places likely to get an excess of carbonic acid in the air, suffer from the disease. Hand-fed children suffer first and most heavily. This appears to prove that the food is the main starting point. The food, when given, is about to undergo some change promoted by living organisms, which flourish most luxuriantly under the conditions mentioned. They obtain a lodgement in the mucous membrane of the alimentary canal, and destroy the child by destroying the nourishing properties of the food exhibited. Pettenkofer thinks that locality has more to do with the disease than the introduction of any particular germ—that removal from the place will prevent or even cure the disease. He imputes it to some influence produced on the people by the rise and fall of water in the subsoil. This rise and fall of water is connected, but it is as a coincidence. The conditions which give rise to infantile diarrhœa are those which promote the growth of certain living organisms. Such growth takes place most rapidly at high temperatures, when evaporation is rapid, and when the underground air has an excess of carbonic acids in its composition, together with the organisms which accompany that excess—conditions which are likely to be in association with a low water-line, conditions which are always followed by heavy rainfalls. The z in the equation X Y Z = infantile diarrhœa is some living organism developed by continuous heat, by dry air, excess of carbonic acid in that air, and some other unknown condition. This organism finds admission into the stomach with the food, sets up a fermentation by which the nourishing power of the food is destroyed; produces an irritating material, which, uniting with X, causes prostration; and if this be not fatal, the child is starved to death. The localities in which diarrhœa arises are the favoured haunts of cholera and enteric fever under other meteorological states in which heat and dryness are not contingencies. Pettenkofer considers their origin to be due to local and personal considerations, and believes that quarantine is useless. The conditions which herald the approach of cholera are progressive from place to place. The factor X may be brought in, and the disease produced earlier than it otherwise would if it had to wait for development *suâ sponte.* The observations of Dr. Klein have established the coincidence of living organisms and typhoid in a way which is beyond cavil. In solving the power of each member of the equation X Y Z = enteric fever, we may be certain that the factor Z is a living organism capable of reproducing its like in any situation in which fæcal contamination has occurred, and in which the products of filth-decomposition are to be found.

Do any of these diseases arise *suâ sponte?* The sudden way in which some of them develope sanctions the idea. This is especially the case with enteric fever and scarlatina. Many intelligent and accurate observers have been unable otherwise to account for the appearance of those diseases in given cases. Yet the ordinary laws of natural history would forbid the suggestion. Growths, apparently spontaneous, are common in the vegetable kingdom, but in no case is it supposed that the growth has taken place without the previous presence of appropriate spores or seeds. The sudden and wide-spread appearance of eczema epizooticum among cattle, or the destruction of potato by potato-blight, seem to be spontaneous, yet those diseases spread by contagium-particles; we may reasonably suppose that the propagation depends upon spores like to Penicillium glaucum or mucor mucedo. Those spores are to be always found, only waiting for a suitable situation to grow and become fertile in a few hours. They are both aerial and aquatic, and produce different results, according to the dryness or moisture of the position in which they are found, and are modified by the acidity or the alkalinity of the media in which they multiply. Bacteria of different kinds are found in one, vibrios in another; why should not those forms produce a potent matter in their growth, capable in itself of producing disease? We know that certain kinds of fish may be eaten to-day with impunity, but to-morrow they set up serious disturbances in the animal economy. Vibrios to-day may be harmless, but to-morrow they may produce disease. The secretion from the peritoneum to-day may do no mischief; to-morrow an irritative action may arise which will set up a most virulent and infectious complaint. In peritonitis, a most fatal form of infective disease may be set up, and the infectivity arises *suâ sponte,* because certain circumstances have been altered, and the bioplasm, existing normally in the tissues, has taken on a new action. The germs were there, but, the vital conditions being altered, a comparatively harmless secretion is turned into a virulent poison.

I believe this to be the case with those specific forms of contagion which are multiplied by filth. Scarlatina and typhus, enteric fever and cholera, arise apparently *suâ sponte,* because certain germs or foci of potent matter have been altered by the circumstances in which they are placed, and infective power has been added, just as infectivity is produced in the peritoneal secretion by inflaming the membrane which secretes it. The ordinary excreta of carnivorous animals, which contain the *débris* of animal food may or may not be so placed as to produce the germ upon which filth-disease depends, just as dry rot may or may not arise in a building, according as to whether ventilation has been provided for and new wood kept out of the fabric. But if these germs be introduced into the human economy, the disease arises and spreads in the usual manner. So again with scarlatina, long-continued observation and analogy forbids the idea of an origin, except from some bioplasm finding a suitable soil in which it may develope its poisonous character.

Time fails me to go through the list of zymotic diseases, and show the character of Z in each class. There is a close analogy, a continuing alliance, and a similar explanation can be made as to the value of Z in each member of the class.

Zymotic disease, in the majority of instances, has its power of producing evil more in the character of the recipient than in the quality of Z. Obedience to sanitary law in private life, together with the performance of public duty by local authority will give comparative immunity from epidemic and infectious diseases, and render us in a great measure independent of the trammels of imperfect quarantine.

As zymotic disease has its main impetus in the disregard of duty, those who advocate the performance of that duty must be prepared to encounter opposition and witness an ebb-tide in sanitary work. It is imperfect knowledge on our part which gives strength to the opposition. It is our duty to persevere in the prosecution of a more perfect work. Motion, as opposed to stagnation, simplicity, as opposed to complexity, should be our cardinal points; and if to this we add the peremptory utilisation of animal *débris,* the sting of epidemic and infectious disease will be taken away, and, in the words of the Psalmist, "we need not be afraid of the pestilence which walketh in darkness, nor of the destruction which wasteth at noon-day."

It is our duty to strive to reach this point of perfection. It can be obtained only by educating the people as well as ourselves aright, and we must trust to Providence for our reward.

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Clinical Records.

JERVIS-STREET HOSPITAL, DUBLIN.

OPERATION CASES UNDER THE CARE OF DR. MELDON.

CASES OF BLOODLESS AMPUTATION OF THE LOWER EXTREMITY.

Excision of the Os Calcis and Subsequent Amputation.

(Reported by Mr. RICHARD HUGHES, Resident.)

FANNY CHURCH, a delicate girl of 19 years of age, was admitted into Jervis-Street Hospital on the 21st May, 1874. The previous history showed that she had never been very strong, and that some eight years ago she had been under treatment and operated on for necrosis of the tibia. For two years after this date she improved slightly in health, but during the past six years she has been gradually losing strength. Of late, abscesses have formed rapidly in almost every part of leg and lower part of thigh. Her appetite too has become so bad that she can take little or no nourishment, and severe startings of the leg have rendered her nights almost sleepless.

On admission she was found very much emaciated, perspiring profusely, and suffering much from starting pains in the foot and leg. Discharging sinuses were to be found in every part of the leg, foot, and lower part of the thigh. This, added to the fact that there was tubercular deposit in the left lung, accompanied by all the symptoms of hectic fever, rendered the case all but hopeless.

The morning after admission the limb was carefully examined by Dr. Meldon. The only part wherein the diseased bone could be detected was the os calcis, and in many places this bone was found bare and rough. To relieve her from the great suffering it was proposed to amputate the limb. To this, however, she would not submit. It was then resolved to excise the calcaneum. After some preparatory treatment a T-incision was made over the diseased structure, Esmarch's bandage having been previously applied. As much of the bone as possible was then exposed by dissection, and being found completely softened it was divided with Dr. Stapleton's powerful pliers; the remainder portion was gouged out.

For some weeks after the operation the patient improved very much; her appetite returned; the starting pain had completely ceased, and every hope was entertained that the operation would be successful; but suppuration soon began to tell on her enfeebled constitution, and to save life it became necessary to amputate her leg. This was done by Dr. Meldon just five weeks after the excision. The operation, like the former, was done bloodlessly, and to this Dr. Meldon attributed the rapid recovery she made, leaving the hospital just three weeks later (31st July, 1874) with the stump quite healed, and having increased in weight.

June, 1876.—Fanny Church was examined this month and found to have lost all traces of phthisis, and has since her discharge from hospital been in perfect health, and has been able to do a great deal of hard work, having already worn out one artificial leg.

Bloodless Amputation of the Thigh.

(Reported by Mr. CHARLES ENNIS.)

Mary Ann Haynes, a married woman, aged 34 years, was admitted into Jervis-Street Hospital on the 27th of October, 1873. For some time previously she had suffered from severe pain in the ankle-joint. Lately the leg has become much swollen and inflamed.

The day after admission she was examined by Dr. Meldon, who made free incisions into the leg, from which much bloody matter escaped. For some time she was relieved, but prolonged suppuration reduced her to such an extent that to save her life it was determined to amputate the leg.

At the date of the operation she was so weak that it was not without danger she was removed from her bed to the operation table. Esmarch's bandage was applied, and Dr. Meldon removed the leg through the lower third without the loss of a single drop of blood. From the date of the operation she improved rapidly, and left the hospital three weeks later with the stump healed. Her rapid recovery Dr. Meldon stated he believed to be due in a large degree to the fact that she had lost no blood.

Case of Bloodless Amputation of the Thigh in a Patient far advanced in Phthisis.

(Reported by Mr. THOMAS E. WHITE.)

John Keane, aged 25, was admitted into Jervis-Street Hospital in the middle of August, 1873. At the time of his admission he represented as marked a case of scrofula as could possibly be seen. He had lately been discharged from Mercer's Hospital, where the middle finger of his left hand had been removed for caries of the metacarpal bone. Anchylosis showed that the right knee had shared in the general condition. There was likewise extensive tubercular disease already far advanced in both lungs, and the whole length of the left leg, from the tuberosity of the tibiæ to the tarsus, presented at variable intervals, sinuses leading to diseased bone. Hopeless as the case seemed to be, at the patient's urgent request Dr. Meldon consented to amputate. On the 10th of September the operation was bloodlessly performed through the lower third of the thigh. For three days after the operation he improved very much in health; but on the morning of the 13th he became restless, after having struck the stump violently against the cradle which was protecting it. A second afterwards it was found that the stump was bleeding. Fortunately Dr. Meldon was in the ward at the time, and at once succeeded in arresting the hæmorrhage. Notwithstanding this check in his recovery, he improved gradually until the 24th, when the stump was healed. A short time after this he left the hospital much improved in health.

Bloodless Amputation of the Leg.

(Reported by Mr. THOMAS E. WHITE.)

Julia Leckey, aged 11 years, who had been attending the hospital dispensary for some twelve months, was admitted into Jervis-Street Hospital on the 13th September, 1875, with strumous disease of the tarsal bone, ankle-joint, and lower portion of tibia and fibula.

A few days after admission Dr. Meldon amputated the leg, having previously applied Esmarch's elastic bandage. After this she made a rapid recovery, and were it not that one of the ligatures remained for some time longer than usual, she would have been fit to leave the hospital fourteen days after the operation.

Dr. Meldon, in his remarks to the student, mentioned that some surgeons objected to use the elastic bandage in amputations where there was much suppuration in the knee or leg; but the cases in which he has used it within the past few months clearly showed the students that its use was most serviceable instead of being objectionable.

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Obituary.

DR. LUTHER, OF CAPPOQUIN.

WE announce with regret the unexpected death of this estimable gentleman, whose contributions to our columns of excerpts from the foreign medical literature of the day are well known to our readers. In the locality in which Dr. Luther lived and practised he was universally esteemed, and is now regretted in remembrance of his skill as a surgeon and physician. He was carried off by an attack of gout in the stomach, at the early age of 39.

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SIMON NICOLLS, M.D., OF LONGFORD.

DR. NICOLLS died of apoplexy at an advanced age in Longford on the 27th ult. The attack to which he succumbed was induced by exposure to cold during the erection (on the 26th ult.) of a dam for sanitary purposes. He was an M.D. of Glasgow, and a licentiate of the Edinburgh College of Surgeons, and for the past twenty-six years filled the post of medical officer to the Longford Workhouse. He enjoyed a lucrative obstetric and medical practice in Longford and the adjoining counties, which he never relinquished, and it may be truly said "he died in harness." The cause of temperance ever received his warmest and most persevering support, he being a strict teetotaller to the day of his death. His essay on "Protracted Labour" (communicated to the Dublin Obstetrical Society, 1875-76) was a valuable contribution to obstetric literature. He was genial, hospitable, witty, but not in the least sarcastic, firm and consistent in his religious and political views, was equally tolerant to all who differed from him. His efforts in the cause of charity may be said to have had no limit. By his death the poor have lost an ever ready friend in need, the public service a valued officer, and medicine a devoted disciple and indefatigable worker.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 6, 1876.

LEGISLATIVE RESTRICTIONS FOR HABITUAL DRUNKARDS.

VERY recently we drew attention to the report of the British Medical Association on the advisability of legislative restrictions for habitual drunkards, as well as to the petition which their Committee has prepared for signature by members of the profession, as well as by the general public. That this movement on the part of the Association is one which involves much careful consideration, and on the propriety of which there will be a great difference of opinion both in and outside the profession, is evident from the short discussion on the report which took place at the third general meeting of the Association, and which we will briefly notice before we proceed to make any remarks of our own.

Dr. Carpenter, in moving the adoption of the report, dwelt upon the importance of the objects they had in view, and urged that the petitions should be extensively circulated amongst those who take an interest in the matter, and when filled up, placed in the hands of members of Parliament early next session. Dr. Chadwick seconded the motion, with the remark that he had no doubt all present were agreed upon the matter. On the other hand, Dr. Bucknill entirely objected to the proposed petition. He denied that the power of compulsory committal and detention of drunkards was, as had been stated, legally in operation in various parts of the United States. The Supreme Court of that country had ruled that drunkenness was not an offence, and that the New York Legislature had no right to pass such a law as that to which reference had been made. He objected to the term "not exceeding one year," as not affording sufficient time for the reclamation of drunkards; he questioned the correctness of the statement that a large percentage of habitual drunkards had been reclaimed; and he also disagreed with the assertion that penal legislation with regard to them "is worse than useless." Lastly, he said that although a case had been made out against habitual drunkards among the working classes in this country, the Association proposed to legislate for a superior class against whom no case had been made out, and he did not believe there was the slightest probability of passing such a law through the legislature of this country at the present time. The next speaker, Dr. Morris, warned the Association against lending itself to any legislative "measure for muzzling any section of the community," and said it was quite beyond their function to attempt any such thing. Another gentleman, Mr. Watkin Williams, defended the motion. He said that their object was not "imprisonment," but "amendment," to cure inebriates and not to punish them, and that they, as an association of medical men, could have no better object in view, particularly as one of their great objects was to cure all disease to which the human kind was subject; and with regard to the duration of confinement, he said he would rather see the head of the family confined for two or three years, or even for life, "than be a disgrace to her husband and children, and the laughing stock of her servants." In reply, Dr. Carpenter satisfactorily met the objections that Dr. Bucknill had made, and asserted that the latter physician had misunderstood the object of the petition, and had totally misrepresented it. With regard to the influence of short terms of imprisonment, the evidence given before the Select Committee which sat in 1872 showed that it was true. "As a magistrate in the south of London, he had to hear these cases day by day, and had to commit these poor drunkards over and over again, knowing that as soon as ever they came out of prison they would be before the Bench again. He had no hesitation in saying that in such cases short terms of imprisonment were worse than useless, and that to treat habitual drunkards in such a way was a great mistake. He never sent a person to prison in that way without feeling that he was doing an injustice in punishing as a crime that which, in reality, was a disease. They had no more right to send these poor people to the treadmill for a fortnight for getting drunk than they had to send them to a lunatic asylum. The treatment required was not penal, but curative; and that was the great object for that Association to promote."

Such are some of the first steps in a movement, the results of which may be of far greater consequence to the future well-being of society than is generally supposed. Whatever may be thought of the advisability of placing habitual drunkards under legal restraint, no one can deny that it is a question in the discussion of which the medical profession or any of its representative associations is particularly concerned, and in the final settlement of which it is entitled to a most respectful hearing. The object of this proposed legislation is for the benefit of the individual, of his family, and of society at large, and no body of men could with better grace suggest the best means of carrying out so praiseworthy an object as those who are so continually coming in contact with the social evil complained of, and with the mischievous results of which they have in their professional capacity so frequently to deal.

But with regard to the question itself, the propriety of legislative interference, there are, in our opinion, three great points for consideration—first, whether the evil exists to such an alarming extent as to call for restrictive measures of an extraordinary nature; secondly, whether the object in view could be gained by any other means; and, thirdly, whether the proposed scheme is really practicable. That habitual drunkenness exists among the poorer classes of this country to such an extent as to call for some kind of interference on the part of the Government is generally admitted, even by those who, like Dr. Bucknill, think that no case has been made out against the upper classes of society. Had Dr. Bucknill, however, practised as a general physician, or as a general practitioner, we feel sure he would have formed a very different opinion. There is, perhaps, not a medical man in practice who is not often meeting with ladies and gentlemen who are habitual drunkards, whose homes are, in consequence thereof, made wretched and almost insupportable, and in whom there is not, while they have their liberty, the least chance of any reformation. As Dr. Carpenter justly observes, private drinking had during the last few years greatly increased in the middle and upper ranks of life. Only recently it has been our lot to witness in two ladies, each the mother of several children, the most deplorable intemperance—intemperance which had been going on for years, which all devices, all threats, and all persuasion had failed to cure, and which completely jeopardised both the physical and moral training of the children, and eventually broke up what might have been prosperous and happy homes. That the percentage of habitual drunkards is very much smaller among the higher than among the lowest orders of society we will readily admit; but if the case made out against the middle and higher classes is not so strong as that made out against the working classes, it is to be borne in mind that the grief and misery attending upon this evil, and the want of some public reformatory to which the unfortunate individual may be legally consigned, are felt far more poignantly in one case than in the other, while the chances of a successful and permanent cure are certainly greater among the former than among the latter class. That such is the case is evident from the fact that it is not the sottish and wilful drunkenness among the lower orders of society which has made so many medical men and so many affectionate fathers and mothers wish that there was some such asylum as is now proposed, but those less repulsive and irresistible forms of intemperance which are unfortunately so prevalent in the higher ranks of the community.

For these and other reasons into which we cannot now enter, we may take it for granted that habitual drunkenness does exist among all classes to such an extent as to necessitate some better check being put upon it, and some better plan of treatment adopted than that now pursued. But it may be worth while to consider whether any other means might be resorted to than that of calling in the aid of legislative restrictions.

We have used the expression, "habitual drunkenness," for the sake of convenience, and as a general term applicable to all who give way to habits of intemperance; but we must bear in mind that we have to deal with two very different classes of cases, of which one may be said to be best represented by the drunken navvy, the other by the genteel dipsomaniac. With respect to the former class of people, who attract most attention in consequence of the brutal assaults with which their habitual drunkenness is so frequently associated, some hopes have been entertained that short terms of imprisonment would have a deterrent effect upon their drunken habits, until the time arrived when the improved condition and education of the working classes rendered such punishment unnecessary by removing the causes which gave rise to them. Short terms of imprisonment have been found to be a failure, nor must we be too sanguine as to the good results which are expected to follow from the general education and elevation of the masses. Dr. Carpenter is not the only magistrate who has repeatedly had to commit the poor drunkard to prison, in the full assurance that as soon as he came out of prison he would come before the Bench again. Nor could we expect otherwise. Short terms of imprisonment are just sufficient to make the prisoner miss his customary stimulants, and to induce him, on gaining his liberty, to rush to his liquor with tenfold more zest than before, without having afforded sufficient time to completely break him of his habits, and for his brain to get into such a healthy state, and his propensities to be so thoroughly subdued as to enable him to steadfastly resist the temptations to which he may be exposed.

With regard to that form of habitual intemperance which exists among the middle and higher ranks of life, no attempts have hitherto been made to grapple with it. The infatuated woman may have been for years a curse to her family, but she is never found drunk in the streets. She seldom commits any felony or assault: consequently, she never renders herself liable to any penal imprisonment, useless though it may be, but is permitted to have full liberty to go her own course, until some disease, the fruits of her intemperate habits, has put an end to her miserable existence. That in these sad cases there is nothing to be done short of either some such legislative restrictions as those now proposed, or letting things remain as they are, is so evident to all who have had anything to do with this unfortunate class of people, that we need not dwell upon this part of our subject any longer. On another occasion we shall consider the advantages that may be reasonably expected from the establishment of reformatories to which the habitual drunkard may be legally consigned, and inquire how far such a scheme is really practicable. In the meantime we hope that the present movement will receive the support of both the profession and the public, and that the number of signatures attached to the petition will show that any action the Government may think proper to take in the matter will be in accordance with the wishes of all classes of the community.

PROPAGATION OF SCARLATINA FROM MILK.

Dr. Buchanan has lately brought out his report on an outbreak of scarlatina which occurred some time since in South Kensington, and which had been apparently propagated by milk. The outbreak took place on the 9th of June, 1875, in a family living in the above neighbourhood, as well as among some guests who had assembled at the house. Among these people, numbering about 180 persons, there occurred between the 11th and 14th of June the following cases of scarlet fever and sore-throat, supposed to have been of a scarlatinous nature:—Of the family, four out of seven were attacked with scarlatina; of the servants, three out of seven; of the dinner guests, six out of twelve; of the evening guests, only (so far as known) four, and one of the occasional servants. Hence, within five days of June 9th, eighteen individuals were affected, but it is right to state that six of these had sore-throat only, and in all the others, except one, the attack was very slight, and in one or two cases, doubtful. The diagnosis of the disease rests with the seven medical men who attended upon the marked cases. "Beyond those originally attacked," observes Dr. Buchanan, "the disease did not spread, except in the form of feverish sore-throat to persons in communication with the patients." The peculiar nature of the circumstances attending this outbreak suggested that the infection of scarlet fever had been contracted by the persons affected, at the same time, and from one and the same source, namely, at the assembly on the 9th of June. No direct source of infection was ascertained, either in the household itself or among the guests; but after various inquiries, the question was at last limited to the possibility of infection having been propagated by some of the food that was used during the evening above mentioned, probably the cream. It appears that, besides an extra quantity of milk supplied in the ordinary way, a store of cream was taken in from two different sources, one supply (at four o'clock) coming exceptionally from a London dairy, kept by Mr. M., while the five o'clock cream had been supplied by the ordinary milkman from milk that had travelled up from Hampshire. Moreover, according to the cook's account, the general cream supply of the day was from the Hampshire dairy, and it was this cream that was partaken of by a large number of evening guests without any results. But the distinctively dinner supply was from Mr. M.'s, London dairy. It was this cream which was distributed essentially to the family, to the dinner guests, as well as to four ladies of the family and a guest, who had partaken on the next day of certain dishes that had come untouched from the dinner table. Now it was among these people, including the ladies just mentioned, that scarlatina was distributed, but the disease did not affect generally the evening guests, who had almost wholly partaken of the five o'clock supply from the Hampshire dairy. "It is thus seen that the four o'clock cream and the scarlatina went in the main together, though there were exceptions which obviously required, and promise to reward, more particular study." We may therefore conclude "that of those of the family and dinner guest who were afterwards taken ill all had partaken of cream in one form or other, while of those who were not taken ill, a majority had not used cream in any form." . . . "The earlier evidence showed a considerable probability that the disease was spread by some article of food or drink, and the present evidence shows that the particular article may not improbably have been the cream supplied to the house at 4 'o'clock on the day of the party."

The above is but a brief *résumé* of this interesting report in which several other questions are raised than those we have been able to notice. The report itself, however, will amply repay perusal, not only for the many important and carefully recorded facts it contains, and the valuable suggestions it affords, but also as a good example of the manner in which such an investigation as that so ably concluded by Dr. Buchanan, should be carried out. In this particular instance the inquiry has failed to actually prove that the cream was the source of infection, whilst there has been no investigation as to the manner in which the suspected cream may have become infected. But the results of this inquiry have been so far satisfactory that suspicion has been aroused, and the attention of the profession directed towards a possible source by which scarlatina may be propagated.

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REGISTRATION OF BIRTHS, DEATHS, &c.

The Irish Medical Association has lately devoted much time and consideration to the very unsatisfactory condition of the Act in force at present regulating the registering of births, deaths, and marriages in Ireland, confided to the dispensary medical officers, and came to the conclusion that repeal of the statute in force was necessary, not only for the public benefit, but for the interests of the registrars, they accordingly set themselves to work on the matter and consider what suggestions could be made which would—whilst benefiting the public interests as well as those of the registrars, at the same time—have precedents and be acceptable to Parliament, which was found to be no easy task. The Committee of the Council of the Association after mature consideration thought the best course to adopt was to follow up as nearly as circumstances admitted the English Registration laws, whereby they were enabled to show precedents, and although their project is not perfect, nor does it contain all which they could wish to obtain, yet it will probably meet with universal approval, for it is one which, whilst guarding the public interests and materially improving the position of the registrars, will be likely to find favour with the legislature. We understand that the Right Honourable the Earl of Donoughmore has been entrusted by the Association with the introduction of the Bill proposed by their Council, and that the preliminary submission to the various authorities interested in the matter has met with approbation. The Bill to amend the registration of births and deaths in Ireland suggested and drawn up by the Irish Medical Association has so far met with approval, and has been introduced to Parliament and printed by order of the House of Commons; in due course the Bill will come before Parliament during next session, when we hope it will be passed. So far as the public are concerned, the new Bill if passed will be a great boon, inasmuch as it will remove many of the disabilities and difficulties at present suffered. So far as the registrars' interests are concerned, we are glad to observe that the Bill provides extra remuneration and less trouble. The new Bill provides that the registrars shall receive 2s. 6d. each for the first 20 registries each quarter, amounting to an addition of £6 a-year to the present emoluments of each registrar. The remaining clauses enact important amendments in detail as to the machinery of registration calculated to facilitate the public and the medical officers in the performance of the function, and to make more effectual the record of births and deaths. We shall, in our next issue, lay before our readers the most important clauses of the Bill and any explanatory notes which they may seem to require. If this Bill should become law in next session of Parliament, as we have every reason to hope that it may, the Irish Medical Association will have done enough valuable public and professional work in this alone to justify its existence and to deserve the confidence of Irish medical men.

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Notes on Current Topics.

A New Luxury.

A MARSEILLES correspondent of the *Chemist and Druggist* states that arrangements are being made for supplying London with a substance known as "Marseilles butter." It is produced at a large stearine candle manufactory at Marseilles, where 500 hands are employed and where several tons weight of this substance are turned out weekly, it being known under the name of "Margarine, Graisse alimentaire and Beurre factice." The correspondent says:—"It is most artistically prepared, equalling in appearance the finest Epping or Dorset qualities, and it keeps well. But it will not go down at Marseilles, and a suitable market is now being sought for this spurious alimentary substance." Possibly the "Graisse alimentaire" is as palatable and nutritious as the best churn produce, but we hope it will not find its way to our tables under any false designation, or under the protection of Mr. Sclater-Booth and the English shopkeepers' trades unions.

Signs of Arsenical Poisoning in the Heart.

MR. ROBERT HARVEY, in the Indiana *Medical Gazette*, notices a fact which has not previously been made so fully known as he puts it, viz., the condition of the endocardial membrane after poisoning by arsenic. The author has collected together the facts relating to a very large number of arsenical poisonings, and on the subject now specially named he reports as follows:—

"The condition of the lining membrane of the heart is given thirty-three times, and is a point which should be carefully noted in future. In eight cases only in which it was carefully examined was it found to be natural. In two cases by Dr. Warburton the endocardium was deeply stained, but the action of running water rapidly removed the congested appearance, which does not seem to have amounted to ecchymosis.

"In twenty-three cases it was found congested or ecchymosed, the appearance being apparently confined to the left ventricle in most of them. The mitral valve was stained with bluish spots of extravasated blood in a case reported by Dr. Harris, of Shahjahanpur, in February, 1870. This officer reports seven cases of arsenical poisoning in three years, in five of which this endocardial congestion was present."

Horse Flesh and Tapeworm.

M. DECROIX, of Lyons, attributes the greater frequency of tænia mediocanellata at the present day, as compared with instances of tænia solium, to the growing practice of the employment of raw meat as a therapeutic aid, and the fashion of eating under-cooked meats. The habitat of the tænia mediocanellata, in its larval or cysticercous stage, is, as is well known, in the flesh of oxen and sheep; and M. Decroix points out the impossibility, in many cases, of ascertaining its presence in this stage. He urges the advisability of horse flesh being prescribed where it is deemed necessary to give meat in the raw state. He states that not only is the flesh of the horse more nutritious than beef, mutton, or pork, but that it has the further advantage of not being infested with any parasite having man for its host.

The Properties of Gallium.

THE recently discovered metal gallium melts at 81·1° Fahr., so that it liquefies when held in the hand. When solid, the metal is hard and resistant, even to a few degrees below the melting point. It can be cut and possesses a slight malleability. When fused, it adheres easily to glass, on which it forms a beautiful mirror, whiter than that produced by mercury. It oxidises but very superficially when heated to redness in the air, and does not become volatile. The density at 59° Fahr. is 4·7, that of water at 39·2° Fahr. being 1. Excepting mercury, which only becomes solid at 37·9° Fahr., there is no other element which liquefies at so low a temperature as gallium.

A Cholera Pestilence.

ONE of the most terrible outbreaks of cholera on record occurred this summer, in the village of Golwood, in Bombay. The population was more than two hundred, of whom more than half died in three days. The disease appeared at noon on June 4th, and before daybreak next morning there had been fifty-seven deaths. On the 8th all the survivors fled. The disease displayed extreme virulence, some cases proving fatal in twenty minutes. In these cases the ordinary cholera symptoms were absent, and the body at the first stroke of the disease became livid, convulsed and shrunken. Gross neglect of sanitary measures is the apparent cause, as it is stated that the people were living in inconceivable filth. Cholera appears to be unusually prevalent this year, outbreaks being reported from various parts of India.

An Unhealthy Locality.

IN a report which has been recently issued by the medical officer of health for Poplar we have a description of a particularly unhealthy part of that district. The area in question contains about 22 streets, courts, alleys, and places, with 208 houses. These houses were found, when specially inspected for the purpose, to contain 267 families, and an aggregate population of 1,115 persons. The official representation contains a description of the various courts, alleys, and streets of this area, which appears most completely to justify its condemnation as unhealthy. The large proportion of the houses ar declared to be "unfit for habitation." Forty-three deaths occurred within this area during the year 1875, which is equivalent to a death-rate of 38·6 per 1,000 of the enumerated population of the houses, 1,115 persons; whereas the death-rate in the whole of Poplar is 24 per 1,000 for the natural year 1875.

Attention has been drawn to this feature of the report by most of the daily papers, as though the above disclosure is something quite extraordinary and exceptional. We are afraid, however, that many such districts are to be met with not only in London, but in many other large towns. It is nevertheless a good representation of one of those nests of disease, poverty, and crime, which unfortunately can still be found without much trouble, and which some future hygienist will look back upon as an insanitary curiosity of the 19th century.

Vaccination in Keighley.

The vaccination officers of the Keighley Union have just made their annual report to the guardians. We have not yet received this report, but we see from a notice of it in a contemporary that the agitation which has been taking place in that locality, and to which we have frequently drawn the attention of our readers, has been already attended with the unfortunate results which we anticipated. During the year 1875, 1,019 births are reported to have occurred within the union, and at the end of the year 549 of the children, or 53·8 per cent. were unvaccinated or otherwise unaccounted for. In Keighley itself the proportion unvaccinated was so high as 60·4 per cent. These figures contrast in a striking manner with those recently published for Leeds, where the percentage of children unvaccinated or unaccounted for during 1875 was only 1·9. Moreover, the above facts strikingly justify the remarks which we recently made in one of our editorial articles, and in which we showed that if this opposition goes on much longer, some alteration will have to be made in the Vaccination Acts, even at the risk of making them more stringent. It has been justly observed that the material for another fatal epidemic of small-pox in Keighley is being accumulated at an alarmingly rapid rate; and not till then, perhaps, will the eyes of the public be open to the mischief which has been caused by the fanaticism of the opponents of vaccination.

The Mechanical Action of Violet Light.

The *Scientific American* says that M. Paul Bert's recent investigations as to the cause of the change of colour in the chameleon have led him to a discovery of considerable importance, since it indicates a mechanical effect of light, and more especially of the violet rays, hitherto entirely unknown. He traces the changes of hue of the reptile to minute corpuscles or chromoblasts, which are located either below the dermis or at the surface of the skin, according as they are affected by certain nerves which are respectively analogous to the vaso-constrictors and vaso-dilators. When the chameleon is placed half in red light and half in violet light, obtained by passing sunlight through coloured glass, the portion on which the red light falls remains of the normal yellow colour, while that affected by the violet light changes to a greenish-black hue. This same effect can be produced by suitable nerve excitations and divisions, showing that the accession of colour on the skin is absolutely caused by the rising of the coloured corpuscles to the surface; while, when the latter remain inert, the natural yellow hue of the creature continues unchanged. Hence it would appear that the coloured corpuscles, like certain chemical substances, are not equally affected by all the rays of the spectrum, and that in the violet-blue rays alone resides the property of mechanically moving the chromoblasts and drawing them to the surface.

How Railway Accidents Happen.

The gross disregard of life and limb exhibited by railway directors was never more culpably exemplified than in the case of the Flying Dutchman. From the report just submitted to the Board of Trade, we learn that on the 24th May last, when the accident happened, the train was going at the rate of sixty miles an hour down an incline of 1 in 400, and round a curve of 45 chains radius, when the engine left the rails, just where it was "lifted" only five days previously, the ballast having been thrown out for the purpose, just depriving the sleepers of a considerable amount of support. It will in no way surprise the public to learn that an accident happened to the Flying Dutchman under the circumstances; the wonder is rather that it should have so often run its wild course without before coming to grief, and sacrificing the lives of every one who might have been unfortunate enough to be boxed up in the carriages. The condition of the permanent way, as described by Captain Tyler, is simply abominable, for the officials whose duty it was to keep the permanent way in order must have known that the "strap-bolts" and "through-bolts" were too far apart, and therefore could not resist the strain of an engine weighing forty-nine tons, and dashing over them with a speed of sixty miles an hour. Under the circumstances it was no wonder to the Government Inspector that the bolts gave way and were bent under such strains, that the rails became bulged under the engine in the middle of their lengths, and that the carriages were thrown off them. It was, indeed, most fortunate that the engine itself remained on the line, and that in spite of the destruction caused to the transoms after the carriage left the rails, most of the passengers escaped without serious injury. We cannot but read of such a hair-breadth escape without a shudder. Nothing can excuse the reckless conduct of the directors of a large railway company for having exposed travellers to such fearful risks, and which in this instance was chiefly brought about by a silly desire to outstrip a competing line in a race against time.

The Spontaneous Combustion of Coal.

In the report just issued by the Royal Commissioners appointed to make inquiry into the causes of the spontaneous combustion of coal in ships, and of which a long and able review has been given in the columns of the *Standard*, there are many interesting and important facts to which Professor Abel and Dr. Percy have drawn the attention of the government. It appears that pyrites appear to be the only sulphur combinations occurring in coal, which, by their oxidation, promoted by the presence of moisture and by mechanical conditions favourable to the accumulation of the heat developed by such oxidation, are liable to give rise to what is called the spontaneous ignition of coal. Carbon, in a finely divided condition, has the property of absorbing and condensing within its pores large volumes of certain gases, among which is oxygen. The condensation of gas by a porous body is attended by the development of heat, proportionate to the extent of that condensation. A good illustration of this action is furnished by the very porous charcoal prepared for the manufacture of gunpowder. This has to be protected against rapid access of air for some time after it has been removed from the carbonising retorts, otherwise the charcoal, though it may have been allowed to cool down perfectly, will become heated upon exposure to air, to such an extent as to ignite spontaneously. Ignition is not uncommon during the grinding of the charcoal, owing to the extent of surface thus brought into contact with the air. The spontaneous ignition of oiled cotton or silk waste is due to the same law. The porous fabric serves as a vehicle for exposing the readily oxidisable oil or grease, in a finely divided condition, to the air, and thus favouring a rapid oxidation. These facts have a direct bearing on the spontaneous ignition of coal. The finer the particles of the latter; the greater is the facility for absorbing oxygen and thereby developing heat. After a careful investigation of this part of the subject, Professor Abel and Dr. Percy say it does not appear practicable to apply ventilation with any prospect of guarding against the accumulation of heat in some portion of a cargo of coal. The renewed supply of oxygen furnished by the introduction of a fresh volume of air would obviously favour the process of absorption, "so that a period would be reached sooner or later when the development of heat would be most seriously promoted by ventilation, some time before ignition demanded the total exclusion of fresh air." The conclusion is therefore warranted, both on scientific grounds, and from the evidence of facts, "that it is inadvisable to attempt through ventilation of cargoes in coal-laden ships." It is only to be regretted that through the lack of sound scientific advice the Board of Trade should have exercised its influence in the wrong direction, so as to aggravate the evil it sought to cure.

Hospital Saturday Fund.

THERE appears to be a fair prospect that the Saturday, or Workmen's Fund, will this year be more successful than the two previous years of its existence. On Saturday last the annual collections were made in the streets for the metropolitan hospitals. About 160 ladies had volunteered to take charge of collecting boxes at the corners of the principal London thoroughfares. In the evening the boxes were carried to the offices of the Fund, where they were opened and handed to seventeen clerks of the National Bank, who had given their services gratuitously, for the purpose of having their contents counted and duly noted. Shortly after nine o'clock Captain Mercier and several members of the Council of the Fund, met Mr. Jabez Hogg and other governors of Charing-cross Hospital, in the Board-room of that hospital. Captain Mercier stated that up to that time the street collecting boxes that had been opened had yielded upwards of £100 in excess of the entire street collection to the Fund of last year. Up to a quarter to nine the street boxes had yielded £577 About £450 had also been received during the day from other sources, and when he referred to the fact that they would be receiving money from *employés* of large firms, and from various combinations, for the next three weeks, it was impossible to say what would be the actual amount realised for the Saturday Hospital Fund, but he hoped it would double that of last year. Votes of thanks to the ladies, and to the Charing-cross Hospital authorities for the use of the Board-room, were unanimously carried, and a general expectation shared that the collection for 1876 would reach a very handsome figure.

Orthopædic Hospital in Dublin.

IN addition to the accommodation afforded by the National Orthopædic Hospital of Ireland, the starting of which in Dublin we noted the week before last, and of which Mr. Ormsby, of the Meath Hospital, is the working surgeon, the surgery of deformities is to receive a special provision for it by a second institution—the Dublin Orthopædic Hospital which has been opened in Ushers Island in the same city. The surgeons of the institution are Mr. Swan and Dr. Bookey of Stevens's Hospital, and the consulting staff are Mr. Hamilton and Mr. MacDonnell, of the same hospital. Whether either or both or neither of the new hospitals prove to be a success, the sick poor will gain an advantage, and we are not sorry to see an attempt to specialise a class of cases which are somewhat unsatisfactory of treatment within the wards of a general hospital, no matter how carefully the surgeon may do his duty. It will be for the surgeons of the new Orthopædic Hospital to justify their establishment by showing that they can attract patients and produce satisfactory results. There seems, at least, to be a concurrence of opinion that the public is in want of orthopædic specialists in Ireland.

The Death from Violence in a Lunatic Asylum.

THIS unfortunate case has at last come to a termination. In passing sentence upon the defendant, *John Smith*, the attendant at Camberwell House Asylum, Mr. Lushington, remarked that he had carefully weighed the whole of the evidence, and could come to no other conclusion than that the ribs of the patient Wimberley were fractured through violence. It had been stated that the ribs of the patient were very brittle, which would show that it required but little violence to break them. With regard to the evidence of the two epileptic patients, he had read what they stated before the coroner, and could find little difference in the statement made before this court by them. He should certainly take them as competent witnesses, and they stated that defendant kicked the patient in the ribs more than once. He wished to say that, with regard to asylums, no doubt many things might go on which it would be impossible for the doctors and managers to see, although, as in this case, they have done everything possible. He, however, felt bound to say he believed the two witnesses, and could come to no other conclusion but that the defendant grossly ill treated the patient of whom he had charge. Every keeper who had charge of patients was bound to remember that he should keep his temper, and that no provocation should tempt him to commit acts of violence upon such patients. He should not, he felt, be doing his duty as a magistrate if he passed over such a case lightly. He, therefore, ordered the defendant to pay the full penalty under the Act, viz., £20, or, in default of distress, three months' imprisonment.—The money not being paid, the defendant was removed in the prison van.

With respect to this sentence no one will think that the punishment inflicted upon the prisoner is more than he deserves, and certainly it is to the interest of the medical staff and managers of lunatic asylums that the case has so terminated. While in this instance the doctors of the asylum have been exonerated from any ill-treatment or bad management on their part, the blame has been thrown upon the right party; and the case of John Smith will in future be a warning to keepers, and show them that in undertaking the personal charge of the insane they incur too great a responsibility to indulge in any cruel or vindictive treatment of their patients.

The Profit upon Sanitation.

The Medical Officer of Health for Southwark, Dr. Bateson, has availed himself of the opportunity he possesses to compare within the last year the mortality of his district within and without the Peabody Buildings. These buildings are a model of structural perfection, cleanliness, and order, and are inhabited as a rule by a temperate and provident class of artizans, and it was to be expected that their health would contrast favourably with that of the squalid, dirty, and intemperate with whom the locality abounds. This anticipation has been abundantly verified by Dr. Bateson's figures, for he finds that the death-rate of the large population within the Peabody Buildings is only 12 per 1,000, while that of the outside parish is 24·5, a gain of 100 per cent. in favour of cleanliness and ventilation.

Surgeons for Servia.

The English contingent to the Turkish army is growing speedily larger, six surgeons from London and one from Dublin having left last week. The Government of the Porte are ready to accept all duly qualified and competent volunteers, to whom they pay on enrolment £25, to enable them to reach their head-quarters, and salaries of £12, £16, or £20 per month while on service, according to the rank in which they are placed. An opportunity of seeing plenty of field surgery is thus afforded to any enterprising young men who are not afraid to smell powder, and are ready to rough it a little in pursuit of a knowledge of their profession.

Galway College.

The *Belfast News-Letter* says, a short time ago a Commission of Inquiry visited the Queen's Colleges. The object of the inquiry was to determine whether it might not be possible to amalgamate some of the now existing Chairs, without impairing the efficiency of the several colleges. It was thought by some that if this were possible, the salaries of the present staff of professors could be increased without involving a demand for an additional grant from parliament. Some uneasiness was felt by those interested in the fate of the Queen's Colleges, lest that the commission, under an allegation of economical intentions, should in any way contribute to the difficulties which the Colleges have already encountered. The commission has not yet, so far as we are aware, presented its report; but we understand that it has been pronounced generally against the suggested amalgamation. This rumour obtains credence from the fact that the Government intends to fill up the vacancy in Galway College, caused by the death of Professor Lupton. We are, therefore, at present disposed to think that there is no ground for the fears which were freely expressed; and we think that the Government cannot have had any hostile intention as regards the Queen's University. Whatever lowers the position of Galway College endangers the other colleges. It is the threatened portion of the line, and cannot be too carefully guarded. The avowed determination of its opponents is to reduce it to an intermediate school. The friends of education must stand by the Galway professors, who have ever been the staunchest supporters of the Queen's University.

Arts Education as a Qualification for the M.D. in the Queen's Colleges.

The Irish Government have resolved to unite the professorship of Latin in Galway with the professorship of law in Belfast, in consequence of the small number of students in Latin in Galway. The additions to the salaries of the professors in the Queen's colleges will probably amount in all to £4,000.

Poisoning by Chloral Hydrate.

An inquest was lately held at Silloth, upon the body of the Rev. John Harvey, D.D., formerly minister to a large congregation in Edinburgh. In March, failing health compelled him to resign, and he has since been seeking rest in England. On arriving at Silloth he complained of being exhausted. At half-past nine he went to bed. He could not sleep, and at midnight got up and took a narcotic, consisting of 60 grains of bromide of potassium, and what he considered would be a teaspoonful of hydrate of chloral, though he did not measure it. About five o'clock next morning his wife became alarmed by his breathing, and found he was unconscious. Medical aid was sought, and Dr. Leitch, the local medical practitioner, was soon in attendance. He found the patient in an almost comatose state, and took measures to try and rouse him, and succeeded so far that he induced him to walk about the room. His physical powers, however, soon failed him, and, on lying down, he again became unconscious, in which state he remained until his death at eight o'clock. Dr. Leitch was of opinion that death had resulted from a dose of hydrate of chloral, not in excess of what the deceased had been in the habit of taking, but so large that his weakened physical condition had been unable to resist its action.

Fraudulent Liebig's Extract.

We last week reported a prosecution by the excise officers of the vendor of Liebig's Liquid Extract of Meat for selling, without a wine licence, an article containing a considerable quantity of spirit. The report did not sufficiently distinguish between the Liquid Extract of Meat and the ordinary Liebig's Extract sold in a semi-solid form, and largely used as a nutritive by the profession. The composition of the Liquid Extract was exposed by a prosecution of the vendors last October twelvemonth, which will be found in full detail in this journal. It was then sworn by the analyst to be nothing but "a concoction of Tarragona wine, sweetened with sugar, flavoured with pimento and allspice, and containing only a very small portion of extract of beef, but about 15 per cent. of pure alcohol." The seller of the preparation was prosecuted under the Food and Drugs' Act, for selling an article which was different from what it was described to be by the vendor, who represented that it was composed chiefly of pure extract of beef, together with wine and a small quantity of fine old brandy and quinine. The analyst, on the contrary, declared that the preparation contained only a trace of extract of beef, no quinine, and no brandy. We recall attention to the matter lest the repute of the genuine Liebig's Extract might suffer from its being confounded with this fraudulent concoction, which is sold in bottles of somewhat the shape and size of porter bottles.

The firm who make and sell this precious mixture are, we are glad to observe, bankrupt, so that the chemists who retail it have no remedy against them for any damage which they may suffer in consequence of having sold it in ignorance of its constituents. In the recent prosecution two chemists were fined £12 10s. each for selling it.

By latest telegrams a violent outbreak of yellow fever is reported at Savanah.

The Howard Medal of the Statistical Society of London will be awarded in November, 1877, to the author of the best essay "On the Condition and Management—past and present—of the Workhouses and similar Pauper Institutions in England and Wales, and their effect on health, intelligence, and morals of the inmates." The President has given the sum of £20 to be presented with the Howard Medal in November, 1877.

The following is the subject for the Jacksonian Prize of the Royal College of Surgeons for the present year, viz.—"The Treatment of Cancer of the Rectum, particularly as regards the possibility of curing or relieving the patient by excision of the affected part." The essays must be delivered on or before December 30. The subject of this prize for the ensuing year is "The Disease of the Lymphatic System known as Hodgkin's Disease or Lymphadenom." For the Triennial Prize, which consists of the John Hunter Medal executed in gold to the value of fifty guineas, or, at the option of the successful author of the dissertation, of the said medal executed in bronze, with an honorarium of £50, the prize will be awarded to the author of the best essay "On the Radicles of the Lymphatic System in relation to the External and Internal Surfaces of the Body."

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Correspondence.

"THE SALARY OF THE BLACKBURN MEDICAL OFFICER OF HEALTH."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I read your remarks concerning the present remuneration of the above medical officer in your issue of the 9th ult. with much interest. I am not surprised at your observations thereon, as you are evidently unacquainted with the cause of such a state of affairs. I admit without any hesitation that the salary is in this case a mere nonentity when compared with those of similar appointments in this country. There is a question of *medical ethics* at the root of this evil. It is the fault of the medical officer, and not of the Board under which he serves. When the aforesaid gentleman was selected for the office, ability and acquirements were not considered as items in his favour. He who would work cheapest was the man whom the Board, or rather, its members required, and in this competition Mr. Martland, the present medical officer of health, was successful by a long way, but whether it was creditable to him is another question. The other candidate asked a respectable salary for disagreeable work, but Mr. Martland, to the surprise of his opponents, submitted that he would undertake the duties for the wonderful amount of £25. He did so, no doubt, with the intention of ultimately obtaining an increase by application, an application which has since been made, and, of course, scouted. When I take into consideration the manner whereby he came into office, I cannot see one reason why his salary should be increased. Any kind of medical officers can be obtained for any kind of salaries, but if a good man is wanted he must be remunerated accordingly. I do not wish to convey that Mr. Martland is not equal to the calling, far be it from me to do so, but any person can see that a town with nearly 100,000 inhabitants cannot be looked properly after by a medical officer for the above-mentioned salary. The salary, in my opinion, should be somewhere about £400, and then it would only be on an equality with similar appointments in this country. It would, of course, be unwise, as well as unjust to the ratepayers of this borough to increase the salary of the present officer to that amount. Let there be a proper election by the committee who preside over the office, and let the appointment be conferred upon him whom they consider the best man. In this way an accomplished health officer will be secured for the benefit of the people. It is a great drawback that some members of our profession will work absolutely for anything which they are offered. I cannot conceive why such should be the case, but such is the case, and may well be considered degradation to the profession.

It is high time to be on the alert now, when small-pox is spreading from almost the centre of the town. The most neglected places may escape for a while every form of epidemic disease, but that direful scourge, small-pox, will probably teach the people, ere it disappears from here, the necessity of proper sanitary arrangements. In conclusion, I would advise members of the profession not to accept such appointments by contract, as tradesmen do. Let them not even become candidates where such rules are observed as have hitherto been done here. Let them consider the advice of Pollonius to his son Laertes, in the play of "Hamlet":—

> "To thine own self be true,
> And it shall follow as the night the day,
> Thou canst not then be false to any man."

Apologising for trespassing so much on your valuable space,

I am, Sir, your obedient servant,

Blackburn, 14th August, 1876. Johannus.

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COMPULSORY SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read with some surprise and regret your remarks on the letter of "J. D. R. K." in your last impression. Your desponding tone on the prospects of superannuation is different to that which you generally utter on subjects which have equity on the face of them. Why should the Poor-law medical officer be the only man expected to die in harness. I cannot see the force of your conclusions as to what you seem to think an abuse of the principle in the case of those gentlemen who, after receiving superannuation allowance, have had vigour enough remaining to embark in another branch of practice. This is not the view adopted in the matter of retiring pensions in the army and navy. I know a retired navy surgeon who after serving some fifteen years retired on a pension of 200*l.* a year in the vigour of manhood, allowing him to perform the duty of medical officer of a very large and laborious district under the medical charities, and I am sure he is only one of hundreds who have been similarly rewarded for past services. I have passed some 30 years in a very extensive dispensary district before and after the passing of the Medical Charities' Act, a district in which I am obliged to drive over bad roads and walk over worse, too bad to ride or drive on. I am now verging fast towards "the sere and yellow leaf," when the synonia of the acetabula and the entervertebral substance are—the former more scanty the latter less cartilaginous. But I suppose until I make my appearance on crutches I shall be held capable of performing my duty, and therefore not entitled to a retiring pension. Why should a principle be adopted with us which is not thought equitable towards a police constable? I pause for a reply.

SENEX.

[Our correspondent entirely misconceives our meaning if he supposes that we in anyway sympathise with the objections the existence of which we noted on the part of guardians and ratepayers. We were called upon to initiate an agitation, and we are of opinion that it would be alike imprudent and vain to do so. We confess, however, that while we recognise and would urge the claim of a Poor-law medical officer to superannuation as of right whenever he should become actually incapable, from any cause, of efficiently discharging his duty, we would not consider it reasonable to ask that, like the army medical officer, he should receive a retiring pension after a certain term of service, while still fully competent to discharge his duty. If such argument were laid before the Government it would be at once replied, as was said on former occasions, that the Poor-law medical officer does not devote "his whole time" to his official duties and has other resources, while the army officer is solely and wholly the servant of the Crown, and therefore bound to be provided for by the State.—ED. *M. P. & C.*]

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AUDI ALTERAM PARTEM!—MR. JONATHAN HUTCHINSON'S ESSAY ON TOPICS OF MEDICAL AND SOCIAL INTEREST. (EARLY MARRIAGE AND FEMALE MEDICAL EDUCATION.)

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have, in common with the rest of the profession, learnt so much from Mr. Jonathan Hutchinson in all departments of medical science that I always feel, when I differ in opinion from that most distinguished man, that in all probability I may be in the wrong. Still, as every rational being is obliged to decide according to the best evidence before him, I cannot help writing to explain how it is that I am not at all convinced by many of the arguments adduced by that gentleman in a recent address of his to the British Medical Association in London in opposition to female medical education, and one or two other social questions.

First of all, I am quite of Mr. Hutchinson's opinion when he says that it seems clear to him that the great danger to which English civilisation is exposed comes from the quarter of late marriages. I will quote his own words: "It appeared to me that the medical profession, cognisant as it is to so large an extent with secrets of individual and family life, owes it as a duty to society to take every means of making known its conclusions; and that we could come to no other conclusion than that the preservation of sound physical, mental, and moral health in both sexes is connected in an essential and inevitable manner with the facilities offered for early marriage." (*a*)

This is a thesis I have always adhered to; but I shrewdly suspect that Mr. Hutchinson does not see all the difficulties which lie in the way of carrying out the idea he so benevolently aims at. And yet the long and important contributions which have of late years been made to most of our lay journals on the question of the *Darwinian Law* might have long ago permeated medical literature and been applied to solve this knotty point in hygiene. It remains now surely fully ascertained that our race, in common with all other races, has the power of increasing its numbers with giant strides (doubling, for instance, in some twenty or thirty years), if food and other requisites of human life be but abundantly enough bestowed upon us. If, then, early marriages were to come into fashion suddenly, there cannot be any doubt in the minds of those who have studied political economy in the works of the masters of that science, such as Malthus, Ricardo, Say, or the two Mills, that in the present unprepared state of the public mind concerning the duties of parents towards the numbers and quality of their offspring, the effect would be that other myriads of unfortunate human beings would be introduced into a world where they would find no room for them, and either struggle and die an early death, or remain in that celibate condition their parents had shunned *for the sake of their health*, as Mr. Hutchinson would seem to advise.

Sismondi, John Mill, and Joseph Garnier have shown that, wherever dangerous prejudices are not ingrained in the minds of the inhabitants of a country, it is the custom of the people to think most anxiously and seriously about the number of their family. M. Maurice Block says, for instance, that the French peasantry and artizans, when married, are careful only to bring into the world two or three children; and Sismondi tells the same of the peasantry of the Val d'Arno. Consequently, although I warmly adopt Mr. Hutchinson's advice as to early marriage being necessary to save society from vice and sorrows of all kinds, I must add the proviso that was given as advice to the citizens of Amiens some years ago by M. Charles Dunoyer, the mayor of that town, that young married persons must let prudence regulate their unions, and above all, see that these unions are not more prolific than their industry.

With respect to the elaborate argument made use of by Mr. Hutchinson to prove that women ought not to study medicine or take diplomas in medicine, I would reply to most of these by observations which are usually thought applicable to other questions in social science. There are, it is clear, *some* women who desire to gain knowledge of medicine. Why prevent these women? And if they are incapable of learning much about that science, let the maxim "caveat emptor" hold here as in other departments of trade. No one need employ a woman as a medical adviser unless he or she likes. As to diplomas, they are, I presume, merely certificates, to mark that a particular person has acquired knowledge or proficiency in any art; and if a woman know much about anatomy, physiology, medicine and surgery, I don't see why the Faculty of Medicine of Paris or of Zurich, &c., does wrong by certifying to the fact.

But I take the liberty to go further. I believe that the study of medicine by educated women is one of the best and most hopeful of modern movements, and for this reason: All thoughtful persons have lately confessed that civilisation progresses just in so far as knowledge and science abound. If so, how is it compatible with any idea of a truly civilised state of society that not only a vast proportion of the male sex should be, as at present, in the profoundest ignorance of all that relates to physiology, but that the *whole* of the other sex should be debarred from studying sciences which are so intimately connected with morality and social well-being as are the sciences taught to practitioners of medicine? How can we expect to get rid of the evils of society so long as so much want of knowledge exists?

To say that the practice of medicine is *indelicate* is, to my mind, a total absurdity. To a mind well educated in what is right and wrong, indelicacy is not associated with any part of an organism; and I maintain that if it be wrong for a good woman to study and practise medicine, it must be equally so for a good man to do so. In my opinion, the idea of indelicacy being one of the necessary features in the question of female doctors, is only the *twaddle of the nursery*.

(*a*) *Brit. Med. Jour.*, August 19, 1876.

There is one argument for women studying medicine that has always had great weight with myself, because, as I have above indicated, I am embued with the idea that society requires, in order to be happy, earlier marriages, but very much smaller families. I have long been convinced that the equalisation of population with food and the means of subsistence, will never be seriously comtemplated until women, as well as men, begin to look their destiny in the face, because the ignorance and so-called *delicacy* of women, as at present educated, make them an easy prey to poverty and all kinds of evils, which greater knowledge of physiology would enable them to escape. With regard to the other topics alluded to by Mr. Hutchinson, such as the C. D. Acts, the alcohol debate, and the One Portal System, I dare not venture to treat them at the fag end of a letter, but hope you will permit me to write to you about them at some future occasion.

I remain, Sir, your obedient servant,

Charles R. Drysdale, M.D.,
Physician to the North London Consumption Hospital,
Consulting Physician to the Farringdon General Dispensary, High Holborn.

17 Woburn Place, W.C., London,
August 21, 1876.

Literature.

ON THE FUNCTIONAL DISEASES OF THE URINARY AND REPRODUCTIVE ORGANS. (a)

This may be termed a "classical" work, there are so many references to authors more or less learned, and there are so many quotations, of a polyglot description, all through the book. In one page we have six authors, writing in five different tongues, laid under contribution. The first two chapters are urinary—45 pages—the remaining 250 pages are reproductive in more senses than one, and deeply impress the reader with the writer's extensive acquaintance with medical literature.

As may easily be imagined, spermatic matters occupy two-thirds of the book. It seems sad that so many phthisical patients should have to confess to impure practices; but in a paper read to the Medical Chirurgical Society some years since, Dr. Smith asserts that 22 per cent. suffered from spermatorrhœa. Worse still is the discovery of an "ingenious writer that *clergyman's throat* is to be ascribed to spermatorrhœa?"

The treatment of this peculiar disease is to be attempted by the caustic catheter, the administration of chloral hydrate or bromide of camphor; *phosphorus*? The old remedy, perchloride of iron, in doses gradually increased to one and a-half or two drachms of the tincture is given thrice daily. Finally, fornication is used as a remedy. Lallemand, B. Phillips, Mr. Erichsen, the Greek Church Cicero, Dugald Stewart, and Strauss, all appear to be summoned, as authorities in recommending this more than questionable piece of advice.

The last chapter is devoted to the subject of sterility in the female, and is a very good *resume* of the various forms of disease leading to this condition. Lastly, the appendix contains parts of articles from the *Lancet*, and extracts from the reviews of the first edition, the general tendency in these articles being to lament that so little has been done in the way of throwing light on functional diseases of the male sexual system. Surely there is no want of works on the subject now, any deficiency having been made up by the comprehensive and exhaustive treatise under consideration.

A HANDBOOK OF THE THEORY AND PRACTICE OF MEDICINE. (a)

We are glad to welcome a second edition of this already well-known handbook. The first edition at once became acceptable to the profession, and established for this work a place in the front rank of handbooks. The second edition, so soon called for, will further raise its position. It is a much neater and handier volume than the first, which was too fat to be handled with comfort. The same care has been exercised in this as in the former edition, and each page is full of information. Though a handbook of 800 pages seems at first sight too large, it would be impossible to use any compression of the contents. Dr. Roberts has the faculty of putting a very great deal into a limited space, and further than that, he puts his matter very clearly, so that there is no obscurity about what he means. This work is not only a capital work for students preparing for their examinations, but it is well adapted for practitioners who wish to have the most recent information in a convenient form. For busy practitioners it seems the thing they require, and we fancy it will soon be found in some easily reached place in most surgeries, and be found well thumbed, too. Not only is the diagnosis of each disease carefully given, so that after the perusal of this work the busy man need fear no consultation, but the pathology is good; and further, the section devoted to treatment is excellent, and will be found instructive by most readers. If the work is faulty anywhere, it is in the little attention given to the light physiology throws on the treatment of disease. As, for instance, nothing is said about the restriction of the nitrogenised elements of food in the dietary of the subjects of Bright's disease of the cirrhotic type; and yet this matter is most important in giving relief from the different sequelæ of kidney incompetency, as well as being of no slight moment as regards the progress of the affection. The reduction of the amount of nitrogenised waste can only be achieved by limiting the nitrogen in the food; and such reduction of the amount of waste is the first step in the treatment of this malady. Similar fault might be found with the treatment of palpitation, where the different forms of palpitation, each requiring its own appropriate treatment, are not sufficiently carefully discriminated. Somewhat oddly, in a work generally so well done, insomnia is omitted from the list of cerebral symptoms, and yet it is a most important matter, diagnostically as well as therapeutically. Cerebral anæmia, too, though it possesses a distinct set of symptoms, and is also an important and frequent malady, seems, so far as our search goes, to be conspicuous by its absence. Dr. Roberts has succeeded in turning out a first-rate book, but there is just sufficient lacking to call for his attention in the preparation of the third edition, which will, in all probability, soon be called for. Dr. Roberts must keep the needs of the practitioner as clearly in view as he does the necessities of students, and then his handbook will take a position from which it can never be dislodged in our time.

NOTES FROM OUR EXCHANGES.

A Case of Complete Artesia Vagina.

Dr. A. F. Shelly, of Philadelphia (*Med. and Surg. Reporter*, April 29, 1876), publishes the notes of a case of the above affection which came under his notice, the only one of its kind met with in an experience of twenty-four years' practice. The patient was 15 years of age, well-developed, and for a year previous to the detection of the imperforate condition of the hymen had complained at monthly intervals of pain in her stomach. Was first seen by Dr. Shelly March 13th, 1874, suffering from excruciating pain, principally from an inability to pass water. On attempting to draw off the water, he discovered "a large tumour pressing upon the perineum, and separating the labia majora, like the size of a child's head in the last or expulsive stage of labour." Percussing the lower part of the abdomen he found "dulness extending in an arc from the middle of Poupart's ligament on one side to the same point on the other side, and arching up four inches above the symphysis pubis." Further examination fully revealed the true condition of the patient. In consultation with Dr. Ellerslie, Professor of Obstetrics in the Jefferson Medical College it was decided to evacuate the fluid by means of a puncture made with a grooved needle. Dr. Shelly lays great stress upon the manner in which this apparently simple operation is performed, as he believes therein lies the true secret of success.

(a) "On the Functional Diseases of the Urinary and Reproductive Organs." By D. Campbell Black, M. D., formerly Phys. to the Royal Infirmary, Glasgow. Second Edition. London: J. & A. Churchill. 1875.

(a) "A Handbook of the Theory and Practice of Medicine." By Fred. T. Roberts, M.D., B.Sc., &c.; Assistant-Physician to University College Hospital, &c. H. K. Lewis, Gower Street. Second Edition. 1876. Pp. 803.

Holding the needle between the thumb and index finger with the groove upwards, he introduces it from below upwards, in an oblique manner, so as to form a perfect valve for the purpose of excluding every particle of air.

He suggests for the purpose an ordinary grooved needle, rounded at the point, well grooved, with very sharp edges.

After the puncture was made "a very dark, pitchy fluid was discharged, in a sluggish manner, to the enormous quantity of at least four pints in the next twenty-four hours; after that the discharge appeared to be of a mixed bloody mucous and muco-purulent character, and continued to be so for the period of about three weeks, becoming, however, less and more watery, and at last very trifling in quantity."

Subsequent treatment consisted of rest in bed and perfect quietness until the next menstrual period, April 7th, twenty-eight days from the time of first seeing her. The menses came on quite naturally, and flowed through the puncture, through which the point of a bistoury was inserted, "*without cutting however.*" She was then allowed to get up and go about, taking gentle exercise, and permitted a more liberal dietary. The second monthly period commenced in the first week in May, when a circular portion of the hymen was excised sufficient to admit of introducing the index finger. The excised portion was at least the sixth of an inch in thickness. Subsequent dilatation was practised to insure success. The patient afterwards menstruated regularly, and enjoyed perfect health.

The dangers attendant upon atresia vagina are pyæmia, peritonitis, and endometritis.

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Medical News.

Army Medical Service.—The following gentlemen competed successfully for appointments in Her Majesty's Army Medical Service, at the examination held at the University of London on August 14th, 1876:—

	Marks.
Allin, W. B.	2220
Ryan, M. R.	2081
Robbins, H. J.	1976
Reynolds, E. O.	1935
Carey, J. T.	1925
Morris, J. J.	1869
Rainsford, W. J. R.	1858
Tuthill, P. B.	1850
Williamson, J. F.	1840
Boyd, J.	1790
Hayes, A. E.	1782
Hewett, A.	1745
Johnston, P. H.	1744
Boulger, J.	1675
Laffan, G.	1675
Roche, E. A.	1625
Emerson, J. B.	1615
Robinson, R.	1600
Allen, W. H.	1505
Lamprey, J. J.	1485
Murchison, F.	1435
Bourke, U. J.	1409
Keith, A. C.	1395
Peyton, J. S.	1340
Russell, G. M.	1325
Large, W. B.	1305
Carleton, A. W.	1295
Brodie, J.	1285
Gunning, R. C.	1255
Cotton, H.	1230
Hunt, J. P.	1215
Hughes, G. A.	1180
Eager, F. G. L.	1055

Naval Medical Service.—The following is the list of candidates for the Naval Medical Service who have passed the recent competitive examination held at the University of London:—

	Marks.
Walsh, H. W. D.	2025
Henwood, J. D.	1970
Mugliston, T. C.	1935
Williams, T. E. H. T.	1915
Guppy, H. B.	1875
Armstrong, G. W. F.	1857
Connell, J. J.	1822
Williamson, F.	1685
Rae, W. M.	1675
Kellett, L. H.	1599
Newland, C. F.	1540
Dow, J. C.	1535
Wade, A. B.	1485
Barcroft, P. J.	1480
Murdoch, R.	1460
Corcoran, L. W.	1420
Twigg, G. D.	1335
Browning, J. N.	1315
Fogerty, G. J.	1310
Bookey, W. J. B.	1240

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Subscribers who have not yet sent in their subscriptions for last year are respectfully reminded of the omission.

The Balham Mystery.—As M.D. makes an assertion without giving any reasons for the views he has formed we cannot insert the letter in its present form.

Dr. Ormsby's paper shall appear if possible in our next.

To the Editor of the Medical Press and Circular.

Dear Sir,—Would you kindly suggest the remedies most likely to correct an ammoniaco-phosphoric diathesis?

A patient of mine, æt. 60, is subject frequently to large urinary deposits, from which he has intervals of freedom, urine abominably fœtid when these deposits are present and then decomposes with great rapidity. We cannot trace these changes to dietetic causes. Health apparently good; habits active and salubrious. Ordinary tonics, mineral acids, &c., seem to have no corrective effect. A specimen of deposit enclosed, which, when present, is alarmingly profuse.

Yours very truly,
Discipulus.

[The administration of salicylic acid in 8 or 10 grain doses thrice daily combined with 5 grains of biborate of soda and given in an ounce of water with some syrup or glycerine will be found of material benefit. If there is prostatic enlargement and consequent retention of urine the water should be removed by the catheter. The use of salicylic acid internally has been found very serviceable in some urinary cases lately treated.—Ed. M. P. & C.]

Dr. Edgar Flinn's "Case of Triplets with a Fourth Blighted Fœtus" shall appear in our next.

W. R. V.—The malady is one requiring no *special* knowledge to treat; consult a legally-qualified practitioner in your own town, there is no necessity for you to go to London. Members of the profession are not given to spread news of the so-called "secret diseases" of their patients; it is the quack who does this in order to terrorise his victims with a threat of exposure for the purpose of extorting money. Satisfy yourself that the gentleman you consult is duly qualified, and the result cannot but be satisfactory to yourself.

Nutbrown.—Freckles are a term used rather loosely for different kinds of discolouration of the skin. The genuine freckle is a definite yellowish mark of small size, most evident on very fair skins, and on parts exposed to light, especially the forehead, face, and neck. They will disappear occasionally, and are always worse in summer weather and after solar exposure. The ordinary applications advised are bitter almond emulsion, weak solutions of corrosive sublimate, sour buttermilk, or oatmeal and water, and have succeeded in rendering them less unsightly by repeated applications of solution of sulphurous acid. This is especially useful on the backs of the hands, but its disagreeable smell renders it less useful for the face. The stains of chloasma of brown and yellow colour, common on covered parts, as the chest, loins, and abdomen, yield to sulphurous acid or a solution of hyposulphite of soda mixed with vinegar and freshly applied, after using soap and water freely to moisten the surface of the skin. So far as I know cutaneous discolourations are little influenced by internal treatment, but the intimate connection between supra-renal disease and the remarkable condition termed bronze skin should not be forgotten. "Kittoe's" lotion is composed of muriate of ammonia, ʒj; aq. fort, a pint; lavender-water, q.s. To be applied with a sponge thrice daily.—Ed. M. P. & C.

If Dr. Balmforth will forward the communication referred to, we will endeavour to find space for it in our next, provided it is not too long.

DUTIES OF CONSULTING SANITARY OFFICERS.

To the Editor of the Medical Press and Circular.

Sir,—Will you oblige me by replying in your next issue to the following question—viz.:—Can the Board of Guardians of a union, as sani tary authority, in the event of a dispute arising *in any part of their district* between the other sanitary officers, the people and themselves, compel the CONSULTING SANITARY OFFICER to (in addition to his attending the meetings of their Board for consultation, &c., &c.) VISIT *any part of their district* and make a report on the case in dispute.

I am, Sir, yours truly,
JUSTICEA.

[The 10th Clause of the Public Health Act provides that "every sanitary authority shall appoint such sanitary officers, including a medical superintendent officer of health (who corresponds to consulting sanitary officer) when deemed necessary as the L.G.B. shall in each case direct . . . and the said Board shall assign to . . . the medical superintendent officer of health . . . his respective functions and duties in the discovery or inspection, or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, and in generally superintending the execution of the sanitary laws within the district."

In accordance with this enactment, the L.G.B. fixed the duties of the consulting sanitary officer as follows:—

The duty of the consulting sanitary officer shall be to attend meetings of the guardians acting as sanitary authority, whenever required to do so, and to advise them on all matters and proceedings requiring medical knowledge and advice in the administration of the sanitary laws.

In our opinion the visiting and examination of a nuisance is an essential part of the advising of the Board, and is, therefore, within the duty of the consulting sanitary officer.—ED. M. P. & C.]

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VACANCIES.

Leeds Infirmary. House Surgeon. Salary £100, with board. Address Dr. Heaton, the Infirmary.

Metropolitan Free Hospital. Assistant Physician. Honorary. Applications to the Secretary.

Newcastle-on-Tyne Infirmary. Junior House Surgeon. Salary £50, with board. Apply to the Secretary.

Wolverhampton General Hospital. Assistant House Surgeon. Board, but no salary provided. Address the Chairman of the Medical Committee.

Toxteth Park, Liverpool. Assistant Medical Officer to the Workhouse and Infirmary. Salary £100, with board and apartments. Address the Secretary.

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APPOINTMENTS.

BROWN, J. J., M.B., F.R.C.P.Ed., Senior Assistant Medical Officer to the Royal Lunatic Asylum, Morningside, Edinburgh.

CORR, Dr. W., Medical Superintendent of the Barony Parish Hospital, Glasgow.

FORTY, D. H., L.R.C.P.L., M.R.C.S.E., Resident Medical Officer to the Swansea Hospital.

JESSETT, F. B., F.R.C.S.E., Medical Officer of Health for the Erith Urban Sanitary District.

LEACROFT, J. W., M.B., Medical Officer for the Inkberow District of the Alcester Union, Warwickshire.

MCNAUGHTON, J., M.B., L.R.C.S.Ed., Medical Officer to the General Prison for Scotland, Perth.

NOLAN, C. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Shanagolden and Foynes.

O'CONNOR, M. R., M.D., Medical Officer, &c., for the Carrigaholt Dispensary District of the Kilrush Union, co. Clare.

PRICHARD, A. W., M.R.C.S.E., Assistant Surgeon to the Bristol Royal Infirmary.

ROBERTS, A., M.R.C.S.E., Medical Officer of Health for the Keighley Urban Sanitary District.

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Marriages.

ELLIOT—NOYES.—On the 31st ult., at S. huke's Church, Torquay, Henry Francis Elliot, L.R.C.P.Ed., of Ruyton, Salop, to Amy, fourth surviving daughter of the late Henry Criue Noyes, of Thruxton, Hants.

ILOTT—RING.—On the 31st ult., at the Parish Church, Streatham, Herbert James Ilott, M.B., M.R.C.S., of Bromley, Kent, to Theresa Georgiana, third surviving daughter of the late Charles Riug, of Upper Tooting and Doctors' Commons.

PALMER—AMY.—On the 23rd ult., at the Parish Church, South Hackney, T. Hurlstone Palmer, M.R.C.S.E., youngest son of John Palmer, of Baginton, Coventry, to Marian, youngest daughter of the late F. H. Amy,

WOODBURN—HELLEN.—On the 23rd ult., at the Parish Church, Ulverston, William Harrison Woodburn, Surgeon, Broughton-in-Furness, to Mary Ann, only daughter of Joseph Hellen, of Park View, Ulverston.

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Deaths.

BOGIE.—On August 21, at Fruids Park, Annan, Agnew Black Bogie, M.D., aged 57.

CROSBY.—On August 21, at Bootham, York, Thos. Crosby, M.R.C.S.E., aged 66.

CURRAN.—On August 26, at Youghal, co. Cork, Jas. Curran, L.R.C.S.I., aged 50.

EDEN.—On August 24, at Norwood, Thos. Edward Eden, M.R.C.S.E., aged 85.

HANSON.—On September 1, at Crescent Villa, Brentford, Newton Hanson, M.D., M.R.C.S.L., aged 76.

LAWRENCE.—On August 21, at Queen Square, Bath, Joseph Lawrence, M.R.C.S.E., aged 51.

ROBERTON.—On August 24, at Holly Bank, New Mills, John Roberton, L.R.C.S.Ed., aged 79.

WILKINSON.—On August 20, at Limerick, Dr. Thomas Wilkinson, Surgeon-Major Royal Limerick Fusiliers.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.

5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—The WINTER SESSION will commence on MONDAY, 2nd OCTOBER, with an Introductory Address by DR. BLANDFORD, at 4 p.m., in the Hospital.

The system of Clinical Teaching has been arranged so as to afford every student personal instruction in the wards from the Physicians and Surgeons themselves.

The courses of Lectures on Physiology and Surgery have been remodelled in conformity with the new regulations of the College of Surgeons.

Special departments have been organised for practical instruction in Midwifery, Ophthalmic Practice, Skin Diseases, and Dentistry. Lectures on Public Health are given by the Lecturer on Medicine.

Pathology, Morbid Anatomy, Psychological Medicine, and Comparative Anatomy are taught in distinct courses.

Instruction is given in all the special modes of medical and surgical investigation.

The following paid offices are offered for composition annually—viz., Obstetric Assistant, Curator of the Museum, Demonstrator of Anatomy, Medical and Surgical Registrars.

The House-Physicians and House-Surgeons are selected by merit from among the Perpetual Pupils without payment, board and lodging in the Hospital being provided at the expense of the Governors.

The Wm. Brown Exhibition of £100 per annum, tenable for two years, and £40 per annum, tenable for three years; the Brackenbury Prizes of £35 each annually, are awarded, along with various other prizes, by competition among the students.

The prospectus may be obtained by application to the Secretary at the Hospital, and any further information will be given by Dr. Barclay, Treasurer, or Dr. Wadham, Dean of the Medical School, either personally or by letter.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary

NATIONAL ORTHOPÆDIC HOSPITAL OF IRELAND.

For the Treatment of Club-Foot, Contractions, and Distortions of the Limbs, Spinal, and all other bodily deformities.

7 UPPER KEVIN STREET, DUBLIN.

President—The Right Hon. the Viscount POWERSCOURT, K.P.

Vice-President—The Right Hon. Lord ANNALY.

Committee—Right Hon. G. B Owens, M.D., J.P., Lord Mayor of Dublin; Charles Leslie, Esq., J.P., 25 Merrion Square, N.; Major Dopping Hepenstal, D.L., Derrycassan, co. Longford; S. S. Archer, Esq., 22 Great Charles Street; R. W. Boyle, Esq., J.P., Milltown House, co. Dublin; Major Hartley, Beech Park, Clonsilla; James Tyrrell, Esq., 2 Merrion Square, East; A. E. Graydon, Esq., Newcastle House, Rathcoole, co. Dublin.

Consulting-Surgeons—George H. Porter, M.D., M.Ch. (*Honoris Causa*), Univ. Dub.; F.R.C.S.I., Surgeon in Ordinary to Her Majesty the Queen in Ireland, and Senior Surgeon to the Meath Hospital and County Dublin Infirmary, &c. Philip C. Smyly, M.D., Univ. Dub.; F.R.C.S.I., Surgeon in Ordinary to His Grace the Duke of Abercorn; Surgeon to the Meath Hospital and County Dublin Infirmary, &c.

Surgeon—Lambert H. Ormsby, M.B. Univ. Dub.; F.R.C.S., Surgeon to the Meath Hospital and County Dublin Infirmary, &c.

Bankers—Boyle, Low, Murray, and Co., 35 College Green, Dublin.

Collector and Secretary—Mr. W. Brereton, 97 Upper Leeson St., Dublin.

There is now established in Dublin,* for the first time, an Institution entirely devoted to the treatment of these maladies. As medical statistics prove that Irish children suffer more than any others from that variety of distortion which is generally known as "Rickets," there is special scope in this city for its beneficial agency.

The relief afforded will be entirely gratuitous, the poverty of the sufferers being the only recommendation required.

Subscriptions and Donations will be received by Boyle, Low, Murray and Co., Bankers, 35 College Green, for credit of the National Orthopædic Hospital of Ireland; by Lambert H. Ormsby, Esq., 12 Lower Fitzwilliam Street, Dublin; by The Consulting Surgeon; by any Member of the Committee; or by the Collector and Secretary, Mr. William Brereton, 97 Upper Leeson Street, Dublin.

N.B.—Subscribers of £1 1s. are presented with Tickets for recommendation.

Medical Men and Clergymen, *of all denominations*, are at liberty to recommend patients.

*The Dispensary is open daily, at 10 a.m., for Patients suffering from all kinds of Bodily Deformity, at 7 Upper Kevin Street, Dublin.

SCHOLARSHIPS in SCIENCE. — ST. BARTHOLOMEW'S HOSPITAL and COLLEGE.

—A Scholarship of £100 open to Students who have not entered at any Metropolitan Medical School, will be offered for competition on September 27. Subjects:—Chemistry, Botany, Zoology, Physics. An Exhibition of £50 in the same Subjects, and One of £40 in the Subjects of Preliminary Education, open to Students who have entered at the Hospital in October, will be competed for in October. For particulars, apply personally, or by letter, to the Warden of the College, St. Bartholomew's Hospital, Smithfield, E.C.

UNIVERSITY COLLEGE, BRISTOL.

MEDICAL SCHOOL.

The WINTER SESSION will commence on MONDAY, October 2. Prospectuses may be obtained on application to

GEORGE F. BURDER, M.D., Hon. Sec.

Medical School, Old Park, Bristol,
August, 1876.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.

SESSION 1876-77.

The SESSION will commence on MONDAY, OCTOBER 2nd, when the Introductory Address will be delivered by J. MITCHELL BRUCE, M.D., M.A.

The Hospital contains 160 beds. This number will be considerably augmented before the termination of the present Session, probably making a total of 200 beds. This, together with the 36 beds of the adjoining Royal Westminster Ophthalmic Hospital, to the practice of which Matriculated Students are admitted, will make a total of 236 beds available for clinical teaching.

SCHOLARSHIPS, MEDALS, AND PRIZES.

Two Entrance Scholarships of the value of £30 and £20 respectively are awarded annually in October, for which candidates are required to give notice of their intention to compete on or before Saturday, September 16th, 1875.

The Golding Scholarship of £15 is awarded annually to Students who have completed their first year

The Llewellyn Scholarship of £25 is awarded to Students who have completed their second year.

The Governor's Gold Medal for Clinical Medicine and Surgery is awarded to Senior Students. The Pereira Prize of £5 is open to all Matriculated Students, and is awarded for the best Clinical Reports.

Silver and Bronze Medals and Certificates of Honour are awarded in the various classes.

APPOINTMENTS OPEN TO STUDENTS.

Medical Registrar (salary £40 per annum).
Surgical Registrar (salary £40 per annum).

Resident Medical Officer.
Resident Surgical Officer
Resident Obstetrical Officer.
Assistant Medical Officer.
Assistant Surgical Officer.
Clinical Clerkships.
Surgeons' Dresserships.
Pathological Assistant.

Open to all Matriculated Students without additional fee.

The Fees for the entire Course of Lectures required by the Examining Board amount to £80 7s., including a fee of £2 2s. for Matriculation (which involves no examination), and they may be paid in five separate instalments of nearly equal amount. The first is payable on entrance, the second on 1st of February following, and so on, the fifth instalment being due at the commencement of the third year.

The composition fee for Dental Surgery, including Matriculation, is £42 2s.

A Prospectus, containing much additional information, will be forwarded on application to the Dean. FRANCIS HIRD, Dean.

THE LONDON HOSPITAL MEDICAL COLLEGE.

The next WINTER SESSION will commence on MONDAY, OCTOBER 2nd, 1876, when the Introductory Lecture will be given by Dr. ANDREW CLARK, Senior Physician to the Hospital.

The perpetual fee to Lectures and Hospital Practice, with two years' Practical Anatomy, is 90 guineas if paid in one sum, or 100 guineas if paid by three instalments. Special entries can be made to Lectures or Practice.

The Hospital contains about 800 beds. The In-patients during 1875 were 5,804, and the Out-patients, 40,717.

1, 2. Two Entrance Science Scholarships, value £60 and £40;
3, 4. and two Buxton Scholarships, value £30 and £20, will be offered for competition at the end of September. Entries for the above must be made on or before the 20th September.
5. A Scholarship, value £20, in Human Anatomy, for first-year's Students.
6. A Scholarship, value £25, in Anatomy, Physiology, and Chemistry, for first and second year's Students.
7. A Hospital Scholarship, value £20, for Clinical Medicine.
8. A Hospital Scholarship, value £20, for Clinical Surgery.
9. A Hospital Scholarship, value £20, for Clinical Obstetrics.

A Prize of £5 to the Student who has attended most Midwifery Cases during the preceding twelve months. The Duckworth Nelson Prize, value £10, for Practical Medicine and Surgery (Biennial). Money Prizes to the value of £60 given annually by the House Committee, for zeal in Dressing Out-patients and knowledge of Minor Surgery.

For particulars as to Appointments see the Prospectus, which will be forwarded on application to the Secretary, Turner Street, Mile End, E.

Greatly increased facilities are now afforded by adjacent railways and tramways for rapid transit from the neighbourhood of the Hospital to other parts of London. The East London Railway Company's station is directly opposite the Hospital. Lodgings can be obtained in healthy localities in the immediate vicinity of the Hospital, at a very reasonable charge.

OWEN'S COLLEGE (MANCHESTER ROYAL) SCHOOL OF MEDICINE.

The WINTER SESSION will commence on the 2nd OCTOBER. The Registration of *Former* Students will take place on the 25th and 26th September, and of *New* Students on the 4th to the 14th October.

Prospectuses will be forwarded on application.

J. HOLME NICHOLSON, Registrar.

ST. THOMAS'S HOSPITAL, ALBERT EMBANKMENT, WESTMINSTER BRIDGE, S.E.

—The MEDICAL SESSION for 1876 and 1877, will commence on MONDAY, the 2nd OCTOBER, 1876, on which occasion an Address will be delivered by Mr. FRANCIS MASON, at Four o'clock.

Gentlemen are informed that the Admission Fees to Practice and to all the Lectures may be paid in one of two ways:—

1st. One Hundred Guineas, paid on entrance, entitle a Student to unlimited attendance.
2nd. Payment by three instalments, namely, of £40, at the beginning of the first year, £40 at the beginning of the second year, and £30 at the beginning of the third year, entitles a Student after payment of the third instalment to unlimited attendance.

Special Entries may be made to any Course of Lectures or to the Hospital Practice; and a modified Scale of Fees is arranged for Students entering in their Second, Third, or any subsequent year.

Private Classes for Students preparing for Matriculation, and for the Preliminary Scientific Examination, and M.B. Examinations, of the University of London, or for other Examinations, are conducted by members of the Staff, and embrace instruction in Chemistry, Natural Philosophy, Botany, and Comparative Anatomy, Physiology, Anatomy, and Materia Medica. Gentlemen can attend these Classes without becoming Students of the Hospital.

PRIZES AND APPOINTMENTS FOR THE SESSION.

First Year's Prizes. Winter.—Entrance Scholarships of £60 and £40 awarded after an Examination in Physics, Chemistry, Botany, and Zoology. The Wm. Tite Scholarship of £30. College Prizes—£20 and £10. Summer Prizes—£15, £10, and £5.

Second Year's Prizes. Winter.—The College Scholarship of 40 guineas, tenable for two years. College Prizes—£20 and £10. Summer Prizes—£15, £10, and £5. The Assistant Dresserships, Clinical and Obstetric Clerkships are open to Students who have passed the Primary Examinations at the Royal College of Surgeons.

Third Year's Prizes. Winter.—£20, £15, and £10. In-Patient Clinical Clerkships and Dresserships.

The Cheselden Medal is awarded after a Special Examination in Surgical Anatomy and Surgery. The Mead Medal, awarded after a Special Examination in Practical Medicine and Hygiene. The Solly Medal, with a Prize of at least 10 Guineas, for a collection of Surgical Reports. The Treasurer's Gold Medal, for General Proficiency during the entire course of Study. The Grainger Testimonial Prize, for Physiological Essay illustrated by preparations. The Two House Physicianships. The Two House Surgeoncies. The Resident Accoucheurships.

A Medical and a Surgical Registrarship, at a honorarium of £40 each, is awarded to Third or Fourth Year's Students.

MEDICAL OFFICERS.

Honorary Consulting Physicians—Dr. Barker and Dr. J. Risdon Bennett.
Honorary Consulting Surgeon—Mr. Frederick Le Gros Clark.
Physicians—Dr. Peacock, Dr. Bristowe, Dr. Murchison, Dr. Stone.
Obstetric Physician—Dr. Gervis.
Surgeons—Mr. Simon, Mr. Sydney Jones, Mr. Croft, Mr. MacCormac
Ophthalmic Surgeon—Mr. Liebreich.
Assistant Physicians—Dr. Ord, Dr. J. Harley, Dr. Payne.
Assistant Obstetric Physician—Dr. Cory.
Assistant Surgeons—Mr. F. Mason, Mr. W. W. Wagstaffe, Mr. A. O MacKellar.
Dental Surgeon—Mr. J. W. Elliott.
Assistant Dental Surgeon—Mr. W. G. Ranger.
Resident Assistant Physician—Dr. Sharkey.
Resident Assistant Surgeon—Mr. Clutton.
Apothecary—Mr. S. Plowman.

LECTURERS.

Medicine—Dr. Bristowe and Dr. Murchison.
Surgery—Mr. Sydney Jones and Mr. MacCormac.
General Pathology—Dr. Payne.
Physiology and Practical Physiology—Dr. Ord and Dr. John Harley.
Demonstration in Physiology—Dr. T. Cranstoun Charles.
Descriptive Anatomy—Mr. Francis Mason and Mr. W. W. Wagstaffe
Anatomical Demonstrations in the Dissecting Room—The Anatomical Lecturers, Dr. R. W. Reid and Assistants.
Special Anatomical and Microscopical Demonstrations—Mr. Rainey.
Practical and Manipulative Surgery—Mr. Croft and Mr. MacKellar.
Chemistry and Practical Chemistry—Dr. A. J. Bernays.
Midwifery—Dr. Gervis.
Physics and Natural Philosophy—Dr. Stone.
Materia Medica—Dr. Payne.
Forensic Medicine—Dr. Stone.
Comparative Anatomy—Mr. C. Stewart
Ophthalmic Surgery—Mr. Liebreich.
Botany—Mr. A. W. Bennett.
Dental Surgery—Mr. J. W. Elliott and Mr. W. G. Ranger.
Demonstrations of Morbid Anatomy—Dr. Greenfield.
Lectures on Morbid Anatomy and Practical Pathology—Dr. Greenfield.
Mental Diseases—Dr. Wm. Rhys Williams.
State Medicine—Dr. Alfred Carpenter.

W. M. ORD, M.B., Dean.
R. G. WHITFIELD, Medical Secretary.

Any further information required will be afforded by Mr. WHITFIELD.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 13, 1876.

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ON THE TREATMENT OF INFANTILE CONGENITAL CLUB-FOOT.

By W. J. Little, M. D.

(*Continued from page* 171.)

Another practical point, the neglect of which is apt to entail future trouble is, that gentle, painless, passive exercises and manipulations should be employed *pari passu* with the instrumental treatment, whether or not any operation has preceded it. (*a*) Long detention in any apparatus in one fixed position, whether it be that of extension or flexion of the foot, causes painful rigidity of structures which are naturally destined to constant daily movements. It is a fact that long retention of a part in one fixed position is a cause of pain when the part is again moved. This is observed by sound persons during many of the avocations in life. In like manner, the child whose foot has been too long held in any retentive apparatus, experiences pain when the part loses its support, or when the surgeon attempts to manipulate it. The young child instinctively offers resistance to the handling, the older child energetically opposes by means of volition the surgeon's efforts to move the parts. By frequent proper removal of the splint, by winning the confidence of the child through gentle patient usage, the entire treatment of infantile congenital club-foot can be painlessly conducted. Violent manipulation of these cases under anæsthetics is a barbarism. (*b*) We frequently meet with varus cases in which the foot has been adducted and flexed to a right angle, and has been so long retained in that position that difficulty is experienced in extending it and abducting it. It is true, that undue adduction with heel and sole contraction are characteristics of varus, but it should at the same time be remembered that a moderate degree of congenital varus exhibits a natural position, such as the foot in health is required to assume amongst its numerous actions. I have had cases that, from undue retention in instruments, have never recovered the power of proper depression of the foot, such as is required in standing tip-toe. In some of these cases this condition has been brought about by repeated sections of the tendo-Achillis. By this means also an artificial talipes calcaneus is often produced. Allied to the necessity of the foot being exercised and manipulated in all natural deviations during infancy, is the necessity for the choice of a good apparatus for those cases which have not been thoroughly cured during infancy. There is no doubt that the ordinary ratchet-screw instruments so largely used in the present day, miscalled Scarpa's instruments, by their fixed condition allowing, when applied, no "play" in the ankle-joint, are, in that respect, much inferior to the real Scarpa shoe, to Stromeyer's modification of it, and to the further modification of it, which is known as my shoe.

Another practical rule, of the necessity of which I am convinced from long experience, is, that the surgeon who treats a case of varus, with or without operation, should, *until the natural range of motion at the ankle and toes* is fully obtained, apply the splints or other apparatus with his own hands, and renew them at least once a-day him-

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(*a*) I again quote here, as I did in "Treatise on Deformities," [illegible], a few words from Mellet, "Manuel Pratique d'Orthöpædie," [illegible], "Manipulations are the life and soul of orthopædy, and few distortions are curable without them."

(*b*) Even after the surgeon has obtained full range of motion, an accidental interruption of treatment or neglect may, in a few weeks, cause considerable relapse. If the child have attained the age of eight or twelve months, the surgeon or parent has to deal with the temper of the child, and its wilful resistance to his efforts. Opposition from these sources can only be overcome by tact – the utmost gentleness combined with firmness, and a steady resolve not to be led into a perceptible struggle with the child. The causing of pain must be sedulously avoided, for the reason, that with patience and perseverance the cure can be effected without it.

self, or only allow it to be done by a well-qualified representative. Most splints or apparatus of the kind need, as a rule, removal once a-day. By no other course can the surgeon keep the thread of the treatment in his own mind and hands, and rarely without it does the case do justice to his wishes. I would lay down as a rule, that no case can be handed over to parental or domestic management, until the joint is fully and freely moveable to the full natural extent in all proper directions. Too many surgeons heedlessly sever the Achillis-tendon, and leave the ultimate and most important part of the after-treatment to an incompetent assistant, to the parent, or to an instrument-maker; practically, the case "takes its chance."

Much has been said about bringing the heel down to a right angle. I would say that nothing is permanently gained until the ankle can be *freely bent*, *extended*, *adducted*, and *everted* to the natural extent. There can be no doubt that the éclat which at first attended "division of the tendo-Achillis," and the benefit which promptly follows this operation in many cases in young children, has often been the cause of imperfect cure. The improvement visible immediately, or shortly after this operation, has led the surgeon and parent to be satisfied with the improvement already gained. The patient has been dismissed to the parent and instrument-maker before the bending and eversion of the foot was complete, and before the patient was enabled to tread as well upon the inner margin as upon the outer margin of the foot.

A powerful cause of delayed restoration or non-success of instrumental or operative treatment of congenital club-foot, springs from the innate difficulties attending it. Hence, in those deformities, the surgeon ought to leave nothing to incompetent persons. In the greater number of cases in which a surgeon performs any other operation than that for a congenital club-foot, he may calculate upon receiving larger assistance from nature. After an ordinary surgical operation, the wound will heal, the original natural parts left intact after the operation will perform their offices, even parts which have been injured will exhibit a tendency to the normal state of things. But in congenital club-foot, unless on the way towards cure, there is often exhibited a tendency to relapse into the original distorted state of things. So strong in many cases is this tendency, that it has suggested the idea that it is not merely the disposition of an elastic, semi-elastic, contractile, or tougher structure, to return to the form and length which it has possessed during the three, four, or five latest months of uterine life, when the distortion may have originated, and during the period that has elapsed since birth, but that there exists a tendency to revert to that state of evil, *nisus formativus*, which was formerly generally believed to be the cause of these affections during the earliest phase of embryonic development. The resistance to cure is naturally greatest in the most severe cases, severity not being measurable from mere external shape of the member, but from the number of the muscles affected. The gastrocnemial layer only, or the deep posterior layer of muscles of the leg also, the anterior tibial muscles, the respective layers of the sole of the foot, including all the ligaments and fasciæ, may also be contracted. We recognise the highest grades by the deep clefts behind the heel and in the sole, and by the tissues being so tense and resistant to the hand as if they were all more or less adherent and fixed together, a supposition anatomy does not justify. In no form of remediable complaint is there greater need of intelligent watchfulness and attention.

Another cause of delayed recovery I take to be the fruit of an insufficient estimate being formed by the surgeon of the difficulties of the cure, and of the parent never having been informed of the probable length of time during which the treatment may require to be continued, or at least during which a diligent attitude of watchfulness against the first signs of relapse should be maintained. It is comparatively easy to rectify the form and movement within a period of two or three months, in the case of a young infant; but the patience of the surgeon or parent is liable to flag during the number of years these cases, if once greatly mismanaged or neglected, cannot safely be left to themselves. When asked by parents how long the treatment or the attention of the parent or doctor will be needed, I now reply, "Until puberty, or until the child is old enough to take care of itself." Many medical men are prone to conceal the truth from the parents. I can with satisfaction say in relation to club-foot, that since I have told parents that their attention to prevent relapse will be required until adolescence or until the patient have quite grown up, and have distinctly placed the responsibility as to the final result on the parents' shoulders, I have rarely witnessed a relapse in one of my own private cases. It is an obligation upon the surgeon not to hand over the cured case to the sole management of the parents until he has thoroughly *instructed* them in the duties they will have to perform in order to maintain the cure. If it be possible, the surgeon should not entirely lose sight of the case until the patient is thoroughly competent to perform all the active locomotive acts of civil life.

A great cause of retardation of restoration has been the expense of *elaborate* instruments, the rapidity of the infant's growth, and the damage done to them by the frequent wettings by the child's secretions. Renewal of such instruments and their repairs, especially when the child has been permitted to walk before the cure has been completed, place formidable obstacles in the way of early successful treatment, and accounts for many disappointments.

Owing to want of means, the poor—our profession's most numerous clients—are the greatest sufferers by the supposed need of expensive apparatus, Whether in general or special hospital practice, it is practically impossible to keep pace with the demands for elaborate instruments.

In most hospitals some provision can be made for one set of instruments, but no known funds are available to meet the demands of the poor when the protracted use of apparatus becomes necessary, as in half-cured cases, hence augmented difficulty of locomotion and suffering. It becomes, therefore, a greater satisfaction to be enabled with confidence to point out the means by which, in at least this particular deformity, the use of expensive apparatus can be with certainty avoided.

Another cause of incomplete cure may arise from the occurrence of and interruption from one or more of the epidemic infantile diseases to which the very young are liable, or to want of breast-milk, severe bowel complaints, convulsions, and so-called difficulties of dentition, which I would attribute to the risks incidental to transition from the mother's milk to independent feeding.

Lastly, when cases have not been thoroughly restored in form and natural movements before the time of beginning to walk, ingenious and expensive mechanical contrivances are prescribed, either to help completion of cure, or to assist and correct errors in the act of locomotion. Such contrivances, *vulgo* irons, are often worn for years during the day time, the limbs returning at night into a worse position unless checked by a suitable retentive shoe. Some years ago I classed and wrote of these cases as relapsed ones. With my present experience this term would be a mere euphemism. I consider all such cases to have never been truly cured, the result of either misfortune, inattention or neglect of suitable treatment before or after leaving the surgeon's hands. For such cases, in which many structures have become additionally rigid from age, from undue walking in improper positions of the foot, long retention in unsuitable apparatus, and neglect of manipulations, the sufferer is apt to pass from hospital to hospital, or from private surgeon to private surgeon, to the manipulations of the pretended bone-setter, or the pretended dislocation-reducer, with or without the aid of anæsthetics. Repetition of section of the poor Achillis-tendon is undergone, as in Phillips's hands even to the twenty-second time. (*a*)

Other tendons and fasciæ are sometimes treated in a

(*a*) "De la Tenotomie sous-cutanée." Le Docteur Ch. Phillips, Paris 1841, p. 54.

similar way, and wholesale sub-cutaneous section in the mass of all the plantar tissues included between the integuments and the under surface of the tarsal bones has been again advocated. (See *British Medical Journal*, March 13, 1875, p. 339). Experience shows that the contracted arch of the bones of the tarsus in a young adult case of congenital club-foot can, after division of the superficial band of fasciæ and tendon of long flexor of the great toe be gradually unfolded and elongated by mechanical appliances, by manipulations, and by suitable exercises. I therefore regard the division in mass of all the plantar tissues as an unnecessary operation, and as one presenting peculiar disadvantages and probable future annoyance. (*a*)

There has already been too much of the knife in these imperfectly cured cases. I have, with rare exceptions, resorted to a single repetition of tenotomy, and I trust now, even more than ten years ago, to mechanical means and exercise.

The able surgeon who has carried out wholesale division of plantar muscles, tendons, arteries, nerves, and ligaments, remembered, doubtless, Phillips's and Guerin's long since published experiments on men and animals, which were intended to show the fearlessness and safety with which the largest arteries, veins, and nerves may be sub-cutaneously divided. Operations upon human beings frequently present different results from those observed in animals. The human tissues are equally tolerant of deep and large sub-cutaneous sections with those of animals, as far as regards the risks of bleeding, suppuration, and mortification. An animal may recover promptly from a deep section of vessels and nerves in a limb, and walk apparently well after it has recovered from the immediate effects of the operation. But the animal is unable to express his after sensations to us. The human nerves and vessels unite, but the human being can communicate his feelings, and inform us what unpleasantly imperfect union results even from sub-cutaneous sections. I have been consulted in two cases in which the peroneal nerve had been severed during the operation of dividing the outer ham-string, neither patient had recovered after many years from the total paralysis of the muscles on the outside of the leg and foot. I know another gentleman whose nervus communicans tibiæ was severed over thirty years ago, at the same time as the Achillis-tendon. He still complains of very unpleasant aberration of sensation along the outer edge of the foot.

I know a case also in which, twenty years ago, I divided the posterior tibial tendon, and doubtless the neighbouring artery, veins, and nerve. Many of the distal tissues were relaxed more effectually than was intended, and the arterial and venous trunks on the front of the foot are unpleasantly prominent and distended. These cases have confirmed me in the practice during tenotomy to keep as close to the tendon as possible, to employ no bold surgery, such as unnecessarily sweeping the knife, in the neighbourhood of any and especially of important parts.

As so much has been written about suppuration or delayed healing of the wound made in proposed sub-cutaneous tenotomy, it will not be out of place to mention here, that I have never witnessed the smallest particle of pus in the thousands of instances in which I have practised sub-cutaneous division of tendons. This result is attributable to the smallness of the puncture in the skin, and to the care taken immediately to cover the puncture with pledgets of lint and bandage. The number of considerable scars which I have seen in consultations respecting incompletely treated cases, shows that the operation has not been accomplished by a mere puncture afterwards nearly invisible. It is probable that suppuration has sometimes resulted from operators having fingered the wound after completing the operation.

A few words more with reference to the employment of elaborate instruments in congenital club-foot. Such are not necessary in cases which come under treatment before the child begins to walk. Valuable and necessary as they are in the treatment of cases which have been permitted to walk before a perfect restoration of form, movement, and function has been obtained, they are totally unnecessary before the age at which a child should walk. I may go much further, and say that infantile club-foot can be better cured without Scarpa's, or any other shoe, than with it. All elaborate instruments for infantile cases are simply articles *de luxe*. Indeed, they have not even that poor recommendation. From the circumstance that renewals and repairs often cause interruption of instrumental treatment and loss of time, they are mischievous, they act

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(*b*) See also as to the operation of removal of the cuboid bone in *British Medical Journal*, May 13, 1876.

L. A. Sayre ("Lectures on Orthopædic Surgery," New York, 1876) has, in some cases of congenital club-foot, widely departed from safe principles of sub-cutaneous surgery. In an instance of double congenital varo-equinus, p. 120, headed, "Reduction of Dislocated Tarsal Bones by Force immediately after Sect. of Tendo-Achillis and Plantar Fascia," it is recorded that no disagreeable consequences resulted from the force employed. I would remark, in reference to this case, 1st, if it were, as stated, one of varo-equinus, that certainly no dislocation of tarsal bones exists in this form of distortion; 2nd, that the case could have been remedied without violence; and 3rd, that the photograph (fig. 67) taken after the supposed cure shows to the initiated that the main part of the most difficult part of the cure, viz., proper application of the inner margin of the right foot to the ground, and apparently that proper (full) bending of both ankles, had not been attained.

A case, page 123, shows the lengths to which impatience and violence may lead the surgeon, after it has been shown for nearly forty years by what means similar and far more severely deformed cases of varus have been fully restored. The case was that of an adult female, not one of congenital varus, which is confessedly the form which in adults offers the greater resistance to restoration, but a case of two years' duration only of (hysterical ?) spastic or paralytic equino-varus, which is not only a distortion less in amount than that which an adult congenital varus usually presents, but one in which, owing to its recent origin, the ligaments and fascia exhibit little resistance, and therefore the surgeon is enabled to remove the deformity with less than half the trouble required for the cure of adult congenital varus. The fig. 70 shows the comparatively small amount of distortion which existed. Under chloroform, Dr. Sayre "divided the tendo-Achillis and plantar fascia of the left foot, and was then *compelled* to divide the skin also, before he could restore it to position." From the word I have made italic and the context, I infer that the same force which is spoken of in other cases was used "to restore it to position" immediately after the operation, and doubtless the attempt was made to *secure* it in that position by means of apparatus. It is not to be wondered at that an ecchymosed, slough-threatening spot appeared on the fourth day at the base of the little toe, that by the twelfth day rigor, fever, delirium, and erysipelas set in. In about six months a very useful and nearly normal foot is said to have resulted. The fig. 21 does not justify in the eye of the initiated this opinion. The patient's life was indeed, as acknowledged, placed in great jeopardy by the operation. The use of violence, and, above all, the purposed division of the skin—a structure which is more easily extensible than all others of the body—evinced a total disregard of sound orthopædic and sub-cutaneous surgery.

By simple sub-cutaneous division of tendo-ach. and plantar fascia, by the omission of any attempt at once to straighten the part, and by *gradual* replacement of it in a suitable apparatus during the next three or four weeks, and without the use of any abrupt force, the case might with ease have been more fully restored in five or six weeks. In no orthopædic case is division of integuments justifiable. Sudden violence applied to joints is objectionable, even where no wound of any kind exists. The risk of mischief increases if violence be used, even when a pin-puncture-like tenotomy wound in the skin has been done, but to use purposed violence immediately after laying bare the plantar structures, by division of the skin itself, is courting destruction of the limb, or of the patient's life. The forcing a part into a rectified position in an apparatus, so as to produce a threatened slough at the base of the little toe, is only a degree less mischievous than *forcibly* pressing the tarsal bones into a proper position with the hand after tenotomy. (See Sayre, p. 115.) These remarks on Sayre's treatment would be out of place if he had intimated to his readers that he had no intention of recommending them to imitate his practice or of repeating it himself. Dr. Sayre's unfortunate departure from Stromeyer's treatment of club-foot, is redeemed in other parts of the article by the value he attaches to manipulations and instrumental treatment where no operation is requisite. Op. cit. p. 79. Sayre has repeated a mistake often made by others that "Dr. Little" had himself suffered from congenital club-foot. See on this subject Stromeyer's Beiträge already quoted.

often as a delusion to the attendants, who, regarding the *ignotum* as infallible, expect wonders from it, and are led to neglect other apparently more humble means. The tin splints and tin shoes, introduced by me many years ago, or the improved adjusting tin splint described by me in an article on orthopædic surgery in "Holmes' Surgery," second edition, have enabled me to accomplish better results in young infants than ever previously obtained by less simple means. These tin splints and side splints, with a roller bandage, constitute a sufficient armamentarium upon which the surgeon in remote country districts may safely rely, as far as mechanical means go, for the cure of his ptaient, if he will take as much pains, using his own hands, as if he were treating a bad fracture. A neglected fracture of a leg bone, and a consequent somewhat crooked leg, is a smaller evil as regards subsequent use of the limb, and the ability of the patient to perform the active duties of life, than a neglected imperfectly cured congenital clubfoot.

(*To be continued.*)

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PATHOLOGICAL ANATOMY OF THE BRAIN—LOCALISATION IN CEREBRAL DISEASE.

By Prof. Charcot.

Translated from *Le Progrès Medical.*

Chapter VI.

C. To return, gentlemen, to the paracentral lobule and ascending convolutions. These have already a history in experimental pathology, and I shall show you, by-and-by, that they also have a history in human pathology. I don't know whether the paracentral lobule has ever been the object of physiological investigations in the monkey—this lobule is present in the higher monkeys.

(a) Here an opportunity arises which I ought to seize for noting a fact, which is quite unique of its kind, but which lends a certain interest to this lobule in human pathology. This fact, which I proceed to lay before you, has been made out by a careful observer, M. Sander.

A child who died at the age of 15 had been seized in his third year with infantile spinal paralysis, which had caused more or less atrophy of all the limbs, especially of those of the left side.

The autopsy revealed in the spinal cord the lesions described by French authors. A minute examination of the brain showed that the two ascending convolutions on the outer surface were much shorter than is normal. They left a little of the island of Reil visible, and, besides, they were destitute of folds (*replis*). The paracentral lobule was quite rudimentary, and contrasted in this respect with all the other convolutions, which had been perfectly developed. The lesions were more marked in the right hemisphere than in the left, which might have been expected from the circumstance that the left side limbs had suffered most. The author is of opinion that in this case the limbs having been early and completely paralysed, in consequence of a serious spinal lesion, the motor centres, rendered inert at a period when they were in course of evolution, were in consequence arrested in their development. I allow that this interpretation appears to me worthy of being considered; yet it is to be regretted that the observer did not think of examining the nerve cells in the motor centres.

A case observed by M. Luys in a certain measure resembles the last. My colleague at the Salpetriere has noticed in a case of long-since-performed amputation atrophy of the cerebral convolutions on the side opposed to the amputated limb. Unfortunately, the exact seat of the atrophy was not defined, so far as I can recollect.

(b) This leads me to relate another fact to you, still referring to the department of the brain under consideration. The fact is this: the investigations of M. Betz go to prove that the pyramidal giant cells were only present in small numbers in very young children—not until later did they multiply, and then the increase took place to all appearances, under the influence of functional exercise. This observation deserves to be compared, on the one hand, with part of that of M. Lander, and on the other hand with an annotation of experiment, quite recently recorded by Mr. Soltmann. This writer—and I think that Professor Rouget (of Montpellier) has observed something of the same kind—had noticed that in newly-born puppies excitation of the regions answering to the seats of the motor centres did not produce any muscular movements in the corresponding limbs, but that some time after birth—about the ninth or eleventh day—these points became excitable. These observations, although few in number, deserve remark, as they seem to show that the motor centres are not pre-established (so to speak) anatomically so much as physiologically. They were developed with advancing age under the influence, no doubt, of functional exercise.

In support of this view, I will make a remark, with which I shall end the treatment of the special subject which has just had our attention. The large celled regions of the brain are of the "five-layered type," and their only anatomical peculiarity is the presence of these very giant cells. Now these last do not differ in any essential manner, morphologically, from pyramidal cells of a large kind, which possess, as appeared from Koschewnikoff's researches, protoplasmic prolongations, nervous processes belonging to motor cells.

It appears reasonable to ask whether these cells, and even those of the small kind representing the large ones in miniature, would not be likely, in certain conditions, under the influence (for example) of some abnormal functional excitation, to become developed, and (in a way) to give rise to supplementary motor centres, designed to replace the primitive centres, when these have been destroyed by some lesion or other. For example, one may thus understand how voluntary movements can be again produced in a member, in spite of the destruction of a motor centre; recovery from aphasia, which has been many times proved to have taken place in spite of the persistence of the lesion in the third frontal convolution, may furnish us with an instance of this.

D. To finish the exposition of the structure of the grey matter of the brain, I have only to add some very concise details of the peculiarities of that organism in the posterior parts of the encephalon. The regions where these peculiarities exist comprise, I repeat, the whole occipital lobe, the sphenoidal lobe, and the median and posterior parts of the hemisphere as far as the posterior edge of the quadrilateral lobe.

The general character of the grey matter in these regions is that the pyramidal nerve cells are less in size and number, as a rule, while the granulations, on the other hand, notably predominate. It is not that there are no large nerve cells there, but they are comparatively rare—"solitary," to use M. Meynert's expression. M. Betz adds that these cells have no distinct nervous prolongations, and that the protoplasmic processes even are little developed. The limits within which these features are observed in the brain correspond, according to many investigators, with the common *sensorium*. Were this interpretation exactly correct, it would follow that the cells just mentioned were the cells of sensation. This hypothesis is further grounded on other anatomical considerations, and on pathological data which, I shall notice again with additional details.

(*To be continued.*)

M. Moutard-Martin, Physician to the Beajon Hospital, Paris, has been nominated officer of the Legion of Honour, and MM. Perrin, Hugot, Wolff, and Masliurat-Lagimait, Chevaliers of the same order.

ON THE DUALITY OF THE SYPHILITIC CHANCRE. (a)

By Charles R. Drysdale, M.D., M.R.C.P. Lond.; F.R.C.S. Eng.

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It is rather an unfortunate fact that medical science does not escape the lot of most parts of human knowledge, liability to confusion and obscurity. It was natural that such obscurity should linger longest in questions which were always discussed more or less *sotto voce*, such as those appertaining to venereal diseases. Hence it is only now that syphilis with all its curious collateral interests is becoming eagerly investigated by the ablest men in the profession; and there is every hope that this formerly *secret disease* may ere long become as well understood by the mass of the profession as typhoid fever, scarlet fever, or measles now are. I cannot say that I think that can at this moment be said of syphilis, and am about to give a very notable instance of the truth of what I now allege by the following quotations from two of the most esteemed syphilographers of Europe. One a distinguished English surgeon *primus suter pares*, the other one of the brightest ornaments of the Ecole de Médecine of Paris.

In the evening of February 1st, 1876, Mr. Jonathan Hutchinson delivered a brilliant address on syphilis at the Pathological Society of London, and among other phrases the following was printed in the *British Medical Journal*:—"Even in the more restricted sense, as implying that there are two distinct kinds of virus, to which are attributed two different forms of chancre, I think we may say of dualism that it is dead, and that the far simpler creed which attributes the soft chancre to contagion with inflammatory products produced by syphilis, but not, as a rule, containing its germs, is the one which now obtains general acceptance." A complete believer myself in the dualism of the chancre, I own that I was startled by an assertion so contrary to all I knew of authors writing contemporaneously on the question of syphilis: and happening to be in Paris a few weeks subsequent to the delivery of Mr. Hutchinson's paper, I took the opportunity to speak to Dr. Alfred Fournier (perhaps *the* greatest syphilographer of the day) as to his opinion of the dualism of the chancre. M. Fournier at once replied—"Cela ne se descente plus ici"—in the sense that no man in Paris at this moment sustains any longer that hard and soft chancre are in any way related. Who is to decide when such contradictory opinions are emitted by such competent men?

I submit that the evidence must again be laid before the profession, and it must be allowed to take sides, and judge for itself. Discussion is necessary for the interpretation of experience.

In the first place, I maintain that there has been far too much said as to the difficulty of diagnosing between the hard and soft chancre. The number of cases which are obscure are infinitely inferior in number to the simple and evident ones, and the diagnosis, in general, is easily enough made. The guiding points in the diagnosis are the number of the ulcers, their appearance, the condition of the base, that of the glands, and the results of inoculation. As a general rule, the syphilitic chancre is solitary, or at most there may be two, three, or four chancres. On the other hand, the simple chancre is generally multiple. As many as 60 or 70 soft chancres have been noticed in one female patient. This, of itself, will often guide the practitioner in his diagnosis, for if a woman come with a single sore, it will almost certainly turn out to be syphilitic: whilst if another come with 20 or 30 sores, these will be assuredly soft chancres.

The soft chancre is an ulcer, a true ulcer, which is hollowed out of the tissues; it causes a loss of substance; its edges are sharply cut, abrupt, acute, and often burrowing. The syphilitic chancre, on the other hand, is an erosion much more frequently than an ulceration; even in its ulcerated form it is ordinarily less excavated than the simple sore; it has no sharp edges, and only an adherent margin, which is often raised, and forms a circular cup, surrounding a central erosion.

The *base* of the simple sore is unequal, velvety, and anfractuous; its colour is yellowish and of a clear tone; it secretes abundantly, and furnishes true pus. The *base* of the syphilitic sore, on the other hand, is smooth—so much so that, in some cases, it appears as if varnished, glistening and iridescent; its colour is either greyish or reddish-brown, and it has been compared to the colour of muscular tissue. The colour is always darker than that of the soft sore. It secretes generally very sparingly, and its secretion is sero-sanguinolent rather than purulent. It is only when irritated that it secretes true pus.

The base of the soft chancre is like that of an incised wound; it is supple and soft. Occasionally, indeed, the tissues around and beneath the chancre may thicken and become engorged, but the hardness is only that of inflammatory congestion, pasty and œdematous, like the base of a boil. It is also diffused over a certain extent of surface, and is not exactly limited to the base, as it is in the case of the hard sore. In the case of the syphilitic sore, on the other hand, the base is indurated, either beneath the sore or around it; the parchment-like induration is common. The hardness is peculiar in two ways—either in being circumscribed, or exactly limited to the very base of the chancre, and in furnishing a special feeling of elastic resistance, like that of cardboard, parchment, or cartilage, very different from the pasty feeling of inflammation.

In the syphilitic sore there is always some affection of the *glands*. The glands are enlarged to a certain extent, without inflammation, hard, and generally multiple. In the soft chancre, again, there is either complete absence of any glandular affection whatever, or acute bubo—most generally a violently acute bubo. This bubo generally suppurates, and, when opened, turns into a true glandular chancre. In short, when a male patient comes before us with sores on the penis, we may at once diagnose the nature of that sore by examining the groins. If no enlargement of the glands be seen, the sore is probably a soft chancre. If there be an acute, inflammatory bubo, we have a soft sore, and if we have hard, movable, multiple, independent glands, we may consider that the patient has hard sores.

Inoculation may be had recourse to in case there remain any doubt. In the case of the soft sore the inoculation will give on the next day or the day after that a specific pustule. If, again, the chancre be syphilitic, the inoculation will be negative. Inoculations when made should be most carefully watched, and as soon as the information sought is obtained, the pustule should be at once destroyed by energetic cauterisation.

Such are the modern doctrines with regard to the chancre adopted since the writings of M. Ricord were added to by the great work on affections of the skin symtomatic of syphilis, published by his most able pupil, Dr. Bassereau, at Paris in 1852. Ricord, as we know, formerly held the doctrine that the chancre was always a product of one virus, but that it depended upon the health or idiosyncrasy of the person who was inoculated with it whether the sore would indurate and infect the constitution or no.

In this work Bassereau for the first time pointed out that if we confront all patients who have been affected with chancres followed by secondary symptoms with the persons who communicated contagion to them, we find that all such persons, without exception, have been affected with chancres, and then with constitutional symptoms. If, on the other hand, he said, we confront persons affected with chancres which have caused no symptom of general syphilis with the persons by whom they have been infected, we see the latter, without exception, also affected with chancres, the action of which is limited to the point first of all attacked. Thus never does a chancre which is followed by constitutional accidents give rise to a purely local chancre, nor does a local chancre ever communicate by contagion a chancre which will be followed by the universal symptoms of syphilis.

(a) A paper to be read at the Philadelphia International Medical Congress in September, 1876.

Here, then, is a clear statement of the doctrine of the dualism of the chancre, and Dr. Bassereau, in support of these general laws thus boldly enunciated by him for the first time in 1852, was able to confront subjects attacked with syphilitic erythema thirty-four times with those persons who had given them their disease. In thirty-one of these cases the persons who had infected them presented the same symptoms; these had all, without exception, had chancres followed by constitutional accidents. (Aff. de la Peau, par Dr. Bassereau. Paris, 1852.)

In 1856, M. Dron was enabled to collect 111 cases of confrontation, including those of Bassereau, relative to the initial lesion of syphilis, those of M. Clerc relating to the chancroid, and others relating to both varieties, and furnished by Dr. Diday, Rollet, and Fournier. In all of these without exception the type of the ulcer remained unchanged in passing from one person to another. I have myself made as many confrontations as I could easily attain to, and have been long satisfied that syphilitic ulcers and secondary symptoms always arise from contamination with a person himself or herself affected with syphilis. Further investigations under the supervision of M. Ricord, and with the very same result, were made by Drs. Fournier and Caby at the Hôpital du Midi and the St. Lazare Hospital of Paris. Their observations were published in detail by M. Fournier (Ricord's "Leçons sur la Chancre,' 1858, and in a pamphlet, "Recherches sur la Contagion du Chancre," 1857), and they refer to fifty-nine cases of transmission of chancres with thirty-nine of soft sores.

This converted Ricord to dualism. Such are the clinical proofs of the truth of the doctrine called the *dualism of the chancre*, and I must say that nothing I have seen or heard since to the contrary has altered my opinion that M. Bassereau has proved his point.

Not contented with this clinical proof, however, Bassereau has expended much labour to show that syphilis, soft sores, and gonorrhœa had for many years been completely distinguished by practitioners who lived about the year 1500, from which I think all who are capable of being convinced by evidence must admit that syphilis was an entirely new disease introduced into Europe some years before the end of the fifteenth century.

According to Jean de Vigo, writing close upon the time when syphilis first entered Europe, the indurated chancre was even then the type of the ulcer which was recognised as the precursor of the famous pustular eruptions so frequently seen at the end of the fifteenth century. He says:—"Nam ejus origo in partibus genetalibus, videlicet in vulvâ mulieribus, et in virgâ in hominibus, semper fuit cum pustulis parvis, interdum lividi coloris, aliquando nigri, nonnunquam subalbidi, cum caloritate eas circumdante." (De Morbo Gall., lib. v.) Gabriel Fallopius says, too:— "Quoties videtis sanatam cariem, et quod remanent calli circum cicatricem, tenete esse confirmatum gallicum." (De Morbo Gall., cap. xxiii.)

If it be practically demonstrated, as it has been by Bassereau, Fournier, Ricord, and others that a person affected with chancre and secondary symptoms cannot transmit by contagion any but a chancre which will be followed by constitutional symptoms; if it be true that a chancre, the action of which is limited to the tissues on which it is seated, is not capable of engendering by contact anything more than a chancre, the effects of which will also remain entirely local, it is clear that we are compelled to admit two species of chancre which used to be confounded by former writers on syphilis.

It would certainly not be impossible that the local chancre might be only a degenerated true chancre. This fact, if it were demonstrated, would be one of the most certain proofs of the weakening of the syphilitic virus, and ought to give us some hope that the disease may disappear some day or other, a hope which hitherto has been doomed to disappointment, but which was entertained by the physicians of the fifteenth century. No fact, however, with which I am acquainted has shown me that such is the case, although I intend adverting to the views of Dr. Boeck, Dr. Morgan, and Mr. Jonathan Hutchinson further on.

Dr. Morgan's views would even tend to make his readers suppose that gonorrhœa was occasionally one of the products of syphilis, but historically we know quite well from the dissertations of W. Beckett in the "Philosophical Transactions," and from numerous other sources, that contagious discharges were recognised in antiquity and in the Middle Ages. This gonorrhœa was described in England as burning or brenning by John Ardern, who lived about the close of the fourteenth century.

Ulcers of the genital organs are described as well as suppurating buboes in the groin, by all the Greek, Latin, and Arabian writers on medicine. Celsus describes simple, phagedænic, serpiginous, and gangrenous ulcers. Cazenave asserts that these were symptoms of primary syphilis; but there is no record on history worthy of any attention of the existence of general syphilis before 1494. At that time a perfect host of writers narrate the appearance of a *new disease*, at first considered simply epidemic, and then eminently contagious, which was most frequently announced by an ulcer on the genital organs, although this was only the first and slightest part of the disease. First called le Mal Français, it afterwards was named syphilis by the great surgeon and beautiful poet, Fracarter. Thus the physicians of that time were careful not to confound, as was later done, the ulcer of the genital organs, already described by the Greeks and Romans, with the callous and livid ulcers newly seen on the genitals, after which it was no longer suppurating buboes that were seen, but pains in the bones and pustular eruptions which attacked the whole surface of the body.

Alexander Benedictus (Benedetti), writing in 1497, speaks of the ulcerations of the genital organs by which the mal Français commences, the eruptions of which are more hideous than lepra or elephantiasis. He speaks of ulcers on the penis and vulva, and of buboes as diseases already known to the ancients. Syphilis in infants at the breast was first described by Torella in 1498. The Emperor Maximilian on August 7, 1495, promulgated at the Diet of Worms the following edict:—præsertim novus ille et gravissimus hominum morbus, nostris diebus exortus, quem vulgo Malum Francicum vocant, post hominum memoriam inauditus, sæve grassatur. Philip Birvald in 1505, Cataneus in the same year, and many others bore witness to this being a new disease. Antonio Benevieni, a most distinguished physician of the end of the fifteenth century writes:—

Novum morbi genus anno nonogesimo sexto supra mille quadrigentis à Christianâ salute, non solum Italiam sed ferè totam Europam irrupit. Hoc ab Hispaniâ incipiens per Italiam ipsam primum, tum Galliam cæteræque Europæ provincias laté diffusum mortale quam plurimas occupavit. In the same strain, wrote also Beneditti (1496); Gillini (1497); Torella (1497); Montagnana (1498): and a little later, Vigo (1514); Fracarter (1546).

Diez de Isla and Ovieda the historian, give occular testimony of the origin of the disease, which Diez de Isla seems to say came into Europe, from America, on the 4th March, 1493.

(To be continued.)

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REVULSIVE LINIMENT.

M. CORSON (*l'Union Médical*) advocates a mixture of croton oil 1 gramme, tincture of iodine 5 grammes, and sulphuric ether 2 grammes. This application limits the eruption on the skin better than when croton oil is employed alone.

ON THE ANALYSIS OF MILK, ON ITS COMPOSITION, AND ON THE QUALITY OF THE MILK SOLD IN DUBLIN AND ITS SUBURBS.

By Ernest H. Cook, F.C.S.,

Associate of the Royal College of Science for Ireland, and Chemical Exhibitioner of the London University.

The frequent prosecutions of milk vendors for the adulteration of their milk, has rendered it a matter of very great importance that the methods adopted for its examination should furnish correct results, for whilst it is important to protect the public against the adulteration of this and other articles of food, it is equally important, as a matter of strict justice, that the vendors are not wrongly punished, owing to the defective methods employed in the examination, or from any other defect on the part of the analyst.

I was induced, at the suggestion of Professor Galloway, to examine and compare some of the different methods which have been from time to time proposed and adopted for the analytical examination of this fluid. The first method I examined was that adopted by Messrs. Wonfor and Pontifex, when they examined the quality of the milk sold in Dublin and the suburbs in the years 1861-62. This method gives correct results, but it occupies a considerable time. Messrs. Wonfor and Pontifex conducted the examination in the laboratory of this institution, and their results and mode of analysis are printed in Vol. IV. of the journal of the Royal Dublin Society.

Professor Wanklyn has recently worked on the subject, and has introduced considerable improvements, but the method he proposes for the determination of the fat I find to be unsatisfactory. I tried several other methods for determining the quality of the fluid, but I found a combination of Wanklyn's process, and the one adopted by Messrs. Wonfor and Pontifex, with some slight alterations in the manipulation, to yield the most accurate results.

The following is the process I finally adopted :—

1st. The density of the milk when performed was determined by direct weighing in the ordinary specific gravity bottle. The specific gravity of skimmed milk is higher, and the specific gravity of milk adulterated with water is lower than that of pure milk. As the lactometer is still very much used to determine the purity of milk, I may here observe that it is a most untrustworthy instrument, as Wanklyn in his work on "Milk Analysis," very satisfactorily proves.

2nd. Determination of the total solids and ash. Weigh out in a small platinum dish about five grammes of the sample, and evaporate on the water bath until the weight is constant. This will take about three or four hours. The loss in weight gives the water. Then ignite until all the organic matter is expelled and weigh. This gives the mineral constituents. The temperature of ignition should not be too high, or a portion will be lost by volatilization. By employing this method the determination of the solids may, with ordinary care, be made to vary less than ·05 per cent. from the true value.

3rd. Determination of the fat. This is the most important process in the whole analysis, and requires especial care. Weigh out into a platinum dish (of rather larger dimensions than that employed for the total solids) about ten grammes of the milk to be examined. Place the dish on a water bath, and when its contents are warm, add about one-fourth of its weight of pure finely-powdered sulphate of lime, and evaporate the whole to dryness, stirring occasionally with a platinum spatula. When dry (which will take about an hour, as it is not necessary that it should be thoroughly dried), powder in an agate mortar, and place in a small flask, removing from the dish and mortar any adhering particles, by adding some pure sulphate of lime, and subsequently incorporating by trituration. Add this mixture to the residue in the flask, then pour into the flask about 15 c. c. of ether, and gently warm by immersing the flask in lukewarm water. Care must be taken to prevent the ether boiling, as the vapour invariably carries away some of the fat. Agitate the flask, and when the gypsum has subsided filter the etherial solution into a second small flask, which has been previously dried and weighed. While filtering, cover the funnel with a glass plate. Wash the precipitate with ether, and continue the washing until a drop of the solution, passing through the filter, when collected on a clean glass plate, and allowed to evaporate, leaves no residue. When all the fat has thus been extracted, connect the flask by means of a delivery tube to a small Liebig's condenser, and proceed to distil over warm water. Care must again be taken to prevent the boiling of the ether. Continue the distillation until the fluid in the flask becomes turbid, then disconnect the flask from the condenser and place it on the water bath, until the fat accumulates in globules. Finally, dry in a closed bath and weigh. The increase in weight is the amount of fat.

The addition of the insoluble sulphate of lime produces a residue which can be readily powdered and easily manipulated. Milk residues obtained without any addition of insoluble salt, are of such a nature that the residue cannot be easily powdered, and the fat completely extracted.

4th. Determination of the caseine and milk sugar. Weigh out into a porcelain dish about ten grammes of milk, and gently warm on the water bath. Then add a little acetic acid (about 2 c.c.) warm, and allow to stand for about half-an-hour. The caseine is thus coagulated, and in coagulating takes the fat globules with it. Collect the precipitate on a tared filter, which has been previously dried in the closed water bath at 212° F., and weighed in a stoppered tube, and wash it with hot water until free from acid. Dry the filter and precipitate in the bath at 212° F., and weigh in the tube as before. Deduct the amount of butter previously found from the butter and caseine, the remainder is the quantity of the latter substance. The filtrate and washings from the caseine and fat are collected and diluted, and the milk sugar which it contains estimated by Fehling's method. The milk sugar may also be determined by difference from the total solids.

Wanklyn gives two methods for the determination of the caseine,—one by direct weighing after the extraction of the fat and milk sugar, the other by determining the amount of ammonia which it is capable of furnishing when treated with alkaline permanganate of potash. Both these methods I tried, but must give the preference to the one I adopted.

"A great deal," Dr. Voelcker observes, "has been said and written about milk adulterations. *Sheep's brains*, *starch*, *chalk*, and *pipe-clay*, which are said (on what authority nobody has ever decided) to have been found in milk, only exist in the imagination of the credulous or half-informed." Milk adulteration resolves itself into one of two things, either the addition of *water* or the abstraction of *cream*. The amount of water and fat can, as I have shown, be accurately determined by analysis, but as the composition of the milk yielded by different cows, and even by the same cow at different seasons of the year, varies, and as the amount and quality of the food exercise an important influence on its composition, it cannot be decided whether the milk has been adulterated or not, unless the adulteration has been considerable, either by the addition of water or the abstraction of cream, for there may be a difference of from 25 to 30 per cent. in the commercial value of pure milk. Another and most important fact, and one which ought not to be overlooked by those who have the carrying out of the Adulteration of Food Act is this, that the constituents of the milk begin very soon to separate in the form of cream, insomuch that in the course of three hours the milk in a sale-can may at the end of that time—where the parties go on selling small quantities for hours—be so impoverished owing to the first portions taking away an extra quantity of fat, that it might be condemned as being adulterated with a considerable quantity of "skim milk," although there has been no adulteration of any kind practised. As there is no chemical difference between the water which may be added and the natural water in the milk, the adulteration or non-adulteration of milk with water is determined by the total solids the specimen under examination contains. The total solids vary considerably in different specimens of milk. Dr. Voelcker, the chemist to the Royal Agricultural Society of England, found in one particular sample as much as 16 per cent., and in another only 9·3 per cent. of solid matter; but, generally speaking, he thinks the usual variations are from 10 to 12 per cent. in good wholesome milk. The fat is the constituent which varies the most. Dr. Voelcker found that the milch cows at Cirencester College yielded in September 1·99 per cent. of fat in the morning, and 1·79 per cent. in the evening. This poverty he attributed to an insufficient supply of food; and in December the cows yielded 3·74 per cent. in the morning and 4·12 in the evening.

Owing to this variation in the composition of pure milk, different standards for the total amount of solids pure milk ought to contain are adopted by chemists. Dr. Tidy, the Public Analyst for the City of London, and other places, adopts 10 per cent. as the standard of purity; Dr. Cameron, the analyst of the City of Dublin, adopts 12 per cent.; and Professor Wanklyn adopts 12·5 for total solids, and 3·2 as the standard for the fat. Professor Wanklyn's standard, both for solids and fat, is, in my opinion, too high; the sample of pure milk (No. 12) I obtained from the Albert Institution, did not, as the analysis shows, contain either the quantity of solids or fat these standards fix as the test for the purity of milk; indeed, Professor Wanklyn in his book on "Milk Analysis," in which he gives this standard, gives an analysis of average country milk, and the amount of fat the milk contained is only 3·07, so that the analysis he gives does not reach the standard he employs.

In determining whether the samples of Dublin milk I examined, the analyses of which I gave, were adulterated or not, I have taken as my standard for total solids 11·5 per cent., the one adopted by Messrs. Wonfor and Pontifex. It may be interesting to show, before proceeding further, what amount of water would appear to have been added to a milk containing 10 per cent. of total solids, which is Dr. Tidy's standard for pure milk, by the standard I have adopted, by the one adopted by the Dublin City Analyst, and by the one Professor Wanklyn employs. By my standard it would appear to have been adulterated with 13.05 per cent., by the Dublin City Analyst's with 16·67 per cent., and by Professor Wanklyn's with 20·0 per cent. of water. These illustrations prove that it is difficult to determine whether a milk is adulterated with water or not, unless a considerable quantity has been added, owing, as I have already stated, to the *natural* variations of the quantity of solids in milk.

The analysis of each sample was commenced on the day it was collected, and all the samples were obtained by trustworthy persons. I am indebted to the kindness of Professor Baldwin for the samples Nos. 12 and 13 from the Albert Institution, and the sample of pure goat's milk, No. 14, was supplied from a private source.

In the eleven samples I obtained from milk sellers, not one contained less than 9 per cent. of solids; out of the twenty samples examined in 1861-62 by Messrs Wonfor and Pontifex, nine contained less than 9 per cent; seven out of the eleven examined by me, and three out of the twenty examined in 1861-62, contained more than 11 per cent. of solids.

Goat's milk is rather richer in solids than cow's milk. Payen gives 14·4 as the percentage, but in the sample I examined they amounted, as shown by the analysis, only to 13·67, proving that the quantity of solids in goat's, as in cow's milk, varies.

The analyses were made in the laboratory of the Royal College of Science.

The results were as follows :—(a)

1.	Water added . . .	4·5	per cent.
2.	" " . . .	20·92	"
3.	" " . . .	14·19	"
4.	Unadulterated . . .	—	
5.	" . . .	—	
6.	" . . .	—	
7.	Water added . . .	4·07	"
8.	" " . . .	18·92	"
9.	Unadulterated . . .	—	
10.	Water added . . .	2·59	"
11.	Unadulterated . . .	—	

Clinical Records.

HOUR-GLASS CONTRACTION OF THE UTERUS.

Dr. **Miles Goodyear**, of Gorton, New York, reports the following very interesting case of hour-glass contraction of the womb. He says :—

On the afternoon of April 17th I was called to see Mrs. C., aged 31; primipara. I found my patient somewhat alarmed because of the severity of the rarely recurring pains. But the patient's fears were easily quieted by a small dose of morphiæ sulph., and by my presence. Pains continued to come on with about the same regularity during the night and morning of the 18th, and at noontime all quieted down, and I returned home. It being the one hundred and sixtieth day only of duration of pregnancy, as calculated from our best data, the womb not presenting the appearance of continuing labour, and the pains being of that snappish kind which seem more characteristic of a "false-alarm" than true labour, it was deemed best to let the patient rest for a time before endeavouring to induce a continuance, even though fœtal life had not been manifest for some time previous. During the afternoon and evening there was some slight pain, but all became quiet when morning came on.

But in the evening of the 19th (after drawing off the water, the os being found somewhat dilated) labour came on in good earnest, and my patient was delivered of a dead child at two o'clock in the morning of the 20th.

All pains now immediately ceasing, and finding the deformity remaining as before labour, and the placenta failing to easily come down, I sought to diagnose a second child by examination per vaginam, when the placenta was found attached at the fundus of the uterus, and it was still quite impossible for me to make out the kind or condition of the body above. There being but little hæmorrhage, only a little ergotin was used, and my patient continued through the day with well-marked pains, some of the time groaning, and at other times sleeping quietly.

At six o'clock on the afternoon of the 20th, Prof. T. Hyde, of Cortland, New York, and Dr. J. Goodyear were requested to meet me in consultation.

Under the existing circumstances it was thought best to make a more thorough examination, which, by special request, was conducted by Dr. J. Goodyear. He found, after removing the placenta, an hour-glass contraction, with an opening or communication, of not more than one inch in diameter, with the other portion of the womb, where could be distinguished another child. By gradual expansion the operator was enabled to bring down a foot, and on traction being made pains came on, the child descending slowly; and it was at the same time noticed that, as this contracted portion would come to the more solubly developed portions of the child, little advancement could be made without resorting to more persistent traction.

(a) The editor is obliged to omit the quantitative details as given by the author, as well as the local addresses of the vendors, as not seeming to be of sufficient general interest to justify publication in these columns.

This kind of advancement continued to be made until this contracted portion came to the head of the child, where, for a few minutes, it seemed entirely to be arrested, when, as if something was giving way, the child made rapid advances by the woman's natural efforts, and was born headless.

Thus our patient was found in the early morning of April 21st, after having been delivered of two separate placentas and two children, with the exception of one head, which still remained in the upper cavity of the unnatural womb. No flooding followed; patient slept some time from exhaustion, and there was but little tympanites. We called in on the morning of April 22nd, and found the head brought nearly down by the organ's own power. No more hæmorrhage than would have been considered safe, but the circulation showed considerable activity with the increasing distention. With a continuance of these symptoms, she died on the afternoon of April 24th.

Query.—Was this a natural hour-glass developed womb, natural in the woman herself?

Pyæmia following Gonorrhœa.

The *Philadelphia Medical and Surgical Reporter* gives a case of pyæmia following gonorrhœa, reported by George W. M'Caskey, as occurring in the service of Dr. James H. Hutchinson, Pennsylvania Hospital.

The patient was admitted, with a history of rigors, bronchitis and diarrhœa, as many as six stools having been passed in the 24 hours preceding admission. When first seen, she presented a condition of considerable fever, severe headache, dry and furred tongue, complete anorexia, and diarrhœa, tympanitis, and tenderness in the right iliac fossa, together with very marked subsultus. There were no *rose spots*, and the mental condition, considering the subsultus, was fair. On examining the chest, dulness was detected posteriorly over the left side, percussion being painful. Moist râles were heard on both sides, and friction sounds on the left, indicating the presence of bronchitis, plumonary congestion and pleurisy. At first the case was thought to be typhoid fever. At one of his visits, Dr. Hutchinson, noticed œdema of the eyelids on the side upon which the patient was lying. On examination of the urine, pus in large quantities was found present, accounting satisfactorily for the amount of albumen discovered. Further examination brought to light the fact that the girl was suffering from a severe gonorrhœal discharge. The nymphæ also were very œdematous, tender, and threatening the formation of abscess. These facts, in conjunction with the absence of rose spots, and the occurrence of rigors in the commencement of the attack, a symptom, which Dr. Hutchinson thinks rarely occurs in true typhoid, led him to diagnose pyæmia. Dr. Hutchinson believes that what is very generally termed gonorrhœal rheumatism is nothing more than pyæmia, of varying degrees of severity.

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Vital Statistics.—From the Registrar-General's report we learn that during last week 5516 births and 3552 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 23 deaths annually in every 1000 persons living. The annual death-rate was 17 per 1000 in Edinburgh, 26 in Dublin, 21 in Glasgow, and 19 in London. The death-rate was excessive in Salford, where it reached 29 per 1000, Oldham 29, Birmingham 29, Wolverhampton 30, Portsmouth 31, Sunderland 32, Leicester 34, Hull 34, and Norwich 34. Scarlet fever continues fatally prevalent in Portsmouth. Small-pox caused 7 deaths in Liverpool, and 13 in Manchester and Salford. The fatal cases of diarrhœa in all the large towns showed a decline of 142 from those returned in the previous week, and were equal to an averaee of 4·6 per 1000.

The Greenwich Hospital pension of £80 a-year for deputy-surgeons-general of hospitals and fleets, vacant by the death of John Watson, on the 30th of August last, has been conferred on Robert M'Cormick.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 13, 1876.

DR. ANDREWS'S ADDRESS AT THE BRITISH ASSOCIATION.

The annual address given by the President of the British Association is an occurrence which is now looked forward to with great pleasure by all those who take the least interest in the scientific discoveries of the day. Although, perhaps, not quite so startling or so original as some that have preceded it, the present address does not yield to any of them as regards the importance and number of the facts and scientific truths to which it calls attention. There are few members of our profession who will fail to derive both pleasure and instruction from reading this long and admirable review of the latest triumphs of scientific research, but as many of our readers may not have the opportunity of reading it, we propose to notice only those parts of the address in which they will probably feel most interest.

First in place, and therefore first in point of consideration, is the science of astronomy, and we can, with much satisfaction, look upon the work that has been recently done in this department of knowledge. Thus, among other subjects, we are reminded that the mean distance of the earth from the sun was long supposed to have been fixed at about 95,000,000 miles. The accuracy of this number had already been questioned by Hansen and Leverrier when Foucault, in 1862, decided the question by an experiment of extraordinary delicacy. "Taking advantage of the revolving mirror, with which Wheatstone had enriched the physical sciences, Foucault succeeded in measuring the absolute velocity of light in space by experiments on a beam of light, reflected backwards and forwards within a tube little more than thirteen feet in length. Combining the result thus obtained with what is called by astronomers the constant of aberration, Foucault calculated the distance of the earth from the sun, and found it to be 1-30th part, or about 3,000,000 miles, less than the commonly received number. . . . . It remains to be seen whether the recent observations of the transit of Venus, when reduced, will be sufficiently concordant to fix with even greater precision the true distance of the earth from the sun." Not less interesting is the discovery of Huggins that some of the fixed stars are moving towards, and others receding from, our system, and which has been fully confirmed by a careful series of observations lately made by Mr. Christie in the Greenwich Observatory. "Few achievements," remarks Professor Andrews, "in the history of science are more wonderful than the measurement of the proper motions of the fixed stars, from observing the relative position of two delicate lines of light in the field of the telescope." Into the details of this subject, however, we cannot now enter.

Intimately connected with physical astronomy is the department of cosmical chemistry, and consequently, in the latter part of the address we find this science receiving a due share of attention. "Cosmical chemistry," says Dr. Andrews, "is a science of yesterday, and yet it already abounds in facts of the highest interest. Hydrogen, which, if the absolute zero of the physicist does not bar the way, we may hope yet to see in the metallic form, appears to be everywhere present in the universe. It exists in enormous quantity in the solar atmosphere, and it has been discovered in the atmospheres of the fixed stars. It is present, and is the only known element of whose presence we are certain, in those vast sheets of ignited gas of which the nebulæ proper are composed. Nitrogen is also widely diffused among the stellar bodies, and carbon has been discovered in more than one of the comets. On the other hand, a prominent line in the spectrum of the aurora borealis has not been identified with that of any known element; and the question may be asked, does a new element, in a highly rarefied state, exist in the upper regions of our atmosphere? or are we with Angström to attribute this line to a fluorescent or phosphorescent light produced by the electrical discharge to which the aurora is due? This question awaits further observations before it can be definitely settled, as does also that of the source of the remarkable green line which is everywhere conspicuous in the solar corona."

With respect to the applications of science to the useful purposes of life, Professor Andrews's remarks cannot fail to interest those medical men who are engaged in the study of public medicine. "The fuel," he says, "consumed in large furnaces where coal is used, is greatly in excess of what theory indicates; and the clouds of smoke which darken the atmosphere of our manufacturing towns, are a clear indication of the waste arising from imperfect combustion. The depressing effect of this atmosphere upon the working population can scarcely be overrated. Their pale and almost etiolated faces are a sure indication of the absence of the vivifying influences of the solar rays, so essential to the maintenance of vigorous health. The chemist can furnish a simple test of this state of the atmosphere in the absence of ozone, the active form of oxygen, from the air of our large towns. At some future day the efforts of science to isolate, by a cheap and available process, the oxygen of the air for industrial purposes may be rewarded with success. The effect of such a discovery would be to reduce the consumption of fuel to a fractional part of its present amount; and, although the carbonic acid would remain, the smoke and carbonic oxide would disappear. But an abundant supply of pure oxygen is not now within our reach; and, in the meantime, may I venture to suggest that in many localities the waste products of the furnace might be carried off to a distance from the busy human hive by a few horizontal flues of large dimensions, terminating in lofty chimneys on a hillside or distant plain? A system of this kind has long been employed at the mercurial mines of Idria, and in other smelting works where noxious vapours are disengaged. With a little care in the arrangements, the smoke would be wholly deposited, as flue-dust or soot, in horizontal galleries, and would be available for the use of the agriculturist."

And then with respect to organic chemistry the future historians of that science will have to record a succession of beneficent triumphs in which the effects of science have led to results of the highest value to the well-being of man. The discovery of quinine has probably saved more human life, with the exception of that of vaccination, than any discovery of any age; and he who succeeds in devising an artificial method of preparing it will be truly a benefactor of the race. Not the least valuable, as it has been one of the most successful, of the works of our Government in India, has been the planting of the cinchona-tree on the slopes of the Himalaya. As artificial methods are discovered, one by one, of preparing the proximate principles of the useful dyes, a temporary derangement of industry occurs, but in the end the waste materials of our manufactures set free large portions of the soil for the production of human food.

Most of the latter portion of the address is taken up with remarks on the advisability of our great universities giving more attention to, and affording more opportunities for, the cultivation of the physical sciences. A university observes Dr. Andrews, ought to embrace in its arrangements the whole circle of studies which involve the material interests of society, as well as those which cultivate intellectual refinement; and he goes so far as to say that the industries of the country should look to the universities for the development of the principles of applied as well as of abstract science. In this opinion he is supported by the example set us by Germany, and by the excellent results attending the system of university education adopted in that country. In reference to the immense strides which Northern Germany has made in some of the largest branches of industry, and especially in those which give free scope for the application of scientific skill, we are informed that the artificial dyes produced last year in Germany exceeded in value those of all the rest of Europe, including England and France; yet that country, where thirty or forty years ago industry could scarcely be said to exist, had no special advantage for this manufacture, except the training of her practical chemists. Hence the outlay which is incurred by any country for the promotion of science, and of high instruction, will yield a certain return; and we see that Germany has not had long to wait for the fruits of her far-sighted policy.

There are many other subjects on which Dr. Andrews eloquently discourses, such as those in connection with the cruise of the *Challenger*, the progress of meteorological science, and the nature and origin of meteoric iron. Indeed, when we contemplate the rapid progress of the physical and chemical sciences, the great precision and accuracy with which each step in advance is made, and the firm and immovable foundation on which the great truths and multifarious facts of those sciences rest, we cannot help regretting that we are, from the very nature of the problems with which we have to deal, precluded from making a corresponding progress in the science of medicine. But, as Dr. Andrews well remarked in speaking of the North Polar Expedition, there is an inward and irrepressible impulse in man to explore every part of the world, and every department of knowledge, and it is this same impulse which has already done so much for the healing art, and in virtue of which we can take such stock of our present acquirements as shall not be contemptible, even when compared with that which Dr. Andrews has just taken in respect of the physical sciences.

PACKING THE ARMY MEDICAL SERVICE.

A FORTNIGHT since we noted the fact that Mr. Gathorne Hardy's unification scheme, with its "turn out" at the end of ten years, had, at the first public trial of its popularity, attracted only forty-four candidates for seventy-seven places, of whom—we anticipated—not more than twenty-five would be found fit for admission to the service, in which case the War Office would have just one cadet for every three offices which it desired to fill. We were somewhat surprised to find from the list published last week that Mr. Hardy had netted thirty-three men, who were supposed to be as competent for the care of our country's defenders as their fellows, and we were somewhat chagrined that our calculations should have been upset to this extent, although, indeed, half-a-dozen candidates more or less could not alter the evident fact that Mr. Hardy's blandishments had been contemptuously disregarded by the medical profession.

On a survey of the numbers appended to the list of candidates admitted to the service on the recent examination, our surprise vanishes, and we become conscious that the affair is a juggle, and that the War Office has obtained its medical officers on this occasion, as it obtains its recruits at a pinch, not by tempting the best, but by being content with the worst. In the entrance competitive examinations now held, the maximum number of marks which any candidate could possibly obtain was very nearly 4,000, and it has hitherto been an inflexible rule of the department that no competitor should be accepted who did not score at least one-third of this maximum, or as nearly as possible, 1,320—a low enough standard assuredly to catch even the half-competent men. A reference to the official list will show that for the first time Mr. Hardy has been obliged to go behind this rule, and come down to the level of the competitors. The highest number of marks obtained by any of the thirty-three successful candidates was 2,220, and it seems that our anticipation of the number of competitors who would prove their competency was correct, for exactly twenty-five of the men came up to the usual standard, the lowest of them scoring 1,325, or only just above the minimum which would at former examinations have allowed him to enter with "the skin of his teeth."

But below the name of this last candidate, we find those of eight others, none of whom reached the lowest previous standard, but who were taken into the service in spite of their bad answering, simply to remedy, at any cost of efficiency, the anarchical condition into which the service has fallen, and it appears that Mr. Hardy is not hard to please, for he is content to accept the services of men who can make no better answering than about one-fourth of the maximum. We have taken the trouble to ascertain for ourselves at what figure previous War Ministers have placed the very lowest minimum of merit of an army medical officer, and we have for this purpose totted together the marks of the last and worst man for eight examinations during the last five years. We find that that minimum is 1,498, which may therefore be assumed to be the number at which the line has been hitherto drawn. Of Mr. Hardy's thirty-three men, only nineteen reach this figure, and he has therefore secured little more than the bakers' dozen of competent men whom we promised him, while the remaining fourteen of his new men are shown by their answering to be of the class which previous Governments rejected, but which Mr. Hardy finds himself forced to take for want of better.

The War Minister may feel himself happy in having hobbled over the barrier which his unification scheme has erected in the way of army medical efficiency, but he must clearly see that this state of things cannot last beyond the meeting of Parliament, and that it will increase the difficulty of his position when he comes to answer the House, if the same trick be again resorted to to supply the wants of the service. If the lowering of the standard which he has begun be perpetuated, it will make the army still more distasteful to gentlemen and men of ability in our profession than it already is, for it will fill the ranks of the department with men who cannot be expected to be either agreeable brother officers, or capable surgeons. We commend the state of the service at the present juncture to those who will have, as introductory lecturers, the function of advising students; and we put it to them whether it would not be more sensible for their hearers to "bide a wee," and await the reform which must inevitably come if they wait, than to rush into a service which, having been previously distasteful, has now become scarcely creditable.

Notes on Current Topics.

Wrestling.

A FEW days ago the champion wrestlers of France, Messrs. Bonnet-le-Bœuf, Gaston de Lyon, Solomon, Boulanger, and the mysterious l'Homme Masqué, appeared to contest the wrestling championship of England and France, at the Lillie Bridge Grounds. It was the first day of a grand wrestling tournament, the purpose of which was to decide to whom the title of champion wrestler of England and France should rightly belong. It is not our intention to enter into particulars, as the different matches and feats of strength and agility which took place have been described in most of the daily papers, but we wish rather to draw attention to the importance that should be attached to this kind of physical exercise as a means of developing the frame, and of improving the health and strength of those who practise it. Cricketing, football, and rowing are sports that will probably be always in fashion. But although wrestling contests are seldom seen or heard of, except on such rare occasions as those to which we are referring, we are much mistaken if they do not possess many advantages over all other methods of exercising the human frame.

In the first place, there is no other bodily exercise in which the strength of every limb and every muscle of the body, of every thew and sinew, is so generally and so severely tested as it is in wrestling. In rowing, most of the labour is thrown upon the arms, in football and cricketing, upon the lower extremities, whereas in the exercise of which we are speaking every group of muscles in the body, from those in the neck to those in the soles of the feet, is alternately and energetically called into action, and yet with far less strain upon the lungs and heart than what is involved in most other kinds of physical exertion. In other forms of exercise, such as those above mentioned, a limited set of muscles are called into action, and that, too, with the precision and monotony of a machine; but in wrestling we have the contraction of one muscle alternating with the relaxation of another, and this alternate contraction and relaxation not confined to any one part, but extending over the whole body. Although, moreover, the muscles are so generally and so vigorously brought into play, the respective functions of the heart and lungs are much less embarrassed than they are in those exercises in which there is much running, or in which, as in rowing, there is much constraint of posture. This strong and quickly alternating action of all the muscles of the body necessarily keeps up the circulation of the blood, promotes the cutaneous and pulmonary secretions, accelerates the absorption of effete materials, gets rid of superfluous fat, and finally tends to produce that strength, bulk, and fine contour of the muscles themselves, which we see depicted in many of the ancient sculptures, and in some paintings by the old masters, but which we in vain look for in the limbs of the more effeminate youths of the present day. That wrestling, moreover, can be practised at times when other kinds of physical exercise cannot be resorted to, is a circumstance which strongly recommends its more general adoption as a part of our athletic sports.

Nor should we overlook its uses as a therapeutic agent. It may seem strange to speak of wrestling either from a therapeutic or hygienic point of view, but very little consideration will show that when practised in moderation there is much good to be got out of it. Celsus somewhere recommends people who suffer from dyspepsia to exercise their arms, and as the upper extremities and the muscles of the thorax are very prominently brought into play in the act of wrestling, there is every reason to believe that this kind of exercise, if moderately indulged in, might be very beneficial to the health of those youths whose pursuits or studies are of a sedentary nature, especially those who are said to be "growing fast," and whose physical development is almost wholly sacrificed to their mental culture.

There is just now a great deal of talk about public hygiene, or public medicine, as it is with more dignity [illegible]ed, but there is a lamentable lack of individual hygiene so far as it constitutes a part of the prevention or treatment of disease adopted at the present day. We are all apt to be satisfied with prescribing medicine, or at most, a little change of air, totally unmindful that there are others, and perhaps more efficient therapeutic or prophylactic agents at hand; and hence we cannot be surprised if hydropathists, homœopathists, and many other "thists" start up and usurp the cultivation of a field which our apathy or prejudices have allowed to lie barren and unfruitful.

If ever London and other large cities are adorned with such magnificent public baths as the wealth and resources of modern civilization ought certainly to afford, large *gymnasia*, and places especially adapted for wrestling, should form an important part of the buildings erected for the purpose, as the exercise of wrestling could not be indulged in at a better time than after the body has been braced up by a few plunges into the cold bath. We might say a good deal more on the subject, but perhaps enough has been said to show that wrestling ought to form a more important part of the physical exercises of our youth than is at present the case. Perhaps the course of tonic medicines, which we are too fond of prescribing, and to which we often attribute more beneficial effects than they can possibly lay claim to, might be sometimes advantageously replaced by a course of physical training, or of some such athletic exercises as that to which we have ventured to draw attention.

Action of Aconite.

THE valuable researches which Dr. Harley has made from time to time into the physiologial action of many of our most important drugs, more especially "Our Old Narcotics," must be familiar to all who have kept themselves *au courant* with our latest advances in therapeutics. Dr. Harley has recently directed his attention to the action of aconite, and, according to the *Dublin Journal of Medical Science*, he has come to the following conclusions on the subject:—1. Aconite affects a portion of the cranio-spinal axis in the same manner that strychnia affects the whole. It produces an excitement which results in intermittent spasms. 2. The focus of the action of aconite is the medulla, about the roots of the pneumogastric hypoglossal and spinal accessory nerves. Thence its influence radiates along the cranio-spinal axis with rapidly diminishing intensity as far forwards as the centre of the third nerve, and as far downward as the origin of the phrenic. 3. Beyond the limits above indicated, aconite exercises a depressing influence on the cranio-spinal axis almost amounting to paralysis. 4. The action of the alkaloid on the sensory function appears to be co-extensive and co-equal with that on the motor function, the area for intense action having the same limits, beyond which the anæsthesiant action rapidly diminishes in intensity. 5. Apart from the derangement of accommodation, due to spasm or enfeeblement of the muscular apparatus of the eye and the ear, the senses of sight and hearing were unaffected; the latter, indeed, was apparently wholly unaffected.

There was no evidence of any impairment of smell. Taste was, without doubt, greatly disturbed, both on account of its relation to common sensation, and of the deep implication of the fifth nerve. 6. Beyond the slight depression of function resulting in somnolency (after medicinal doses and in the intervals of the paroxysms which follow poisonous ones) aconite has no direct influence on the brain, and the effects produced by asphyxia have usually only a brief duration at the end of a paroxysm, or immediately preceding the death of the animal. The intense distress of impending suffocation produces, however, a total disregard for everything else but the desire for relief, and thus the animal rages frantically about as if actually delirious. 7. The sympathetic nerve is unaffected. At the moment of death the pupils dilate vigorously, and after death the heart may continue to pulsate, or if the right heart be arrested by distension its action may be revived by depletion. The contracted left heart is still only because it is empty. From the evidence adduced, Dr. Harley thinks it conclusively proven that the heart is only secondarily affected, and as a consequence of the respiratory difficulty. 8. Death results from asphyxia and progressive collapse of the lung, the former being due to the spasmodic closure of the respiratory passages and paralysis of the muscles of inspiration, and the latter to paralysis of the muscles of inspiration, and notably of the diaphragm, which is tucked up higher and higher by the intermittent efforts of the upper intercostals, the scalenic, and the sternomastoid muscles.

The Spiritualists and the Balham Murder.

In the *Spiritualist* of August 11th, we find a detailed report of a *séance* with "Dr." Slade, in the course of which the ghost of Mr. Charles Bravo was supposed to write with its own hand—if a ghost can have a hand—the following letter explanatory of the mystery which has puzzled so many minds :—

> Dear Sir,—I am anxious to see my dear and loving wife, and tell her how sorry I am, and how unhappy I am for making her the trouble I have. She was not the one that gave me the poison, or anyone in the house. I *did* it *myself*, and will tell her all about it if she can come here, so I can. I took the poison because I was out of temper, and had a hatred against that bad man, Dr. G. My dear wife did not know anything about it, or her maid. Dr. G. shall never prosper, and shall be made to suffer as I have suffered. Do, for God's sake, send for my dear wife, so I can tell her all. Poor soul, how she has suffered, and all for me. When I tell her how I got the poison, she may tell the same if she wishes, but I must tell her first. Please act on my request, and relieve a troubled spirit.—I am truly, Chas. Bravo.

The puerility of style and disjointed phraseology of this letter are quite enough to show that it never emanated from a barrister or a man of education, unless, indeed, it be a peculiarity of ghosts to be ungrammatical. The only value which such a letter possesses, is, that it suggests the weakness of spiritualism when submitted to the light of an honest test. It would seem from the letter, that Mr. Bravo committed suicide, and that his spirit is in anguish because his wife is suspected of having poisoned him. Why does he not relieve his troubled spirit, satisfy public justice, and relieve his "dear" wife of a terrible suspicion, by giving a word of information which would prove that his death was suicidal. Nothing would be easier. The ghost has only to name the chemist from whom the tartar emetic was bought, and the whole mystery is at an end; and yet neither that information nor the least hint which might throw light on the matter is dropped.

Nothing can prove more perfectly than this, if proof were desired, that the writer of the letter knew nothing about it, and that the pretended communication with Mr. Bravo was a deception and a swindle, and yet there are persons who ought to have sense if they have none, who fail to see that the practical test of spiritualism is its elucidation of such subjects, and that it has always ignominiously failed in the use of the means, which, if they could be employed, would convert the whole world to a belief in it.

Transmission of Measles to the Lower Animals.

An interesting case of this nature is described in a recent report of the Epidemiological Society. A dog licked the hand of a child lying in bed, and on whom the measles eruption was at its height. Twelve days later the dog sickened, and suffered for two days from nasal discharge, and four days later died, with marked congestion of the throat and air-passages. It has been held by some authorities that measles in man is the analogue of distemper in dogs—indeed, it has been urged that they are the same diseases; but this case contradicts such a view, for the dog in question had, four years previously, gone throught an attack of distemper, and although second attacks of the various eruptive fevers are common enough in children, second attacks of distemper are rare amongst dogs, while such second cases, when they do occur, are invariably of a slight and temporary nature.

Treatment of Acute Albuminuria.

In the *Practitioner* for August, Dr. De Haviland Hall relates the experience he gained as Resident Medical Officer at a large dispensary, during an epidemic of scarlet fever (about 300 cases), in which dropsy was a frequent sequel.

At first the patient was ordered the perchloride of iron, and was allowed no solid food except a little bread and milk, and as much water as he liked to drink. The skin was also kept gently acting. If, however, the urine was nearly or altogether suppressed, or if uræmic symptoms appeared, all food was forbidden for two years, the child had nothing but water and a drink made of cream of tartar (℥j. ad. Oj.) in sweetened water with a little lemon-juice. If at the end of this time the kidneys began to act, a little milk was allowed, but not more than a pint in the 24 hours; if, however, the uræmia continued with little or no urinary secretion, the water and cream of tartar was persevered in, and in severe cases nothing else was given for thirty-six hours. Dry cupping mustard poultices over the loins, and a purgative were the only additional remedies ever employed. "The explanation of the good effects of abstention from solid food, and especially meat is, that a patient is entirely deprived of nitrogenous food, the work of the kidney is less, and the urine is rendered less irritating, while the mild diuretic action of the cream of tartar seems to be useful." Dr. Hall also observes that Mr. Churton has reported some cases of puerperal convulsions which were treated by keeping the patient almost entirely on nitrogenous articles of food. After citing a case which was a fair illustration of those he had under treatment, and after quoting the various and conflicting plans of treatment that have been recommended by different authors, Dr. Hall sums up his treatment of acute Bright's disease in the following words:—1. Milk and water with arrowroot; no solid food. 2. Mild diuretics, with a free supply of water. 3. The skin kept just moist. 4. A daily evacuation of the bowels.

An Antiseptic for Meat Preserving.

In the course of some recent inquiries, M. Zöller (of the Gottingen Academy) was led to study the properties of sulphide of carbon as a preserving and disinfecting substance. Beef and veal in quantities of 250 to 1,000 gr., were put under glass jars at temperatures between 15° and 24°—a little of the sulphide being also present—and were kept there 32 days. The meat showed no signs of corruption; it retained its elasticity, and was only altered in colour, becoming slightly pale. The same experiment was made with pigeons and hens, and with equally favourable results. Hot rye and wheaten bread was exposed 14 days in moist air containing sulphide of carbon, and it had not the slightest appearance of mould. Over-ripe plums kept for 182 days just as well—there was neither mould nor putrefaction. Two portions of sugar solution, with a little pressed yeast added, soon went into strong fermentation. One of the fermenting liquors was put under the bell-jar with sulphide of carbon, and after 12 hours the fermentation was hardly perceptible. Urine, also, was not decomposed in a sulphide of carbon atmosphere. M. Zöller purposes further experiments, but thinks he is warranted by those already made in considering sulphide of carbon a powerful means of preservation and disinfection — the more powerful, because, even at ordinary temperature it volatilises; and in an air space containing comparatively but little of the vapour all formation of mould or putrefaction is prevented.

Typhoid Fever at Rugby.

Dr. Wilson, F.S.A., medical officer of health for the Warwickshire combined sanitary authorities, has, at the request of the Local Government Board, published a long report on the causes of the cases of typhoid fever which occurred in the Rugby urban sanitary district during the quarter ending 30th June, and on the relation which the fever exhibited to defects in drainage and other means of filth disposal, or to impurities in the water service of the district. "There was, however," remarks Dr. Wilson, "no grounds for believing a general pollution of the public water supply had any share in the cause of the fever, nor could it reasonably be inferred that it had been due to any large extent to sewer air which had been tainted with the poison of typhoid fever." At the same time also, Dr. Wilson does not doubt that the influx of sewer air not specifically tainted was the cause of the majority of the cases which occurred during 1874 and the first half of 1875, and this was owing to badly flushed and imperfectly ventilated drains. Great stress is also laid upon the effects of polluted well-water, and so impressed was the reporter with the danger of using well-water in several towns with drains ramifying in all directions, "that he has no hesitation in recommending that every well should be closed where a public supply can be obtained." With respect to non-fatal cases of this fever many had not come to his knowledge, and it was his opinion that until householders were compelled by law to inform sanitary authorities of the existence of infectious diseases preventive measures and checks would prove futile.

The Austrian General Medical Congress.

The second general congress of the Austrian profession terminated at Vienna on the 2nd of August. Among the questions treated of were those of the organisation of the medical body, of its reports, and of the public health, of fees, of the necessity of a proportionate representation of the medical body in the legislative assemblies, &c. At Gothenburg (Sweden) in the assembly of the Scandinavian profession which took place, the question of making vaccination obligatory in Scandinavia was debated. All the orators spoke in favour of the measure, vaccination being the most efficacious preservative known against small-pox, and recommending that the Government shall order its rigorous enforcement.

Death of Lallah Rookh.

In Tasmania died, towards the end of April in the present year, Lallah Rookh, the last of the aboriginal race, at the age of seventy-three years. She was the wife of King Billy, who died in 1871. She was christened Trucaminni, but the natives called her Lallah Rookh. With her has disappeared the last of the native Tasmanians.

A Lady Graduation in France.

A great crowd assembled a few weeks since, says *La Liberté*, in the large amphitheatre of the Ecole de Medecine of Paris. The greater number of those present were spectators come to see Madame Franceline Ribard take out her diploma of doctor. Madame Ribard entered the hall clothed in a black dress and white collar, and seated herself, while waiting her turn, in an arm-chair which was placed for her. She is a fair woman, intelligent looking, aged twenty-seven years, and the mother of two children. She rose as her name was called, and for more than an hour continued to answer all the questions of the examiners, Messrs. Gavarret, Gubler, Dieulafoy, and Lécorche. She appeared a little confused at first, but soon recovered herself, and her answers were marked with the stamp of confidence and perfect clearness. The thesis which Madame Ribard had sustained with much credit to herself was upon tapping of the eye in the different affections of that organ, especially in detachments of the retina. The jury who examined her declared at the end of the trial that she merited the diploma of doctor, and the president congratulated her warmly on the extent of her knowledge.

Central London Throat Hospital.

The building for which the foundation stone was laid in the early part of this year by Madame Adelina Patti, is now completed exteriorly, and is a substantial-looking building for the purpose for which it is assigned. The interior is also far advanced, and wards will shortly be opened for the reception of in-patients. The ventilation appears to be of a very perfect character, and the heating of the building will be by means of hot-water pipes. Hydrants are also provided on every floor in case of fire.

Social Science.

AMONG the questions down for discussion at the Social Science Congress to be held at Liverpool, the 11th to 18th of next month, are the following :—In the Health Section—What is the best method of making provision for the supply and storage of water (*a*) in large towns as Liverpool and Manchester, (*b*) in groups of urban communities of lesser size, such as exist in the manufacturing districts of Lancashire and Yorkshire ? What amendments are required in the legislation necessary to prevent the evils arising from noxious vapours and smoke ? How can professional and technical instruction be best incorporated with a sound system of general education ?

Suicide in the Clare Lunatic Asylum.

A PATIENT in this asylum, named James Beaky, aged about thirty years of age, committed suicide on Tuesday week by strangulation. The unfortunate man was only admitted to the institution about ten days ago, and we believe showed few, if any, symptoms of a tendency to commit suicide. On Tuesday night he succeeded in secreting his suspenders about his bed clothes, and by their means hanged himself to the gas-pipe about seven feet high from the floor.

The Death-rate of Foreign Cities.

THE annual rates of mortality, according to the Registrar-General's most recent weekly returns were in Calcutta 24, Bombay 29, Madras 38 ; Paris 30 ; Brussels 26 ; Amsterdam 25, Rotterdam 27, The Hague 33 ; Copenhagen 32 ; Stockholm 32 ; Christiana 22 ; Berlin 39, Hamburg 32, Breslau 54, Munich 39 ; Vienna 26 ; Buda-Pesth 43 ; Rome 20, Naples 35, Turin 22 ; Alexandria 51 ; New York 34, Brooklyn 32, Philadelphia 26, and Boston 33. Typhoid fever caused 78 deaths in Paris, against 87 and 82 in the two preceding weeks. Diarrhœal diseases caused the high death-rates in Berlin, Breslau, and Buda-Pesth.

Statistical Society.

THE following is the title of the essay to which the Howard medal will be awarded in November, 1877. The essays to be sent in on or before June 30th, 1877 :—"On the condition and management—past and present—of the workhouses and similar pauper institutions in England and Wales, and their effect on the health, intelligence, and morals of the inmates." Further particulars or explanations may be obtained from the assistant secretary, at the rooms of the Statistical Society, Somerset House Terrace (King's College entrance), Strand, London, W.C.

Lead in Vegetables.

DR. DE LOOS, of Leyden, writes that he was consulted regarding certain symptoms of paralysis and nervous disturbance which suggested the idea of lead poisoning. The symptoms occurred in a family residing in the neighbourhood of the place where a manufactory of white lead had stood twelve years previously ; they made use of vegetables growing on the spot. In order to make it certain that the poisoning was produced, as he believed it to be, by the vegetables, Dr. de Loos examined chemically some red beet, endive, and carrots, and ascertained the presence of lead in all. In a beet weighing 650 grammes he found the equivalent of a centigramme of metallic lead ; in another of about the same size, 11·3 centigrammes ; in six carrots, weighing altogether 272 grammes, there were 1¾ centigrammes of metallic lead ; and the metal was also found in the endive. The ashes of the plants also contained traces of copper, which had probably existed as an impurity of the lead.

THE total amount received towards this year's Hospital Saturday Fund up to the end of last week, was £2,750.

THE enormous quantity of one and a quarter million gallons of cod-liver oil has been shipped from Newfoundland during the present season.

DR. TONER, of Washington, has offered to give the profession of Pittsburg a library of medical and scientific works of the value of $20,000, and a sum sufficient to secure to the library an annual lecture on medical and scientific subjects.

AT the Social Science Congress to be held in Liverpool in October, there will be an exhibition of sanitary inventions, appliances, &c. Intending exhibitors must communicate at once with the Secretary of the Association in London, in order that space may be granted to them.

THE Keighley guardians, having been released from gaol on Saturday, left Leeds for their homes amidst a popular demonstration of approval for their defiance of the law. A similar demonstration awaited their arrival at Keighley, when the train drew up.

A "WOMAN'S NATIONAL UNIVERSITY" has been established in Washington, "to afford to women a thorough knowledge of science, divinity, medicine and law, both in theory and in practice." Professors of law, medicine, language and social culture have been chosen.

IT is stated that a Washington doctor has actually made a contract for the erection of a furnace for the burning of his own body after death, and also those of any others who may desire this luxury. It is said applications come all the way from Boston for the right to be burned in the apparatus.

AFRICA, following in the wake of European nations, is to have an International Exhibition, which it is proposed to open in February next. There will be a section for medical and surgical works, instruments, chemicals, &c., Capetown being the place chosen for the erection of the building.

AT Kilrush, a man named Patrick Loregan, bone setter, was committed for trial last week for manslaughter. It appeared that a man had fallen from a cart and injured his arm. Loregan was called in and said it was broken. He set it and bandaged it. Three or four days afterwards, when a medical man was called in, it was found that the arm from the shoulder downwards was in a complete state of gangrene or mortification. The arm had not been broken. The gangrene was sworn to have been caused by the tight bandaging of the arm.

THERAPEUTICAL AND SANITARY PREPARATIONS.

Magnesium Citrate.—Messrs. Kinmond and Co., of Leamington, under the name of Magnesilyne, furnish us with an efficient aperient saline salt. It is compounded of carbonate of magnesium and citric acid, which dissolve with a brisk agreeable effervescence.

Salicylic Soap..—Messrs. Tidman and Son have produced an elegant article in the way of soap, which contains an appreciable quantity of salicylicate of potash in combination with other ingredients, and which render it antiseptic. This will prove useful in the sick room, as well as for domestic purposes. It mixes readily with the hard water of the New River Company.

Eucalyptus Oil Soap.——Messrs. Whitaker and Grossmith have also manufactured a soap having somewhat similar claims. It is called "The Eucalyptus Oil Soap," and is vouched for as a sanitary purifier or disinfectant. It is an elegant toilet soap of most refreshing fragrance, and may prove a valuable addition to the sick room and nursery.

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Obituary.

DR. DENNING, OF SLIGO.

We have to announce the death of this gentleman on Wednesday morning, the 30th ult. Although he had been ailing for some time, his death was rather unexpected. The deceased gentleman was known as a kind-hearted, amiable man.

DR. SCRAGGS, OF CLOGHER.

We announce the death of this gentleman, a very old inhabitant of Clogher. He was for twenty-four years medical officer of Clogher Dispensary, having only a few months ago resigned that office through the partial loss of his sight, combined with bodily weakness. On Wednesday evening the 30th ult., he retired to bed quite well, and in a few minutes afterwards he was found lying insensible. Medical aid was procured, but without avail. He was seized shortly afterwards with an attack of paralysis, which proved fatal. He expired shortly after three o'clock on Friday, 1st September, being at the time of his death free from all pain.

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Literature.

THE STUDY OF PHYSIOLOGY. (a)

Dr. Carpenter's large work on human physiology is so well known to the profession, and its great merits have been so frequently and so generally acknowledged, that there is, on the appearance of this eighth edition, very little to be said in the way of ordinary criticism. We need scarcely observe that the present edition maintains the reputation which the author has gained for putting, as Dr. Johnson would say, into his work as much as it could hold, and for conscientiously placing before his readers the latest results of physiological research. The re-appearance, however, of such a bulky work suggests the propriety of making a few remarks on the study of physiology in our medical schools, especially at a time when so much is said about the necessity of gaining a practical knowledge of that science in the laboratory rather than from books.

That the legislative restrictions which have been recently put upon vivisection will have, in this country, a permanent effect in damping the enthusiasm of our practical physiologists we have every reason to believe, and we fear that they may check that laudable zeal for original research, without which no science can make much progress. But there are many grave reasons why the importance of practical physiology to medical practitioners should not be over-rated, and why the great majority of students will always have to derive most of their knowledge from such works as that to which we are now drawing attention.

With many it has been a matter of regret that human physiology is not taught in our schools in the same manner as anatomy is taught; and only about five years ago Professor Huxley, for whose opinions we all have so much respect, gave expression to this regret in language that could not be mistaken. "I cannot understand," he said, "why physiology should not be taught with the same definiteness and the same precision as anatomy is taught. And you may depend upon this, that the only physiology which is to be any good whatever in medical practice, or in its application to the study of medicine, is that physiology which a man knows of his own knowledge, just as the only anatomy which would be of any good to the surgeon is the anatomy which he knows of his own knowledge." But with all due deference to the opinion of so eminent a *savant* as Professor Huxley, we venture to take exception to the propriety of these remarks, and think that his view of the subject cannot be accepted without much reservation.

In the first place, Professor Huxley himself gives one of the best of reasons why physiology "cannot be taught" in the same practical manner as anatomy, when he admits that "it is a comparatively easy matter to learn anatomy and to teach it; it is a very difficult matter to learn physiology and to teach it." In one science we have to deal with structure and the relative position of parts only; in the other we have to do with the more recondite and difficult subject of function. It is not impossible for a diligent student to see during his pupilage with his own eye, and to dissect with his own hand, almost every muscle and artery, and vein and nerve of the human body. On the other hand, he could not in his whole lifetime perform one half of the experiments by means of which the multifarious facts of physiology have been discovered. The very few years he can spend at the hospital, the number of subjects which during that period must necessarily engross his attention, and the time and labour that are required for demonstrating on living animals, even the more important functions of the animal economy will be always obstacles in the way of the student knowing that physiology which some are able to know "of their own knowledge," or of his ever being able to study that science in the same practical and original manner as he can the science of anatomy. Nor, as respects the future practice of his profession, can so much importance be attached to a thoroughly practical and experimental knowledge of physiology as to a similar knowledge of anatomy. Not only must the latter science be the foundation of all other medical knowledge, but without it the practice of surgery and medicine would be nothing less than charlatanism and guess-work. It is quite different with physiology. A man may be, and many a man has been, a most skilful physician without knowing any more of that science than he has picked up from books. A physician may show great tact in diagnosing a small cavity in the lung, or in managing a pleurisy, without ever having examined the microscopic structure of that organ, and without ever having ascertained or ever knowing that a healthy man exhales from his lungs every hour 1,346 cubic inches of carbonic acid gas. When, in the reign of William III., the famous Dr. Radcliffe put all the court physicians to shame by the prompt manner in which he pointed out to them the true nature of the queen's fatal malady, his knowledge of physiology was probably very slight. And even within the last fifty years many very eminent men have given splendid contributions to the advancement of diagnostics and pathology, who during their pupilage never so much as performed or witnessed a single physiological experiment.

(a) "Principles of Human Physiology." By William B. Carpenter, M.D., F.R.S., &c. Edited by Henry Power, M.B. Lond., F.R.C.S. Eighth Edition. 1876.

Do we then, it may be asked, deprecate the desire of our teachers to give to the study of physiology a more practical shape than it has hitherto taken, the establishment in our medical schools of physiological laboratories, and the use of such an admirable work as that just brought out under the editorship of Klein, Burdon-Sanderson, and other eminent physiologists? Certainly not; we rather hail the new impetus which is being given to the practical teaching of physiology as the advent of a new era both in the study and in the advancement of that science. If practical physiology must yield to practical anatomy in an utilitarian point of view, it undoubtedly far transcends the latter science in the number and interest of the subjects with which it deals, and in the high and varied mental abilities and unwearied powers of research which its successful study entails. Too much pains, therefore, cannot be taken to give to our future physiologists the opportunity of thoroughly and practically grounding themselves in the first principles of that science which they have selected for their special study. Besides, it has always been a legitimate boast of our medical schools that they have afforded the best and sometimes only arena for the successful prosecutions of those branches of knowledge which are auxiliary to the study of practical medicine, and that they have been the birthplace of some of the most splendid reputations that have been earned in the field of natural science. It is no small boon to the poor student coming up to London from the provinces that he can find a congenial soil in which his particular taste can receive proper cultivation, and his abilities abundantly ripen and bear fruit—schools where he who wishes to study chemistry can handle the blow-pipe and the test-tube under the eye of the most eminent chemists of the day, or where he who has a taste for physiology can, in the laboratory of a Rutherford or a Burdon-Sanderson, himself watch the action of the heart in the living frog, or demonstrate all the phenomena of reflex motion.

At the same time, we have to bear in mind that the object of our medical schools is not to make men great chemists, or great botanists, or great physiologists, but to give them a sound and practical knowledge of the profession they have adopted. The advancement which has been made within the last few years in all departments of medicine is so great, and the knowledge which is now indispensable to the practitioner is so much more extensive than it formerly was, that four years are now too short a time for his medical education, even were that confined to the study of anatomy, medicine, and surgery only. It is, therefore, questionable whether too great inducement should be held out, and still more questionable whether the student should be compelled to acquire as thorough and as practical a knowledge of physiology as he should have of anatomy or medicine, inasmuch as the more we raise the standard of medical education with respect to the collateral sciences, by so much we lessen the opportunities of acquiring a thorough and practical knowledge of medicine, surgery, midwifery, toxicology, and hygiene, to the study of which much too short a time is even now allotted at all our medical schools.

And now, to draw our remarks to a conclusion, it is in consequence of the above views and reflections that we are induced, even in these days of physiological laboratories and vivisection experiments, to recommend to the medical student the perusal of such a bulky treatise as that of Dr. Carpenter's "Principles of Human Physiology," provided, however, that he has first impressed upon his mind a firm outline of the subject by the use of a more elementary work, and provided also that he does not merely use it for the purpose of "cramming" for a University examination. We know that the great size of this treatise has always been a great objection to the generality of students. But we do not see, for instance, how the young physician or general practitioner can treat a disease of the stomach, or a disease of the brain, with judgment or success unless he is previously acquainted with *all* and the *latest* knowledge we have respecting the functions of those parts; and we do not see how he is to acquire that knowledge unless he devotes a portion of his time to reading such a repertory of physiological science as that which we have taken as our text for the foregoing observations.

A TREATISE ON GOUT AND RHEUMATIC GOUT. (*a*)

THIS well-known work has been for several years out of print, and its reappearance in its present form will be welcomed by the profession. This edition bears ample evidence that during the interval Professor Garrod has been working hard at the subject with which his name is so closely associated. Such being the case, though the earlier editions have been noticed here, this edition calls for a comprehensive review.

The work commences with an account of the views held about gout by the ancients, and Hippocrates certainly knew it well, both as to its diagnosis and its treatment. That he held it to be due to the "retention of humours" showed that he recognised its causation. But what those humours were remained comparatively unknown till Dr. Garrod clearly demonstratad that the *materiis morbi* was uric or lithic acid. From that time the treatment of gout acquired precision, and the purgings and cooling agents of the old Greek took definite form. Doubtless a fairly accurate treatment had been arrived at empirically, but it was the discovery of the "humour" which gave precision to the therapeutic aim. In 1847, a patient in King's College Hospital, labouring under gout in an acute form, was blistered, and the serum examined with the result that uric acid was readily found by all its tests, the most satisfactory being the immersion in the serum of a fibre of thread which became encrusted with uric acid crystals. A table of forty-seven cases follows, which clearly proves "that the blood in gout is invariably rich in uric acid." At the same time that the blood of the gouty is rich in uric acid, and that waste product is but imperfectly eliminated by the kidneys. The following case, presenting no unusual features, shows this well:—

"Case 10.—W. F., a male patient, aged 38, has had several attacks of gout, at first implicating only the ball of the great toe, but afterwards affecting the joints of both upper and lower extremities; a few spots of urate of soda seen on the palmar surface of the left index-finger. No active symptoms present when the urine was submitted to examination, and no medicine taken at the time.

"May 11th, 1854.—Urine, 35·5 fluid ounces; sp. gr., 1024. Acid; no deposit; no albumen. Uric acid in 24 hours, 1·34 grains; urea, 306 grains.

"May 15th.—Urine, 39·5 fluid ounces; sp. gr. 1018. Acid—uric acid in 24 hours, a trace only; urea, 338 grains. Blood found to contain much uric acid."

(*a*) A Treatise on Gout and Rheumatic Gout. By A. B. Garrod, M.D., F.R.S., Consulting Physician to King's College Hospital, late Professor of Therapeutics at King's College.

During the time of an attack the amount of uric acid is distinctly increased. For instance, in Case 3, "J. C.. a male patient, aged 57, suffering from acute gout in the ball of both great toes, and in several other joints both of the upper and lower extremities. A few nodules of urate of soda found in the ears, but in no other part of the body.

"May 2, 1856.—Urine, 24 fluid ounces; sp. gr., 1024, at 60° Fahr; turbid from urates, but clearing with moderate heat; it contains a distinct trace of albumen. Uric acid in 24 hours, 3·76 grains; urea, 3·20 grains. The blood of the patient contained much uric acid."

The effect of an attack of gout is thus to clear the system. Often a gouty condition, or lithiasis, lurks unmanifesting till an accident brings it out. This is well shown in the following case:—"A gentleman with a strongly marked hereditary predisposition to gout hurt his knee by a fall when hunting; the pain was not very severe at first, but in the course of a few hours became intense, much more so than could be accounted for by the nature of the injury. It soon, however, became evident that the joint was affected with acute gout, which was speedily relieved on the ball of the great toe of the same side becoming inflamed." This is no uncommon case in practice.

The morbid anatomy of gout is found in the changes which go on in different tissues, especially in the articular cartilages. At Fig. 13 is shown the great toe of a man who had one attack of gout thirteen years before death. Distinct points of urate of soda are to be seen. Other like cases are recorded. At first no real structural injury is done to the parts by the deposit of urate of soda upon them. This is shown by the woodcut at p. 191. "Fig. 17 represents the ends of two metacarpal bones, one incrusting with urate of soda, the other freed from the deposit by the action of warm water, and exhibiting the cartilage apparently healthy in structure." After repeated attacks the joints become enlarged, stiff, or anchylosed, and deformed by the presence of masses of urate of soda. The helix of the ear, too, is a favourite spot for the deposition of urate of soda. The observations of Dr. Todd as to the changes in the kidneys are carrried out here. In very advanced cases of gout the kidneys are found contracted and shrivelled, but Dr. Garrod thinks he can "show that even in the slighter forms and early stages of gout the renal organs sometimes become seriously implicated." The asssociation of gout with imperfect renal action is now generally admitted.

As to how far the skin can and does give off urate of soda is not determined satisfactorily yet, and Dr. Garrod does not quite endorse the views of Petit and Henry, who found urate of soda in the skin of the hand of a man subject to chronic gout. Then as to the causes of gout. Hereditary predisposition is unquestionably a strong factor. Then there is the temperament. "In general terms it may be said that acute sthenic gout occurs most frequently in subjects of a sanguine temperament and those inclined to corpulency; whereas the asthenic and irregular forms are usually seen in individuals of a nervous temperament and spare habit of body."

The use of fermented liquors as a great cause of gout is strongly insisted upon. Then comes the influence of solid food in causing gout. "Piecrust and sweet substances are probably injurious rather from the indigestion they produce than from containing any very noxious substances." "The subjects of gout and calculous diseases are generally persons who live well and eat largely of animal food." Dyspepsia and bilious conditions are often causally related to gout, and often lead to a deposit of urates in the urine on cooling. Study and mental anxiety lead to gout, and often cause it to be persistent. Race goes for little, climate and season for less. The influence of lead is very marked, and Dr. Garrod has found that gouty persons are exceedingly sensitive to lead, so that the mechanical use of lead has often induced attacks of acute gout.

Of the exciting causes he enumerates alcoholic beverages, dyspepsia, cold and moisture, mental or bodily labour, or anything which may lead to marked general depression.

He divides gout into *Regular* and *Irregular Gout*, and says, "Some objection may perhaps be made to the use of the terms regular and irregular gout, and it may be asserted, perhaps with truth, that its so-called irregular manifestations are in fact quite as regular as the articular affection." This is an important statement in several ways. It first teaches that the irregular manifestations of gout, the thousand forms which experience and observation alone reveal, are as regular in their return as the forms we regard as regular gout. This is a matter in which it is desirable that the practitioner hold clear impressions. Bronchitis, dysmenorrhœa, neuralgia, skin eruptions, fits of mental irritability, with sleeplessness—the less-known and so-called irregular forms of gout are just as periodic in their presence as the forms recognised as regular, indeed as inflammations of the articulations themselves. He next tells us that these irregular manifestations are associated with the same poison as the regular forms, and therefore that in all of them the gout, rather than the particular manifestation, is to be treated.

Chapter IX. is devoted to a consideration of the close relationship betwixt gout and uric acid, which is demonstrated in a very clear manner; after which the views of different writers, as Cullen, Sir C. Scudamore, Dr. Gairdner, and others are examined, and then the author gives his own views. He states that gouty attacks may to a certain degree be curative, but that they are liable to do local mischief, and therefore can be treated with advantage. His opinion of the treatment of gout is as follows:—Acute gout is controllable by remedies, both as to the duration of the paroxysm and as to injury done to joints. Secondly, chronic gout is also fully under the control of the physician, and appropriate treatment will give relief, limit further mischief, "which is so prone to ensue if the disease be allowed to run its course, or be recklessly tampered with." Thirdly, gout is apt to return and grow more severe if not met by proper preventive measures. Consequently, we find Cullen's aphorism of patience and flannel strongly condemned, as it certainly richly deserved.

As to the treatment of acute gout, diet is a most important matter. Patients who used to suffer for weeks on a diet of animal food, on a proper dietary got relief in a few days. Any one who has had acute gout will readily endorse this statement. Non-nitrogenised foods, slops, no malt liquor, and but little alcohol in any form is desirable. The patient should keep quiet in bed. Purgatives are useful; for the asthenic a warm pill, for the sthenic salines, Püllna or Carlsbad waters. Mercurials are to be avoided. Diuretics and diaphoretics, especially forms of potash, are good; while anodynes and narcotics are often necessary; opium is not desirable, and henbane or belladonna are to be preferred. It is somewhat odd that Dr. Garrod does not refer to the tincture of hop either affirmatively or negatively, simply ignoring it. And yet Scudamore believed in it, and in dram doses at bedtime, especially with half a drachm of bromide of potassium, the writer has found it very useful and effective. Blood-letting and leeches are strongly deprecated. "Blisters are of most advantage in cases of gout of an asthenic character, when the inflammation has a tendency to linger in the articulations and cause effusion." The local application of warmth and moisture is advocated, and these applications may contain belladonna, morphia, or aconite with advantage. Cold should never be used, and its local application is fraught with the greatest danger. Cotton wool covered with oil silk is often most useful.

Colchicum is examined at great length, both as to its action and utility. It appears that it does not increase the amount of urine solids excreted, rather the other way. Indeed, its *modus operandi* "is still a subject for inquiry, and well worthy of the attention of the therapeutist." Its usefulness, however, is incontestable. It is taken in different forms with, and also without, medical advice. In acute gout it exercises a specific power, and should be continued in decreasing doses after the inflammation has subsided. When great depression is produced by it the gout is apt soon to return. It is also useful during the intervals and in chronic gout. White hellabore is sometimes used instead of colchicum. Laville's well-known tincture is examined and pronounced to "act very much in the same way as a large dose of colchicum." Those who have taken much of the preparations are in time considerably weakened, as is the case after long acquaintance with colchicum in other forms, and often gouty people in time bewail the relief colchicum furnishes, and the recklessness induced thereby.

Chronic gout may be associated with the state of the skin, disturbance in the digestive organs, an augmentated formation, as well as defective secretion of uric acid. In treating each case its relations have to be carefully ascertained for the treatment to be successful. Iodide of potassium, especially with guaiac, is very useful. Guaiac is very good in asthenic gout. "In some its action is almost magical." Serpentary and sulphur are also of service. "The undue formation of uric acid will be found to be especially influenced by diet and regimen, whereas its deficient excretion is more under the control of remedial agents." The persistent following out of a proper line of treatment is shown to be essential in so chronic a malady. Alkalies are indispensable, especially potash and lithi. Dr. Garrod (agreeing with Von Schroff of Vienna) advises, too, the phosphate of soda. Free dilution of the alkalies is recommended. They should be taken on an empty stomach and before food. Large doses of soda salts "favour the deposit of urate deposits." The leaves of the common ash form an infusion of great value. Hot water freely taken does much good in some cases. Stomachics and tonics are very useful in atomic gout; as also are quinine and iron. Where there is albuminuria, counter-irritation over the kidneys, together with hot baths, is indicated. The local application of potash is recommended; friction and passive motion are often of service. Lithia is useful. But of all things a properly regulated dietary is the most essential. Brown meat should be taken in but small quantities; fish, fat, and stewed joints, with farinaceous preparations, should form the bulk of the diet. Good wines and malt liquors are to be eschewed, or taken at the patient's peril. Milk is very good. Exercise, fresh air, and suitable warm clothing are ever desirable. A warm climate may be indicated. The bad effects of mental anxiety are described truthfully. Sudden emotion will bring on gout, and mental anxiety will protract an attack very markedly.

Mineral waters, as Vichy, Wiesbaden, Baden-Baden, Carlsbad, Homburg, Wildbad, and Teplitz are all useful. Buxton is a capital place, both as to water and climate. Aix-la-Chapelle and Aix-les-Bains, Luchow and Barèges, suit others. Chalybeate waters often do much good in the convalescence.

The different manifestations of irregular gout in the different organs occupy a chapter, from which it is simply impossible to make an abstract or take extracts. The diseases to which the gouty are liable are gravel, calculus, lumbago, sciatica, phlebitis, and diabetes. Diabetes often alternates with gout, and during the diabetes there is no attack of gout. Both are diseases of imperfect oxidation, and their association causes no surprise. It is a matter of question if such diabetes is very serious. Lead-poisoning is commonly found in gouty persons. As to prognosis, an attack of gout is a warning to a man to alter his ways; and if old habits are kept up, mischief will follow, which may be kept off if a proper rôle be maintained.

Rheumatic goet is not a blend of gout and rheumatism, but something distinct and *sui generis*, It is closely associated with debility, and its treatment must ever be restorative. It may be very localised, or may involve the articulations generally. Its morbid anatomy was carefully studied by the late Dr. R. Adams, of Dublin, whose descriptions admit of no improvement. It is not so associated with hereditary, age, or sex as gout, and is common in women. It is not confined to those who take alcohol. It is found along with skin affection not uncommonly. "It is a much easier task to prove what rheumatised arthritis is not, than to prove what it is. It appears to be a peculiar form of mal-nutrition of the tissues of joints, accompanied with defective powers." The treatment closely resembles that of atonic gout both generally and locally. Guaiac, arsenic, iodine, iron, and cod-liver oil are all of value. Mineral waters and baths are often useful, but baths may be taken to excess and so do harm. The diet should be nutritive, and stimulants, even malt liquors are not contra-indicated entirely. The diagnosis is given elaborately. The work concludes with the sentence, "Some time ago I was inclined to take a very desponding view of the amenability of this disease to treatment, but year by year I have become more hopeful, and I have frequently seen patients who I feel sure if they had submitted themselves to a rational course of steady restorative treatment, instead of being led by the solicitations of injudicious friends and empiricising advisers to give themselves up to every form of quackery, would have been restored to health instead of becoming, as many of them unfortunately do, miserable and incurable cripples." There is a useful table of mineral waters with their analyses added as an appendix.

The work is one which we heartily recommend to all members of the profession, especially to those who are in good practice. The plates and woodcuts are good, except the cut at page 147.

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THE COUNTRIES OF THE WORLD.

THE first part of a new work under the above title has made its appearance from the publishing house of Cassell, Petter, and Galpin. It is intended to form, when completed, a companion treatise to "The Races of Mankind," by the same author, Dr. Robert Browne. If the first number be a fair specimen of the literary and pictorial work of the whole, there can be no doubt as to its popularity. The habits and customs of the remotest peoples and countries, the latest territorial discoveries, deep-sea soundings, &c., are promised, and we look forward to succeeding parts with interest, and wish the work the success it deserves.

CONTEMPORARY AND CURRENT LITERATURE.

The Practitioner for this month contains, as usual, several articles of interest. The one from the pen of the editor, "On the Action of Alteratives," is of considerable practical value. Dr. Faber continues his important contribution "On the Influence of Sea Voyages on the Human Body, and their Value in the Treament of Consumption;" and Dr. Rabagliati concludes his paper "On the Nature of so-called Specific Fevers." As a very natural sequel to this we have a paper on the Eagley outbreak and the propagation of enteric fever by infected milk, which proves to be another instance pointing to the necessity for regulation and adequate supervision over the sanitary circumstances of dairy farms.

The Monthly Microscopical Journal bears evidence of the activity with which microscopical research is carried on. Mr. Bevan Lewis, pathological assistant and medical officer of the West Riding Asylum, contributes an instructive paper on a method of preparing and staining fresh brain for examination. Mr. W. G. Farlow, Assistant Professor of Botany in Harvard University, U.S.A., contributes an interesting paper on a fungus disease which has appeared among the olive and orange trees of South California this year, and caused considerable loss to the growers. Dr. Woodward, of the Army Medical Department, U.S.A., has an important communication on the application of photography to the measurement of the blood corpuscles. Microscopy appears to be actively cultivated in America, and we notice that many of our medical contemporaries devote a considerable space to this department of science. The *Cincinnati Medical News*, among others, contains articles of interest to microscopists.

Science Gossip maintains its name and position as a medium of interchange of thought and gossip among students of natural history subjects.

Nature treats its readers to a double number this week, and it contains an abundant supply of food for the mind in a verbatim report of the British Association meetings. We would also direct attention to the admirable portrait and biographical sketch of Sir William Thomson, with which the number opens. Mr. Jeen's portraits on steel, which occasionally appear in *Nature*, are simply perfection.

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Correspondence.

CASE OF TRIPLETS, WITH A FOURTH BLIGHTED FŒTUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following case has occurred in my practice during the past week, and as it may be interesting to the profession, or some compiler of obstetric memoranda, perhaps you will kindly allow it to appear in your journal:—

About 9 a.m. on the morning of August 25th I was summoned to attend the wife of a coal-miner in the village of Brownhills. About an hour and a-half after my arrival at the house she was delivered of a full-grown male child, the presentation of which was "breech." Some twenty minutes or more after its expulsion I made an examination, and found, on running my finger along the cord, a large, rounded, tense mass, which proved to be the membranes of another fœtus. I waited for some time to see if the uterus would resume its action. After the expiration of two hours I decided on rupturing the membranes, and in twenty-five minutes afterwards a second male child, considerably smaller than the first, was born: the presentation was "pedal." Upon placing my hand on the abdomen, after this second birth, I found the uterus nearly as large as at first, and very little reduced in size. I made another examination, and found the membranes of a third fœtus presenting; these I speedily ruptured, and another fully developed male child (the largest of the three) was immediately born; this presentation was also "breech." In about ten minutes after the expulsion of the third child the patient had a strong labour pain, and a fœtus of presumably about three or four months was expelled. There were two placentæ, and on examining them I found that the cords of the second and third child, as well as that of the blighted fœtus, were attached to one placenta, and that of the first child to the other placenta. The mother (who is about 32 years of age, and who, strange to say, has *twice been delivered of twins*) and the three infant male children are doing well.

I am, Sir, your obedient servant,

DAVID EDGAR FLINN, L.K.Q.C.P.I., L.R.C.S.I.

Brownhills, Staffordshire.

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"ON THE FUNCTIONAL DISEASES OF THE URINARY ORGANS." BY DR. CAMPBELL BLACK.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With what is simply a question of opinion regarding the merits or demerits of my book, reviewed in your last impression, I am not concerned, and consequently never interfere, but when I have to complain of wanton misrepresentation, I hope you will allow that I am entitled to be heard, and that correction is due to me.

Firstly, your reviewer disingenuously insinuates that I participate in opinions *which I have distinctly controverted in my book*. For example, in the reference to "phthisis and clergyman's throat."

Secondly, the following paragraph foists upon me statements which I cannot reprobate too strongly. "Finally, fornication is used as a remedy. Lallemand, B. Phillips, Mr. Erichsen, the Greek Church, Cicero, Dugald Stewart, and Strauss all appear to be summoned as authorities in recommending this more than questionable piece of advice." It is not the least creditable to your reviewer that he should use his position in thus doing what is nothing short of maligning me, and I refer any one sufficiently interested in the matter to my book in order to satisfy himself that this is the case. What I have maintained, and what I still maintain, in common with so many others, is that the normal excercise of all the functions of the body must be conducive to the health of the organs themselves and the system generally, and I cannot, by any logical or reasonable possibility, escape from this conclusion in the case of the generative organs. *In what manner, or under what contract, this end is to be accomplished is a question on which I have never presumed to dictate*, and I must therefore repudiate the libel that I have ever given countenance to, or recommended fornication in the manner so flagrantly misstated by your reviewer.

I am, &c.

D. CAMPBELL BLACK.

Glasgow, September 7, 1876.

[As the reviewer of Dr. Campbell Black's book is travelling, and will not have the opportunity of seeing the objections raised until his return in October, we insert the letter in fairness to Dr. Black, without, however, prejudicing the case, or anticipating the reply which our reviewer will doubtless feel it incumbent upon him to make.—ED. M. P. & C.]

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MEDICAL PRACTICE IN SOUTH LONDON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I perceive that Mr. Lewis, as was but natural, has been mightily exercised by the letter I wrote to you concerning him a couple of weeks since, and attributes my so writing to "spite"—quite a mistake. It is a matter of indifference to me whether he sees his patients for infinitesimal fees or no fees at all; what I object to is his touting for patients by means of handbills—some of which have been left by his agents at my own door!—and a large black-board with his qualifications, hours of attendance, and terms painted on it, and placed outside his door. I am content to leave the matter in the hands of the profession, and in yours, Sir,

And remain, &c., &c.,

NEMO.

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MR. FAVELL'S "ADDRESS IN SURGERY."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I am the individual referred to by W. F. Favell, Esq., under the initials A. B., in his "Address in Surgery," delivered before the British Medical Association, and published in your issue August 23rd, perhaps you will allow me to correct, as briefly as possible, a few errors as to facts into which he has fallen.

I never had a splint of any kind applied. Within three days certainly, if not before, I complained to Mr. B., the surgeon attending me, of shortening (I said, "I cannot get my knees together") and inversion, and continued to complain every time he came; and it was because of my complaints—not for his own satisfaction—that the third surgeon was called in five weeks after the accident. Instead of agreeing with the treatment he changed it completely. He found me kept at rest on my back painting the hip with iodine. He ordered me to discontinue the iodine, to use "Lin. Tereb. Acet. R.P. ter in die." with strong friction; to get up immediately and begin to walk; and enjoined me not to be afraid of using or hurting my leg.

These orders I faithfully obeyed, under the personal supervision of Mr. B., who continued to attend me seven weeks longer. I must add that Mr. B. from the first described my injury as "partial dislocation of the hip, with severe bruises," and wrote those very words on my application to the Railway Passengers Accident Association Company. I believe that paper is still in existence at their office. All through his attendance Mr. B. adhered to it that my hip had been out of joint, and he had put it in.

Yours, &c.,

A. BALMFORTH.

5 Pershouse Terrace, Ardwick, Manchester,
September 9th, 1876.

SUDDEN DEATH OF DR. SIBSON, F.R.S.

THE profession will be pained and shocked by the sudden death of Dr. Sibson, which took place suddenly on Friday, while deceased was on his holiday tour in Switzerland. The telegram conveying the sad news does not mention the cause of death, but every member of the profession who had the pleasure of Dr. Sibson's acquaintance will, on hearing the announcement, mourn the loss of a most amiable friend, as well as a most accomplished physician. The deceased held the degrees of M.D. London and Dublin, F.R.C.P., D.C.L., F.R.S., was a Vice-President of the Royal Society and of the British Medical Association, and Consulting-Physician to St. Mary's Hospital. Medical literature has been much enriched by his pen, particularly by his contributions on the subject of Respiration, and his Gulstonion and Croonian Lectures.

THE NEW HOTEL DIEU.

THE new hospital—a vast establishment situated in the place Notre Dame, at Paris, directly opposite the time-honored old institution, and built on the pavilion principle, is being pushed forward to completion with the greatest activity. The building of the old hospital will be finally removed before the exhibition of 1878, and the square which will adorn the façade of Notre Dame will be quite complete before that time. At the present time, the fountains which are to decorate the gardens in front of the new hospital are in course of construction.

THE MEDICAL CONGRESS AT TURIN.

A MEDICAL congress will be held from the 18th to the 28th of September at Turin. It will be divided into several sections, and there will be at the same time an exhibition of different objects relative to medicine produced exclusively in Italy within the last few years.

THE collection of the Jardin d'Acclimation in the Bois de Boulogne have received very interesting accessions recently. Two of the eatables (!)—dogs of China, which are, it seems, the tit-bit of the *gourmèts* of the celestial empire—have been sent by the French consul at Canton, as well as several of the Chinese telescope fish. This addition to the animal kingdom is purely a Chinese invention. The servants of that nation have succeeded, by the help of means unknown to us, in breeding from the golden carp the strange monster which they have called the telescope fish, from the prodigious development of its head and eyes, which project from the orbits like the stern eyes of lobsters, and are supposed to possess extreme far sight.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

SUBSCRIBERS who have not yet sent in their subscriptions for last year are respectfully reminded of the omission.

LAW RESPECTING PERIODICALS, NEWSPAPERS, &c.—1. Subscricers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, hey are held responsible.

MR. GEORGE STOKER, L.R.C.S.I., having volunteered for surgical services during the period of the war, has been appointed by the Turkish Ambassador, and left London on August 27th *en route* for Constantinople, from whence he proceeds to the seat of war.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Virchow's Post-mortem Examinations.
Parker on Public Health.
Jacobi on Masturbation and Hysteria.
Veterinary Obstetrics. By G. Fleming, F.G.S. Part I.
Bentley and Trimen's Medicinal Plants. Part XII.
On Internal Tumours. By W. Balls-Headley, M.D.
On the Presence of Arsenic in Manure Vapours. By Jas. Adams, L.R.C.S.
Atlas of Skin Diseases. By Dr. Tilbury Fox. Part XII.
New Remedies. The Clinic. Le Progres Médical. Pacific Medical Journal. La Presse Médicale Belge. Journal of Dental Science. Boston Medical Journal. Obstetrical Journal. Veterinary Journal. New York Medical Journal. Nature. Science Gossip, &c., &c.

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VACANCIES.

Leeds Infirmary. House Surgeon. Salary £100, with board. Address Dr. Heaton, the Infirmary.

Metropolitan Free Hospital. Assistant Physician. Honorary. Applications to the Secretary.

Newcastle-on-Tyne Infirmary. Junior House Surgeon. Salary £50, with board. Apply to the Secretary.

Wolverhampton General Hospital. Assistant House Surgeon. Board, but no salary provided. Address the Chairman of the Medical Committee.

Toxteth Park, Liverpool. Assistant Medical Officer to the Workhouse and Infirmary. Salary £100, with board and apartments. Address the Secretary.

Westminster General Dispensary. Honorary Physician. Applications under cover to the Secretary before the 28th.

Calne Union. Three Medical Officers. Salary for the first and second districts £70 each, for the third district £60, exclusive of fees. Applications to the Clerk of the Union.

Carnarvon United Sanitary District. Medical Officer of Health. Salary £800 per annum. Applicants must address the Clerk of the Joint Committee before the 22nd inst.

Shoreditch, Parish of St. Leonard. Assistant Medical Officer. Salary £120. Applications to the Clerk's Offices, Kingsland, E.

Brighton Lying-in Hospital. House Surgeon. Salary £120. Applications to the Chairman of Committee, 76 West Street.

Tendring Rural Sanitary Authority, Essex. Medical Officer of Health. Salary £100 per annum. Applications to the Clerk of the Board.

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APPOINTMENTS.

SPENCER, JOHN A., L.K. & Q.C.P.I., L.M., L.R.C.S.I., Medical Officer for the Ahascragh District of the Ballinasloe Union, and for the Clonbrock District of the Mountbellew Union, both in the co. Galway, vice Thomas G. Kerans, L.K. & Q.C.P.I., &c., resigned.

THOMPSON, J., A.B., M.B., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the Borough Police, Royal Leamington Spa.

TURNBULL, A. R., M.B., C.M., Junior Assistant Medical Officer to the Royal Lunatic Asylum, Morningside, Edinburgh.

SPARKS, G. W., M.R.C.S.E., Medical Officer and Public Vaccinator for No. 2 District of the Mansfield Union, Notts.

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Marriage.

MATTHEWS—FLINDERS.—On the 5th inst., at Aberdovey, Merionethshire, John Matthews, M.D., of 30 Colebrooke Row, Islington, N., to Mary, second daughter of the late Samuel Ward Flinders, Lieut. R.N.

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Deaths.

FRY.—On August 30, at Boyle, John Baker Fry, M.D., for many years Assistant-Surgeon of the Roscommon Militia, aged 36.

HANSON.—On September 1, at Brentwood, Essex, Newton Hanson, M.R.C.S.E., aged 76.

ROGERS.—On September 6, at Hillview, Delganey, Emily Frances, the beloved wife of John W. Rogers, M.D.

SCRAGGS.—On September 1, at Clogher, co. Tyrone, Matthew R. Scruggs, M.D., M.R.C.S.E., aged 64.

SIBTHORP.—On September 6, at 18 Hume Street, Dublin, suddenly, Henry James Sibthorp, M.D., L.K.Q.C.P., &c., aged 71.

YOUNG.—On September 4, at Hastings, Adam Young, L.R.C.P. Edin., L.R.C.S. Edin., J.P. of Boston, Lincolnshire, aged 80.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.

5 Henrietta Street, Covent Garden, W.C.

A. EBSWORTH, F.R.C.S., Director.

OBSTETRICAL SOCIETY OF LONDON.—The QUARTERLY EXAMINATION for MIDWIVES will be held on WEDNESDAY, OCTOBER 11th. Candidates should apply at the Society's Library, 291 Regent Street, W., on or before September 30th.

SOCIAL SCIENCE CONGRESS, LIVERPOOL, OCTOBER 11th to 18th.—President, the Most Hon. the Marquis of Huntley. Presidents of Department:—I. Jurisprudence—Farrer Herschell, Q.C., M.P. II. Education—Rev. Mark Pattison, B.D. III. Health—Thomas Hawksley, Esq., C.E. In this Department will be discussed the subjects of Water-Supply, Registration of Disease, and Noxious Vapours and Smoke. IV Economy and Trade—G. J. Shaw Lefevre, Esq. M.P. V. Art—E. J. Poynter, Esq., R.A. President of Council, G. W. Hastings, Esq. Chairman of Repression of Crime Section, T. B. L. Baker, Esq. Papers to be sent in by September 30th. Full particulars may be had at the offices of the Congress, 1 Adam Street, Adelphi, London, or Town Hall, Liverpool.

C. W. RYALLS, General Secretary.

ST. BARTHOLOMEW'S HOSPITAL and COLLEGE.—The WINTER SESSION will begin on MONDAY, OCTOBER 2nd. The Clinical Practice of the Hospital comprises a service of 710 beds, inclusive of 34 beds for Convalescents at Highgate.

Students can reside within the Hospital walls, subject to the College Regulations.

For all particulars concerning either the Hospital or College, applications may be made, personally or by letter, to the Resident Warden of the College.

A handbook will be forwarded on application.

THE LONDON HOSPITAL and MEDICAL COLLEGE.

HOSPITAL STAFF.

Consulting Physician—Dr. Herbert Davies.
Consulting Surgeons—Mr. Luke, F.R.S., Mr. Adams, Mr. Curling, F.R.S.
Physicians—Dr. Andrew Clark, Dr. Ramskill, Dr. Langdon Down, Dr. Hughlings Jackson, Dr. H. G. Sutton, Dr. Fenwick.
Assistant Physicians—Dr. Woodman, Dr. Stephen Mackenzie, Dr. A. E. Sansom, Dr. Charlewood Turner.
Surgeons—Mr. Hutchinson, Mr. Maunder, Mr. Couper, Mr. Rivington, Mr. James Adams, Mr. W. Tay, Mr. M'Carthy.
Assistant Surgeon—Mr. Reeves.
Obstetric Physician—Dr. Palfrey.
Assistant Obstetric Physician—Dr. Herman.
Surgeon-Dentist—Mr. A. W. Barrett.

LECTURERS.

Medicine—Dr. Davies and Dr. Fenwick.
Surgery—Mr. Couper.
Operative Surgery—Mr. Maunder.
Anatomy—Mr. Rivington.
Practical Anatomy—Dr. Wilson.
Physiology and Practical Histology—Mr. M'Carthy.
Chemistry—Dr. C. M. Tidy.
Comparative Anatomy—Dr. Ed. B. Aveling.
Midwifery—Dr. Palfrey.
Forensic Medicine—Mr. Rodgers and Dr. Tidy.
Materia Medica—Dr. Prosser James.
Botany—Mr. Baker.
Pathology—Dr. Sutton.
Diseases of Throat—Dr. Morell-Mackenzie.
Anatomy and Pathology of the Teeth—Mr. Barrett.

The next WINTER SESSION will commence on MONDAY, OCTOBER 2nd, 1876, when the Introductory Lecture will be given by Dr. Andrew Clark, Senior Physician to the Hospital.

The perpetual fee to Lectures and Hospital Practice, with two years' Practical Anatomy, is 90 guineas if paid in one sum, or 100 guineas if paid by three instalments. Special entries can be made to Lectures or Practice.

The Hospital contains about 800 beds. The In-patients during 1875 were 5,804, and the Out-patients, 40,717.

1, 2- Two Entrance Science Scholarships, value £60 and £40;
3, 4. and two Buxton Scholarships, value £30 and £20, will be offered for competition at the end of September. Entries for the above must be made on or before the 20th September.
5. A Scholarship, value £20, in Human Anatomy, for first-year's Students.
6. A Scholarship, value £25, in Anatomy, Physiology, and Chemistry, for first and second year's Students.
7. A Hospital Scholarship, value £20, for Clinical Medicine.
8. A Hospital Scholarship, value £20, for Clinical Surgery.
9. A Hospital Scholarship, value £20, for Clinical Obstetrics.

A Prize of £5 to the Student who has attended most Midwifery Cases during the preceding twelve months. The Duckworth Nelson Prize, value £10, for Practical Medicine and Surgery (Biennial). Money Prizes to the value of £60 given annually by the House Committee, for zeal in Dressing Out-patients and knowledge of Minor Surgery.

For particulars as to Appointments see the Prospectus, which will be forwarded on application to the Secretary, Turner Street, Mile End, E.

Greatly increased facilities are now afforded by adjacent railways and tramways for rapid transit from the neighbourhood of the Hospital to other parts of London. The East London Railway Company's station is directly opposite the Hospital. Lodgings can be obtained in healthy localities in the immediate vicinity of the Hospital, at a very reasonable

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ST. THOMAS'S HOSPITAL, ALBERT EMBANKMENT, WESTMINSTER BRIDGE, S.E.—The MEDICAL SESSION for 1876 and 1877, will commence on MONDAY, the 2nd OCTOBER, 1876, on which occasion an Address will be delivered by Mr. Francis Mason, at Four o'clock.

Gentlemen are informed that the Admission Fees to Practice and to all the Lectures may be paid in one of two ways:—

1st. One Hundred Guineas, paid on entrance, entitle a Student to unlimited attendance.

2nd. Payment by three instalments, namely, of £40, at the beginning of the first year, £40 at the beginning of the second year, and £30 at the beginning of the third year, entitles a Student after payment of the third instalment to unlimited attendance.

Special Entries may be made to any Course of Lectures or to the Hospital Practice; and a modified Scale of Fees is arranged for Students entering in their Second, Third, or any subsequent year.

Private Classes for Students preparing for Matriculation, and for the Preliminary Scientific Examination, and M.B. Examinations, of the University of London, or for other Examinations, are conducted by members of the Staff, and embrace instruction in Chemistry, Natural Philosophy, Botany, and Comparative Anatomy, Physiology, Anatomy, and Materia Medica. Gentlemen can attend these Classes without becoming Students of the Hospital.

PRIZES AND APPOINTMENTS FOR THE SESSION.

First Year's Prizes. Winter.—Entrance Scholarships of £60 and £40 awarded after an Examination in Physics, Chemistry, Botany, and Zoology. The Wm. Tite Scholarship of £30. College Prizes—£20 and £10. Summer Prizes—£15, £10, and £5.

Second Year's Prizes. Winter.—The College Scholarship of 40 guineas, tenable for two years. College Prizes—£20 and £10. Summer Prizes—£15, £10, and £5. The Assistant Dresserships, Clinical and Obstetric Clerkships are open to Students who have passed the Primary Examinations at the Royal College of Surgeons.

Third Year's Prizes. Winter.—£20, £15, and £10. In-Patient Clinical Clerkships and Dresserships.

The Cheselden Medal is awarded after a Special Examination in Surgical Anatomy and Surgery. The Mead Medal, awarded after a Special Examination in Practical Medicine and Hygiene. The Solly Medal, with a Prize of at least 10 Guineas, for a collection of Surgical Reports. The Treasurer's Gold Medal, for General Proficiency during the entire course of Study. The Grainger Testimonial Prize, for Physiological Essay illustrated by preparations. The Two House Physicianships. The Two House Surgeoncies. The Resident Accoucheurships.

A Medical and a Surgical Registrarship, at a honorarium of £40 each, is awarded to Third or Fourth Year's Students.

MEDICAL OFFICERS.

Honorary Consulting Physicians—Dr. Barker and Dr. J. Risdon Bennett.

Honorary Consulting Surgeon—Mr. Frederick Le Gros Clark.

Physicians—Dr. Peacock, Dr. Bristowe, Dr. Murchison, Dr. Stone.

Obstetric Physician—Dr. Gervis.

Surgeons—Mr. Simon, Mr. Sydney Jones, Mr. Croft, Mr. MacCormac.

Ophthalmic Surgeon—Mr. Liebreich.

Assistant Physicians—Dr. Ord, Dr. J. Harley, Dr. Payne.

Assistant Obstetric Physician—Dr. Cory.

Assistant Surgeons—Mr. F. Mason, Mr. W. W. Wagstaffe, Mr. A. O. MacKellar.

Dental Surgeon—Mr. J. W. Elliott.

Assistant Dental Surgeon—Mr. W. G. Ranger.

Resident Assistant Physician—Dr. Sharkey.

Resident Assistant Surgeon—Mr. Clutton.

Apothecary—Mr. S. Plowman.

LECTURERS.

Medicine—Dr. Bristowe and Dr. Murchison.
Surgery—Mr. Sydney Jones and Mr. MacCormac.
General Pathology—Dr. Payne.
Physiology and Practical Physiology—Dr. Ord and Dr. John Harley.
Demonstration in Physiology—Dr. T. Cranstoun Charles.
Descriptive Anatomy—Mr. Francis Mason and Mr. W. W. Wagstaffe
Anatomical Demonstrations in the Dissecting Room—The Anatomical Lecturers, Dr. R. W. Reid and Assistants.
Special Anatomical and Microscopical Demonstrations—Mr. Rainey.
Practical and Manipulative Surgery—Mr. Croft and Mr. MacKellar.
Chemistry and Practical Chemistry—Dr. A. J. Bernays.
Midwifery—Dr. Gervis.
Physics and Natural Philosophy—Dr. Stone.
Materia Medica—Dr. Payne.
Forensic Medicine—Dr. Stone.
Comparative Anatomy—Mr. C. Stewart
Ophthalmic Surgery—Mr. Liebreich.
Botany—Mr. A. W. Bennett.
Dental Surgery—Mr. J. W. Elliott and Mr. W. G. Ranger.
Demonstrations of Morbid Anatomy—Dr. Greenfield.
Lectures on Morbid Anatomy and Practical Pathology—Dr. Greenfield.
Mental Diseases—Dr. Wm. Rhys Williams.
State Medicine—Dr. Alfred Carpenter.

W. M. ORD, M.B., Dean.
R. G. WHITFIELD, Medical Secretary.

Any further information required will be afforded by Mr. Whitfield.

IRISH POOR-LAW INTELLIGENCE.

THE EXAMINATION OF DANGEROUS LUNATICS IN IRELAND.

The working of the recent enactment for the examination of dangerous lunatics by the Poor-law Medical Officers, and the payment of a fee to the latter for their services, has proved on the whole satisfactory inasmuch as a ready means has always been available to those who desired the necessary medical certificate, and at the same time the justice of the medical officer's claim for payment has been generally admitted. It was not, however, to be expected, that an additional charge upon the rates, however small, could be imposed without some grumbling on behalf of the ratepayers, and several instances have occurred in which the fee to the medical officer has been disputed by the guardians, who seem to consider that this duty should be performed by the dispensary doctor as a part of those multifarious functions purchased by his noble salary.

As to the legality of the payment of fees for lunatic certificates, there need be no dispute, for the Irish Medical Association has settled the question by an appeal to the opinion of eminent Counsel, and the Local Government Board has ordered the payment in more than one case in which the guardians hesitated. As to the fairness of the demand we would appeal to the sense of justice of those who object, and we ask them to reconsider their objection. Surely, though they call upon the Dispensary Doctor, in return for a salary paid him for a particular service, to perform another and totally different duty, they would not think of applying such a rule to their own domestic life. If they pay wages to a cook to serve their dinners, will they think of asking her to drynurse the baby on its arrival in the household, because, in their opinion, she is overpaid for her cookery? Or would they grumble if their groom asked for more wages for cultivating the garden without having been engaged to do so. We venture to point out to these gentlemen that dispensary doctors were not engaged to certify dangerous lunatics, that duty having been imposed in the most audacious way by Lord O'Hagan, by the Dangerous Lunatics Act of 1867, in spite of the vehement protest of the profession. A dispensary doctor is paid his Poor-law salary for well-defined duties, which have to do with the treatment of disease, and with nothing else, and the Legislature and successive governments have always recognised that any functions added to these are extraneous, and to be paid for by additional salary. Vaccination and sanitation are much more nearly akin to doctoring than lunacy certifying, and yet they are very properly recognised as extra work, and paid for as such, and the most parsimonious of ratepayers would hardly suggest that they ought to go into the dispensary salary. Another strange view held by some persons is that this duty and others of the same class might be paid for if they entailed a long journey, but ought not to be recognised if they did not require driving or walking in their performance. It seems to be forgotten by such logicians that the public do not pay doctors for the use of their legs, but for the use of their brains, and that a dispensary officer receives his salary principally for the knowledge which he possesses of disease, and only in a small degree for carrying his knowledge across the country. A village attorney, who grumbles at paying a doctor's fee because the patient is brought to his door, would be the last person to measure his own services by the number of miles got over, or the number of minutes spent, and it will hardly be suggested that a certificate given at home is of less value than one given elsewhere.

It is surprising that any country gentleman should forget what is fair in his anxiety for what is cheap, and we hope that there will be found few Irish guardians who will object to a fee for lunacy certificate, if he fairly considers the arguments which we have put forward.

Appropriately to this subject we record a case which has lately come under our notice. A Poor-law Medical Officer, X, was called upon by the relatives of a patient to examine and certify the patient as a lunatic, which he did. The relatives presented this certificate to a local magistrate, who happened to be a governor of a lunatic asylum, and who straightway gave him an order for admission therein. The medical officer applied to the magistrate to certify for his examination fee under the 14th Section of the 38th and 39th Vict., cap. 67, which the latter declined to do, because, as he said, he had sent the man to the asylum, not in his capacity as a magistrate, but simply as a governor.

This objection, though *primâ facie* a matter of hair splitting, appears to us to be quite legal. The 10th section of the 30th and 31st Vict., cap. 118, provides that "Whenever any person shall be brought before two justices, and it shall be proved to their satisfaction that such person was discovered and apprehended under circumstances denoting a derangement of mind, and a purpose of committing some crime for which, if committed, such person would be liable to be indicted, the said justices shall call to their assistance . . . the nearest available medical officer of the dispensary district in which they shall be at the time, who shall examine such person without fee or reward; and if such medical officer shall certify that such person is a dangerous lunatic, it shall be lawful for the said justices to direct that such person shall be taken to the lunatic asylum."

This clause is amended by the 14th section of the Act of last year, which provides that, "notwithstanding anything in 30 & 31 Vic., cap. 118, sec. 10, it shall be lawful for any two justices causing any person to be examined by any medical officer as therein mentioned, if they think fit so to do, to make an order under their hands and seals upon the guardians of the union to which such person belongs, for the reasonable remuneration to such medical officer and for the payment of all other reasonable expenses in or about the examination of such person, not exceeding in the whole the sum of two pounds.'

It will be obvious that the authority of the magistrate to order payment of the medical officer applies to the discharge of duties "therein mentioned," *i.e.*, in the section previously quoted, and inasmuch as this latter proviso applies specially and only to the case of a lunatic "discovered and apprehended under circumstances denoting . . . . a purpose of committing some (indictable) crime," it seems evident that a medical man must—in the case of a patient brought up by his relatives without the intervention of the police, look to the relatives for his fee.

CORRESPONDENCE.

FEES TO MEDICAL WITNESSES.

TO THE EDITOR.

SIR,—Your correspondent, "Only a Dispensary Doctor," *can avoid* the ill-paid and unpleasant duty of giving evidence under the Vaccination Act without a proper fee, if (as his letter infers) the Petty Sessions Court is *outside* his district, by adopting the plan followed by me when placed in a similar way, viz. : There was no Petty Sessions Court in my district, and the district was so situated that it formed parts of three Petty Sessions districts. When called on to appear as a witness under the Vaccination Registration Acts, I declined to do so unless a fee of £2 2s. 0d. was secured to me, on the grounds that I was appointed medical officer for the *dispensary districts*, and that any duty *inside* that district I was ready to perform, but that nothing in the regulations made it my duty to go a stop outside that district without proper remuneration. I need not say that the fee was *not* forthcoming, consequently, having got no *order* from *head*-quarters, I did not go during the time I held office.

Yours faithfully,

AN EX-DISPENSARY DOCTOR.

BOYLE UNION.

DR. KISBY'S SALARY.

The following letter was read :—

"Local Government Board, Dublin,
"4th August, 1876.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the Board of Guardians of the Boyle Union on the 25th ultimo, containing a resolution proposing to reduce the salary of the medical officer of the Ballyfarnon Dispensary District from £120 to £100 a year, and in reference thereto the Local Government Board request that the guardians will be so good as to inform them of the grounds on which it is proposed that the salary of the medical officer should be reduced.

"By order of the Board,
"B. BANKS, Secretary.

"To the Clerk, Boyle Union."

Mr. MacDermot—The majority of the Board acted on the recommendation of the Dispensary Committee, who were aware of the amount of work done.

Mr. Mulhall—This is a very serious charge against a man, when there is no specific charge made against him. It is not fair to treat a man badly without discussing it.

Mr. Johnston—It is not the wish of any member of the Ballyfarnon Dispensary Committee to treat him as you say.

Mr. MacDermot—I understand that Dr. Kisby refused to attend a meeting of the Dispensary Committee, although he was asked to do so.

Mr. Johnston—He did.

Mr. Mulhall—What charge did the Dispensary Committee make against Dr. Kisby that his salary should be reduced?

The minutes of a former Board were referred to, containing a report of proceedings of the Ballyfarnon Dispensary Committee, at which it was proposed to reduce Dr. Kisby's salary from £120 to £100 per annum, and when read by the acting clerk,

Mr. Martin said there was no reason given in it for the reduction of Dr. Kisber's salary.

Mr. Mulhall—There is no reason given there, and there ought to be a charge brought against a man before you reduce his salary.

Mr. MacDermot—I think the reason was that it was considered £100 was sufficient for the amount of work done.

Mr. Mulhall—But there is as much work to be done now as there was for the £120. Is that fair?

Chairman—I think the answer to this letter is that the majority of the Board acted on the recommendation of the Dispensary Committee.

Several guardians concurred in this opinion, and an order was made to that effect.

KISBY *v.* BOYLE GUARDIANS.

Mr. Joseph Burke, solicitor, wrote to say that as the guardians considered it necessary the items of decree should be stated, he informed them they would now have to pay 5s. for the correspondence, so that the whole bill now amounted to £2 5s. 6d.

Dr. Drapes sent in a bill also.

Clerk—This is a case of the same kind. I sent him a copy of the Public Health Act, and told him he was the officer to attend.

Chairman—I left the case before the board and advised them to allow it, so that they might not be going into law again.

Clerk—If we went into law this time we would not get off so easy, because we got a caution before.

Chairman—The day the bill came up I asked the board to pay it.

Mr. J. Devine—Were the circumstances similar with the last case?

Clerk—The very same.

Mr. McKeon—He had no right to claim it, because he had only to walk across the road. Besides, it will become a general thing.

Mr. J. Devine—We never heard of such demand before till Dr. Kisby, and I think this matter should be fought out to the last.

Clerk—The second section of the Vaccination Act requires the medical officer to prosecute.

Mr. J. Devine—Well, this matter should be attended to.

DUNGARVAN GUARDIANS.

WORKHOUSE WHISKEY.

A REPORT of the medical officer, Dr. Hunt, as read by him, was as follows :—

"I found the strength of the whisky 37·6 under proof. My suspicions were aroused by not being able to attain the usual results in administering the whiskey. I for some time suspected that it must be the cause of weak whiskey. I determined to test it, and ordered a gallon of it to be sent down. On testing it that was the result. I think it also well to mention that it was at my suggestion a hydrometer was obtained, and it was taken possession of by the master, and very properly, as I believed it was more his duty than mine to test the quality of the whiskey sent into the workhouse. But when I required to test the whiskey, I could not do so until this hydrometer was obtained from the contractor—the very man that supplied the whiskey—so that instead of it being of use to the union, it was of more use to the contractor."

Capt. Fitzgerald—Why should it be in the hands of the contractor at all ?

Medical Officer—I cannot tell. The whiskey was 37 degrees under proof, and the money value of that is only 9s. 3½d. per gallon, and you pay 18s. 1d. for it. The hydrometer was purchased four or five years ago by the master.

Medical Officer—It makes a difference of 2d. in the value of the whiskey for every degree less than that specified.

Chairman—It is nearly 58 degrees less than it ought to be.

Medical Officer—That is 11s. 6d. you are losing on every gallon.

Mr. Hackett—It is the patients are sufferers by that.

Chairman—There are more than the patients suffering—the ratepayers also suffer.

A letter was here read from the contractor, stating that the junior apprentice had made a mistake in mixing the whiskey. The quantity ordered was small, else it would be prepared under his own supervision. Of late the supply of whiskey had been very much lessened, but at all times, except this time, the whiskey supplied by him was equal to sample. He hoped the board would consider this explanation, and begged to remain their obedient servant.

Medical Officer—It is very extraordinary. I did not test this whiskey for three or four years, and the very time I did I found it to be 50 per cent. under the sample. There has been a great deal said at this board about the quantity of whiskey consumed by the medical officer, and I think the guardians ought to supply me with whiskey and not grog. Then you come in and stand up and say It was a mistake of the contractor. You are losing 12s. 6d. a gallon on every gallon supplied.

Mr. Anthony—I would not take that view of the matter. You have administered that whiskey to the patients for three years, and you have never laid a complaint before the board up to this moment. You cannot charge the board with want of attention to it. (Chair).

Doctor—You are paying at the rate of 36s. per gallon for yous whisky.

Chairman—If the 20 per cent. overproof was over-ruled it ought to be on the minutes. It won't do to say it was over-ruled, because the proceedings of the board are on record, and the clerk says it was not over-ruled, The hand-bill does not mention any age, only 20 degrees over proof.

Mr. Anthony said that country people require whiskey for 12s. a gallon.

Mr. Terry—12s. per gallon !

Mr. Anthony—Yes, and I sell it myself.

Several Voices—Poison ! poison !

Mr. Anthony—Instead of being poison it is quite the reverse, because you might drink it with the greatest possible safety.

Mr. J. Terry—It is poison.

Mr. Anthony—Most emphatically, no ! I say the doctor has gone too far with this discussion. There are men in the trade as good as any in your profession, and you were quite too hasty in your expressions in reference to them.

Medical Officer—I made use of no expressions that could be objectionable to any man. (Noise.)

Capt. Fitzgerald moved, and Mr. Hackett seconded, that the Local Government Board be asked to have a sworn inquiry into the matter.

Mr. Terry asked Capt. Fitzgerald as a favour to withdraw his motion.

Capt. Fitzgerald said he would not do so if the contractor refunded to the guardians the difference between 9s. 3½d. and 18s. 1d. for every gallon of whiskey he supplied since the date of his contract.

Capt. Fitzgerald—Every day I come here I see the necessity of having paid guardians.

Chairman—I have heard this report myself with a great deal of pain, because I happen to know the contractor a long time, and always looked upon him as a respectable man, but at a public board like this we must do our duty. He would ask how could an investigation be of use to them.

Mr. Anthony—It will end in nothing. I think the only way to deal with it is in the same manner as the other contractors.

Capt. Fitzgerald—There is a lot of jobbing here. (Noise.)

Mr. Anthony, amidst frequent interruptions from Capt. Fitzgerald, proposed, and Mr. J. M. Terry seconded, an amendment—"That the whiskey tested by the medical officer, and found inferior to that tendered for. be returned to the contractor, and that he be required to supply whiskey in accordance with the terms of the advertisement."

Capt. Fitzgerald—Every day I attend here I am more convinced of the necessity of having paid guardians. The speaker then left the room hurriedly, exclaiming, "If you are inclined to do what's wrong I can't stop you. Good evening, gentlemen ; good-bye, gentlemen.

The amendment was then put and declared carried. The discussion occupied the board over two hours.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING SEPT. 2, 1876.

Total registered deaths in Dublin and suburbs *	148	
Ten years average of same week	142	
Excess of mortality above average	6	
Ratio of deaths, suburb of Rathmines	24·3	per 1,000
” ” ” Donnybrook †	14·0	”
” ” ” Blackrock	7·2	”
” ” ” Kingstown	30·9	”
” ” Entire Dublin district	24·5	”
COMPARATIVE RATIOS—London	18	”
” ” Glasgow	21	”
” ” Edinburgh	17	”

* District extends over 10,050 acres, and contains 314,669 persons.

† This district includes City of Dublin and Incurable Hospitals.

The deaths from zymotic diseases amounted to 42 (the average of ten years was 42·2). Of the deaths from zymotic diseases, 10 were referred to fever (9 typhoid and 1 simple continued fever), 6 to scarlet fever, 20 to diarrhœa (18 of them being children under 5 years of age), 3 to croup, &c.

Seventeen children died from convulsions.

Fourteen deaths resulted from bronchitis, 3 from pneumonia, 2 from asthma, and 1 from lung disease unspecified.

One death was caused by apoplexy, a like number by paralysis and epilepsy, 3 by cephalitis, and 4 by brain disease unspecified, 5 by heart disease, 4 by peritonitis and 1 each by inflammation of the stomach, inflammation of the bowels, hernia, stomach disease unspecified, liver disease, cystitis, and kidney disease unspecified.

Thirteen deaths were attributed to phthisis, 2 to mesenteric disease, 1 to hydrocephalus, 4 to dropsy, and 3 to cancer.

Two accidental deaths were registered during the week.

Thirty-two of the deaths registered occurred in hospitals and other public institutions; of this number 4 took place in the North Dublin, and 9 in the South Dublin Union Workhouse.

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CASTLEBLAYNEY UNION.

The following was read from Dr. Donaldson, of Newtownhamilton, and dated 8th August:—"Gentlemen,—I most respectfully beg to submit my application for the sum of £6, half the amount paid by me to Dr. M'Keogh, as *locum teuens*, for four weeks' attendance during my absence. You will see by the minutes of my dispensary committee of the 27th May last that my committee very kindly promised to bear half the expenses of my substitute during the four weeks for which they allowed me leave of absence. Trusting you will confirm the proposal of the committee in this matter and refund me half the salary agreed to,—I am, &c.,

"W. W. Anderson, M.D."

A copy of the minutes of the dispensary committee's meeting was received, and it appeared that a majority of the committee agreed to pay half the expenses of Dr. Anderson's *locum tenens* during his absence.

On inquiry, it appeared that Dr. Anderson waa not unwell when on leave, and that the paying of part of the expenses under these circumstances was illegal.

It was moved that the resolution of the committee agreeing to pay half the expenses in question be confirmed, and an amendment was moved that no allowance be granted in the case. On a division an equal number voted for the motion and the amendment, so that Dr. Donaldson will have to apply again.

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NEW ADULTERATION OF QUININE.

The *Alger Médical* (*L'Union Pharmaceutique*) contains a communication with reference to a new and clever adulteration of quinine. The salt is put up in bottles identical with those issued by Pelletier, Delondre et Levaillant, bearing the same label and red seal. On examination it is found very soluble in water, producing a distinct coldness on solution, and it is not quite so bitter as the pure salt. On chemical analysis it presented the reactions of quinine, but not very marked; and, in addition to a small quantity of quinine, there was found a salt of potash with an organic acid, probably salicylic.

THE PHYSIOLOGICAL NUMBER OF WHITE BLOOD GLOBULES.

M. **Grancher** communicated the results of his researches into the physiological number of the white globules in the adult to the Société de Biologie (*Le Mouvement Médical*). The results he obtained differ from what have usually been given up to the present time. Almost all physiologists say there is one white to every four or five hundred red globules; but M. Grancher finds that the proportion is much lower, one to every fifteen or eighteen hundred. He also found, contrary to what is generally accepted, that food does not augment the number of white globules, but that their number remains much the same during the entire day. The normal oscillations are much greater for white than red globules, so that the number of red globules in different healthy persons varies between five and six millions, and the number of white globules between three and nine thousand. M. Malassez's researches, which have been previously chronicled in The Doctor, led him to find a smaller proportion of white globules than what is usually accepted, but nevertheless greater than that found by M. Grancher.

CURIOUS INCOMPATIBILITY.

The *American Journal of Pharmacy* and the *St. Louis Clinical Record* contains a note by M. Melseus calling attention to the fact that, although potassium iodide and potassium chlorate are both entirely harmless in suitable doses, yet when administered together they combine in the stomach, producing potassium iodate, which is poisonous, as proved upon dogs. As a general rule, the chlorate is so unstable, and so ready to give up its oxygen, that it is not safe to combine it with any substance capable of oxidation.

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Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, September 2nd,* 1876; *the Total Number of* Births and Deaths *registered during the Week with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, SEPTEMBER 2ND, 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births *registered.*	Total Deaths *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
Dublin	10,050	314,666	24	163	148	42	33	...	...	6	...	...	10	20	2	2	32
Belfast	20,687	182,082	31	138	107	35	13	...	...	1	...	6	2	10	3	3	13
Cork	13,816	91,965	28	54	49	9	10	...	...	...	1	...	...	3	2	3	16
Limerick	8,509	44,209	25	24	21	10	4	...	...	...	...	...	...	...	2	2	5
Londonderry	21,865	30,884	19	21	11	1	4	...	...	1	...	2	...	...	...	...	3
Waterford	17,209	30,626	7	12	4	1	...	...	...	...	...	...	...	...	...	..	...
Galway	21,358	19,692	24	13	9	...	3	...	...	...	...	...	...	...	..	...	2
Sligo	30,835	17,285	15	9	5	...	1	...	...	...	...	..	1	...	..	..	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 20, 1876.

STUDENTS' NUMBER.

The changes in the medico-educational system, which will be found in our Students' Number of to-day, are almost altogether progressive improvements in the medical schools and hospitals, and only in a slight degree the result of any movement on the part of colleges or other licensing bodies. The medical teaching institutions of Great Britain and Ireland have been shouldering each other in a general move towards a more scientific and less rule-of-thumb education, and the competition between them for the patronage of the high-class student has given strength to that spirit of reform which the licensing bodies have, as a rule, done little to foster. We may predicate of 1876 what we said of the preceding year — that medical school education may be said to be emerging at the same time from the lethargic condition into which it had fallen, and the sciences cognate to medicine are receiving a degree of attention which they have long deserved but never previously received. This is particularly noticeable with respect to the more practical method now adopted of teaching these sciences, and especially those which, like physiology and histology, were formerly taught in such a manner that a theoretical knowledge of them was all that a student could take away from the schools. Nor can we fail to notice a like improvement in the medical and surgical education of the student, or fail to mark the difference between the qualifications with which the medical practitioner was formerly satisfied, and those which he is now anxious to take. The medical man who twenty years ago, thought himself fully qualified with one diploma, now takes two, with perhaps a good degree into the bargain; and he who formerly only knew how to use the stethoscope, and was satisfied with a very superficial knowledge of medicine and surgery, is now considered behind time if he is not *au fait* in the study of temperature, pulse tracings, antiseptic surgery, aspiration, germ, physiology, cerebro-spinal pathology, State medicine, and many other new lights of our profession.

The public will have learned, from our former efforts to inform students of their future career and its educational requirements, that we do not expect them to read legally-phrased official regulations, or to depend upon us for that sort of information. They will, no doubt, obtain it at first hand from the college school or hospital which they select, and we advise them to do so. These regulations will be usually found to be behind the time, and, in most instances, the study of advanced branches of medical study depends more upon voluntary ardour of students and teachers than upon the vigilance of licensing bodies. We conceive it to be our *rôle* to place in the hands of the Student and his guardians the semi-confidential details, directions, and hints which College Regulations are not intended to communicate, and which are only known to those conversant with the various systems of education, examination, and qualification, and with the ultimate prospects of the Student.

These details will, we hope, be found exhaustive and instructive, and such as to furnish our readers with the information most needful to them.

THE FIRST STEP IN MEDICINE.

REGISTRATION.

To the General Medical Council is entrusted the supervision of Medical Education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are, consequently, found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a Student in Medicine, *at the commencement of his career*, at the offices, 315 Oxford Street, London, in Dublin or in Edinburgh. He must in England previously have passed a preliminary *Arts Examination*. In order to effect this, each student should apply according to a form accompanied by a certificate of his having passed such examination, the same to be lodged with the Registrar, who will thereupon enter the name in the Students' Register, and issue a certificate to that effect.

The intention of this registration is to ensure that the student shall occupy four years in medical study, which is, theoretically, the period which must be devoted to his education before his entry to the profession. In England this requirement is set down as essential, and no student can present himself for examination sooner than four full years from the date of registration, but the obligation to occupy this period in medical study is frequently satisfied by a nominal service for the first year under a general practitioner, or in a provincial hospital or dispensary, and the actual period of medical study is often really three years.

The standard of medical education, however, as well as of the examinations of the various examining bodies, is so much higher than it formerly was, while our knowledge of medicine and the collateral sciences, and the scope of our medical studies, have recently become so enlarged, that four years is by no means too long a period to be devoted to medical study. And even the diligent student will find that at the expiration of this term he will have but an imperfect acquaintance with several branches of his profession.

In Ireland and Scotland the majority of the licensing bodies do not insist on the passing of Arts Examination before registration, nor do they insist on four years' study from any fixed date—a system which is reprehensible on the part of the licensing bodies, highly objectionable in its effect upon medical education, and very injurious to the student. It offers a premium to idle or uneducated students to put off the paltry preliminary examination *de die in diem* until the eve of his medical examination, and it enables the student to receive his diploma within less than three years of study, because the date from which his commencement is calculated is not fixed. Generally speaking, in Ireland the student's name is forwarded to the Registar of the Branch Council by the public officer of his school, and therefore he need give himself no trouble about it.

REGISTRATION OF PRACTITIONERS.

All duly-qualified Physicians, Surgeons, Medical Graduates, and Apothecaries are required by the Medical Act 21 and 22 Vic., c. 90, to be registered before they can hold any public medical or surgical appointment, or issue valid medical certificates.

The medical registration of any practitioner may be effected on personal application or in writing (according to a form to be had in London or at either of the Branch Offices). With such application he must produce or transmit the *Diplomas* to be registered, and also pay or remit the fee, which is regulated by the Medical Council—viz., £5 for first registration, and 5s. for every qualification which may be subsequently added. Each practitioner is entitled to receive a copy of the official Medical Register containing the registration free on application.

THE CAREER OF THE ENGLISH MEDICAL STUDENT.

SEVERAL courses are open to the young gentleman who has decided to enter the medical profession in England, whether he fulfil his curriculum in London or in the provinces. As the latter course is generally determined by local causes, we will first of all point out a few things that concern both London and provincial medical students.

APPRENTICESHIP.

The Society of Apothecaries, hitherto fettered by Act of Parliament, required an apprenticeship. The apprentice was, however, of late years allowed to fulfil part or all of his curriculum during his apprenticeship, and under the Act recently passed we presume the apprenticeship system will gradually die out. This system, be it said, when carried out in a liberal manner, was not without its advantages. In the early part of his pupilage the apprentice not only learned practical pharmacy, and became acquainted with the more generally used articles of the materia medica, but was often assisted in preparing for the preliminary examinations. He often, indeed, [illegible]d a thorough acquaintance with, and had indelibly impressed upon his memory, the doses of the different drugs used in medicine, the composition of the more important compound preparations, those drugs which are compatible and those which are incompatible with each other, and many other facts in practical pharmacy, of which, under the present system, even otherwise good men often show a lamentable amount of ignorance. Moreover, he prepared himself to take, should he ever wish to do so, the post of assistant to a general practitioner, as the experience he had thus acquired would procure him a situation in preference to prizes, gold medals, and even university distinctions. Again, this experience was of the very highest value on settling in general practice, especially in country practice, where he would, in all probability, be bound to dispense his own medicines.

PUPILSHIP.

Supposing that the plan of apprenticeship be rejected a young man can instead become the *pupil* of some one in practice. This is frequently done by those who aim at the higher branches of practice. An experienced practitioner, whether a physician or a surgeon, who will superintend or direct a pupil's studies, offers great advantages, and we think that those who can afford a pupilship, will not regret the expense of providing themselves with such a guide.

THE PRELIMINARY EXAMINATION.

We would remind the student that some preliminary examination in arts, which is recognised by the General Medical Council, *must* be passed by him *before* entering a hospital. The subjects must include Latin and mathematics. There are numerous preliminary examinations, of which a list may be obtained. For the English Medical Student we should say that *cæteris paribus*, the Matriculation Examination of the London University is the best. We do not deny that it is more severe than most of the other preliminary examinations, but, nevertheless, we would recommend those who have sufficient ability and the time to prepare for it to matriculate, as they will thereby be enabled hereafter, if they should desire so to do, to present themselves for examination for the degrees in Medicine or Surgery conferred by this University. It is also accepted by the College of Surgeons in lieu of the Arts Examination otherwise imposed on candidates for its Fellowship.

Should circumstances deter the student from offering himself for the matriculation, he will find an easier standard in one or other of the preliminary examinations for the Fellowship or Membership of the Royal College of Surgeons of England, or the License of the Society of Apothecaries. Full information with regard to the dates and subjects of examination, or the list of examinations recognised by these bodies, may be obtained from the Secretary to the College of Surgeons, Lincoln's Inn Fields, or from the Beadle at Apothecaries' Hall, Bridge Street, Blackfriars.

It is to be hoped, however, that the student has not gained a knowledge of classics merely with the view of passing the preliminary examination, or that these studies will not be entirely thrown aside and forgotten directly he has passed this examination. Independently of the mental discipline involved in the pursuit of these studies, the nomenclature adopted in the study of his professional subjects and the etymology of scientific terms, are so generally of Greek or Latin origin, that were it for this reason only it would be quite worth while for the student to keep up as far as possible a knowledge of these languages. At the same time the modern languages must not be forgotten; as a good knowledge of either French or German, especially the latter, will be found of great service to those who wish to enter the higher ranks of the profession, more particularly with respect to any future contributions they may make to medical literature.

As soon as the preliminary examination has been passed, or, at any rate, before commencing hospital study, it will be necessary for the student to register at the Medical Council, as the commencement of the course of professional study will not be recognised by any of the qualifying bodies as dating earlier than fifteen days before the time of registration.

HOSPITAL STUDY.

A pupil may enter at any of the London Hospitals without having passed through either a pupilship or an apprenticeship. Provided he nas passed a preliminary examination, he has only to pay his fees and hear the Introductory Lecture on the 1st of October, when he is admitted at once to all the privileges of a medical student. He should decide on the diplomas he requires, and guide his studies accordingly. Most schools have now a composition fee, entitling to all lectures and practice required for the ordinary qualifications in medicine and surgery. They also mostly have another sum, very little higher, entitling the student to *perpetual* attendance on all lectures and hospital practice. It is best to take the perpetual ticket, as all contingencies are thereby provided for. The fees are generally payable in instalments, at the commencement of each winter session. The Dean of any school will always forward details, as well as any special information which a student may need.

RESIDENCE.

The student who comes to London to fulfil his curriculum at a metropolitan school generally requires lodgings, unless he can live with relatives or friends, which is of course better. Comfortable furnished apartments are to be had in respectable streets near all the hospitals. Two brothers or two friends can, of course, do this a little less expensively than one. The price varies with the season and the quality of the rooms. It should be mentioned that one or two of the Medical Schools (St. Bartholomew's, University College, King's College) have collegiate institutions in connection with them, where rooms may be had instead of taking lodgings. At many schools, also, some of the lecturers receive pupils. Special information on this subject may be had on application to the Dean or any of the lecturers.

PRIZES AND SCHOLARSHIPS.

As to contending for prizes, there are differences of opinion. Diligent attendance on the classes and in the wards will enable the student to store his mind with knowledge fitting him for his profession, and this should be his first aim. Gold and silver medals are honourable distinctions, but only secondary ones. Still, we would not discourage those intending to compete. It should be remembered by all students that the true end and aim of their studies should be to make them good physicians or surgeons. They should study diligently to make themselves such, and there can be no reasonable objection to their striving for, in addition, an extra good standard in any subject or subjects in which they feel they are qualified to obtain it. In so far as prizes and scholarships encourage the study of particular branches, there can be no objection to them. Nearly every student excels in some subjects more than others, and a prize is an additional incentive to arduous but otherwise unrequited studies. The only danger is that they should become too special, and encourage one branch of study at the expense of the others. Students have often failed at examinations where the number of subjects was numerous through giving undue attention to some favourite branch of study.

Competition for appointments to dresserships and other offices, where much practice is seen, stands on a different footing. No prizes can equal such posts; and the possibility of getting them should influence largely the choice of a school. In some schools they must be paid for. In others the diligent gain them without extra expense. The student having selected his hospital and school, has chosen his teachers. We have only to remind him that, however able they may be, the result depends chiefly on his own application.

CURRICULA AND QUALIFICATIONS.

As to these, the information most valuable to students may be divided into two parts:—

I. The regulations with which they must comply before they can present themselves for examination to any of the licensing bodies.

II. The means that exist to enable them to do so. In the first division are to be placed the regulations of the corporations; in the second, some account of the many schools of medicine and hospitals where professional education can be pursued. A natural supplement to this information is a brief sketch of the career open to young men after they have obtained their diplomas, especially in the public services.

In accordance with this plan, we proceed to consider—first, the Regulations of the Qualifying Bodies. These may also be divided into two classes—I. The Universities; II. The Corporations.

THE UNIVERSITIES.

OXFORD AND CAMBRIDGE.

The older English Universities have lately opened their doors much wider than hitherto, without, however, losing any of their prestige. A valuable course of lectures upon every branch required by the medical graduate will be commenced next month in the University of Cambridge by some of the most able professors in the kingdom. Full information relative thereto may be obtained of Dr. Paget, Regius Professor of Physic. Those who propose to follow their course of education need not any longer enter at any particular college or hall, though it will be most probably long before lodger students became numerous There are advantages in a collegiate life that will not willingly be given up by those who can afford it. With respect to Cambridge (and almost the same remarks apply to Oxford) a residence during nine terms—*i.e.*, the greater part of each of three years, is by statute requisite to obtain any degree in arts, medicine, or any other subject. The actual cost of this to a student who keeps his terms by residence in a college is from £150 to £200 a year. This, however, would include all payments to the university and the college, all fees as well as clothes, pocket-money, travelling expenses, &c. But the non-collegiate students have only to pay the university fees, which are very small. They lodge and board as they like, and their expenses, therefore, are entirely in their own hands.

THE LONDON UNIVERSITY.

For those who would not like or cannot afford to enter a college, it is perhaps preferable to graduate at the University of London. The medical degrees of this university have now obtained a reputation second to none. No student can therefore propose to himself a higher qualification. The training is rather longer than is required for the diplomas of most corporations. The examinations are very stringent, but in after years the student will feel the gratification of having obtained such a degree. Every student is required to go through the full course of hospital studies *after* he has passed the matriculation examination. It is therefore very important that he should matriculate before entering a medical school, otherwise he will be compelled to stay more than four years at an hospital, as the University regulations require four years of hospital study and attendance on lectures *after matriculation*. The matriculation examination of this University is accepted as a preliminary by the Medical Council, and therefore the labour bestowed in preparation will serve the student's purpose even if he do not proceed to a degree.

We should also strongly recommend those students who intend to graduate at the London University to so arrange their studies as to pass the preliminary scientific examination *before commencing their regular medical studies*, taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained which will go to clear the way for his first year's studies which would otherwise be mush encumbered. The medical degrees of the University are Bachelor and Doctor of Medicine, Bachelor and Master in Surgery, and Bachelor and Doctor of Science. There are at each stage of the graduate's career examinations for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches. There are prizes, exhibitions, and scholarships for the most successful.

Certain changes have recently been made in the regulations for the University of London's degrees of Bachelor and Doctor in Science. It has come to be generally felt that scientific knowledge, to be real, must be practical as well as theoretical, and that a thorough knowledge limited to a comparatively small range is preferable to a slighter acquaintance spread over a more extended area. In the first examination for Bachelor of Science, which every candidate will be required to pass, while the programmes in mathematics, experimental physics, and inorganic chemistry have been carefully revised, little fundamental change have been made in them. In place of the superficial acquaintance with both zoology and botany formerly required at this examination, there is a single examination (written and practical) in general biology, in which a more thorough knowledge is required of the simplest forms and elementary phenomena of animal and vegetable life. The regulations for the second B.Sc. examination, on the other hand, are framed with the view of allowing the candidate to bring up any three of the following nine subjects :—(1) Pure mathematics, (2) mixed mathematics, (3) experimental physics, (4) chemistry, (5) botany, including vegetable physiology, (6) zoology, (7) animal physiology, (8) physical geography and geology, (9) logic and psychology. Moreover, in the matricular examination, which forms the basis of the science curriculum, German may now be taken in substitution for Greek. In regard to the Doctor's degree, a change has been made in favour of candidates who prolong the interval between their first and second examinations for the degrees of Bachelor from one year to two or more, as such will be allowed to come up for the degree of Doctor of Science within a year of their attaining the degree of Bachelor.

UNIVERSITY OF DURHAM.

ences and three medical degrees are conferred by this University—viz., licence in Medicine and Surgery, and the degrees of Bachelor of Medicine, Master in Surgery, and Doctor of Medicine.

The candidate for a licence in Medicine must have been engaged in his professional subjects for four years after registration, and one of those four years must be spent at the University of Durham. The regulations for the licence in Surgery are similar to those for the licence in Medicine.

With regard to the degree of Bachelor of Medicine, no one will be admitted to that degree unless he has kept one year's residence in Arts at the Durham University College of Medicine, and has passed both the final examination for the degree of Bachelor of Arts, or an equivalent to it, and also the examination for the degree of Bachelor of Medicine.

No grace for the degree of *Doctor of Medicine* will be granted unless the petitioner is a Bachelor of Medicine of the standing of twenty-one terms (seven years) at least from his registration or matriculation, and of three terms at least from his admission to the degree of Bachelor of Medicine, nor unless he has written an essay based on original research or observation on some medical subject selected by himself, and approved of by the Professor of Medicine.

There is also an examination for the degre of Doctor of Medicine for medical practitioners of fifteen years' standing, *without residence*, and in which, unless he has previously passed an examination in Arts, he is examined in Classics and mathematics.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The high position which this venerable College holds among the corporations is too generally acknowledged to require any particular attention being drawn to it. And it is gratifying to know that this College has lost none of its prestige by sympathising and becoming more associated with the general body of practitioners. Its licence is an honourable one, the examination for this licence very fair and up to a good standard, and we are surprised that students are ~~not more~~ ambitious than they are to enter the profession through its portals.

The Fellowship.—The Fellowship of this College is attainable only by election, and no one can be proposed who is not a member of at least four years' standing.

The Membership.—A person may become a member of this College without holding a degree in medicine, or, indeed, any diploma. But every candidate who shall have commenced his professional studies after September, 1861, shall satisfy the Censors' Board that previously to the commencement of his professional studies he has obtained a degree in Arts from some university of the United Kingdom or of the Colonies, or from some other university specially recognised by the Medical Council; or that he has passed examinations equivalent to those required for a degree in Arts. The curriculum extends over five years.

Graduates in Medicine of any British University are admitted to an examination for the Membership. Such graduates are exempt from some parts of the examination —*e.g.*, anatomy and physiology. Even graduates of accredited foreign universities have no difficulty in being admitted to examination. All persons who have been admitted before February 16, 1859, licentiates of the College, and also all extra-licentiates who are not engaged in the practice of pharmacy, may be proposed to be admitted a Member of the College. Every candidate for the membership is expected to pass an examination, but there are certain cases, referred to under sections 15, 16, and 17 of the by-laws of the College, in which the candidate is exempted from some portion of the examination.

The Licence.—The Licence of this College is a qualification to practise medicine, surgery, and midwifery, and is recognised by the Poor-law Board as a qualification in surgery as well as in medicine, but unless a graduate of some university, he is forbidden to use the title of doctor, but we regret to say many do so. It was regarded at first as a diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially appointed examiners, and is complete in the several departments. There are two examinations for the Licence, the *first* of which may be passed after the termination of the second winter session; while the *second* examination cannot be passed until after four years of professional study. The fee for the College licence is fifteen guineas, of which five are to be paid on admission to the first examination.

Every candidate for the College Licence will be required to produce satisfactory evidence of having completed the course of study in accordance with the by-laws and regulations of the College, which may be obtained of the Registrar, and to pass the professional examinations conducted by the Examining Board.

Nearly eight years ago the most important change occurred that has ever taken place in reference to the qualifications of general practitioners. This Licence of the London College of Physicians was then recognised by the Poor-law Board as a qualification in surgery as well as medicine. Consequently, this single diploma is sufficient to enable anyone to take a Poor-law appointment. Anyone contented with the diploma of L.R.C.P. Lond. would thus have all he needed as a legal qualification.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

No College has exercised more influence over the profession than this. Without the M.R.C.S. it is not easy to obtain any English surgical appointment. Its membership, although no longer essential, yet carries great weight in a parish appointment. For this reason most English students take this diploma, which, together with a medical qualification, suffices for every purpose of the general practitioner. The College gives four diplomas, the Membership, Fellowship, a diploma in Dental Surgery, and one in Midwifery, which last is, however, mostly confined to those who are already members.

THE MEMBERSHIP.—This diploma gives no vote in the affairs of the College. It is only a licence to practise, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the Practice of *Medicine*, although there are certain conditions on which he can claim exemption. He must also have passed the preliminary examination of the College, or one that is recognised by the College. There are now two professional examinations for the Membership, the Primary and the Pass.

THE FELLOWSHIP.—Members of long standing are often admitted to the Fellowship by election. As, however, this grade is obtainable by examination, is of greater value, and needs no personal influence, men who have sufficient time and ability prefer the F.R.C.S. after exam.

For the Fellowship he must be a Member of the College of eight years' standing, and is admitted to examination on producing a certificate signed by three Fellows to the effect that he has been engaged in the Practice of Surgery for eight years, and is a fit and proper person to be admitted a Fellow.

Few consulting surgeons in England are without the Fellowship, and in most of the London hospitals appointments are unattainable without it.

APOTHECARIES' SOCIETY OF LONDON.

The Licence of the Society of Apothecaries is perhaps the most useful medical diploma for the general practitioner in England. The monopoly enjoyed by this body for many years, in this respect, is not easily to be disturbed. The laws of many institutions require their medical officers to hold this diploma, and these laws are not readily altered. Though other medical qualifications are recognised by the Poor-law Board, there is no doubt that the guardians throughout the country—and they elect the medical officers—are familiar with the diploma of the Apothecaries' Society, and it is to them more of a guarantee than other qualifications of which they are ignorant. Everyone, therefore, intending to settle in *England* as a general practitioner—even if he take other diplomas—would probably consult his own interest by taking up the L.S.A.; and as the fee is only six guineas, a very large number of young men will, no doubt, secure this avenue to appointments.

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NOTES ON THE
HOSPITALS AND MEDICAL SCHOOLS IN LONDON:
CHIEFLY IN REFERENCE TO THE PRIZES, SCHOLARSHIPS, AND APPOINTMENTS OPEN TO STUDENTS.

ST. BARTHOLOMEW'S HOSPITAL.

THIS ancient and popular hospital receives within its walls upwards of 6,000 in-patients annually, and its out-patients and casualties number more than 144,000 during the same period. Its staff is decidedly second to none. The clinical practice comprises a service of 710 beds, of which 322 are allotted to surgical cases, 227 to medical cases, 26 to diseases of the eye, 20 to diseases of women, and 81 to syphilitic diseases, while 34 are for convalescents at Highgate. Four house physicians and four house surgeons are appointed annually. The fee for these appointments is only nominal. The midwifery assistants, the ophthalmic house-surgeons, the clinical clerks, and the out-patient clerks and dressers are appointed, without fee, from among the diligent students. Sixteen free in-patient dresserships are awarded annually; other dresserships may be obtained on payment of the usual fees.

Accommodation is provided for residence of students in the college connected with the institution, for which an entrance fee of £2 2s. is required. By applying to the resident warden, Dr. Moore, students may obtain information respecting rooms in the college, or will be advised as to residence out of the hospital.

In addition to the many valuable prizes and scholarships open to students at this institution, new scholarships were founded in 1873 by the Brackenbury bequest of £2,000, and the Lawrence memorial gift of £1,000, enabling the Medical Committee to rearrange the distribution of the existing scholarships, and to found two scholarships in science—one an open scholarship, of the value of £100, to be competed for in September; the other, of the value of £50, to be competed for by students of the hospital of the first year in October.

Two classes are also held each year, for the convenience of gentlemen preparing for the matriculation examination at the University of London—from October to January and from March to June.

CHARING CROSS HOSPITAL.

This hospital, though at present one of the smaller ones, derives from its situation great advantages, It is in the very centre of London, where there is constant communication with every part. When the present extensive alterations are completed, which includes an additional floor over the entire building, about 250 beds will be at the disposal of the staff. In connection with it the practice of the Royal Westminster Ophthalmic Hospital, close by, containing 50 beds, is open to matriculated students, and affords an excellent opportunity for the study of that branch of the profession. There are also other special branches taught in the school, skin and mental diseases, and public health amongst the number.

The following scholarships are open to students:—Two entrance scholarships, of the value of £30 and £20 respectively tenable for one year, are awarded annually. Two scholarships are open for competition to matriculated students—the Llewelyn Scholarship of £25, for those who have just completed their second year; and the Golding Scholarship of £15, for those who have just completed their first year. The Governors' clinical gold medal, and silver and bronze medals in all classes are awarded annually.

There are clinical clerkships and dresserships, as at the other hospitals, and assistant surgical and medical officers to those further advanced in their hospital course. The fee for the three years' course of study is £78 5s., payable in five instalments. Dental surgery is taught on payment of a composition fee of 40 guineas. Students are also admitted without matriculation to the medical and surgical practice of the hospital for the full period required by the University of London, the Colleges of Physicians and Surgeons, on payment of a fee of 30 guineas.

ST. GEORGE'S HOSPITAL.

This hospital contains 353 beds, of which 205 are devoted to surgical, and 148 to medical cases. One great advantage to students is its unrivalled position, at the corner of Hyde Park, one of the most salubrious parts of the metropolis. Students can easily find lodgings within a few minutes walk. The school, both from the excellence of the staff and its general arrangements, offers every facility for education and preparation for the various examining boards.

In addition to the ordinary curriculum, separate courses of lectures are given on ophthalmic, aural, and dental surgery, and on psychological medicine, by lecturers who devote their attention to these branches of practice.

All the medical appointments, including those of house-physician, house surgeon, clinical clerks and dressers, are awarded to pupils, without additional fee, after examination.

The following paid offices are awarded yearly, upon the recommendation of the Medical School Committee—viz., Obstetric Assistant, with a salary of £100 and board and residence; Curator of the Museum, Medical Registrar, Surgical Registrar, and Demonstrator of Anatomy, with a salary of £50 each.

Students may become perpetual pupils by paying a compounding fee of one hundred guineas, and thus become entitled to admission to the practice of the physicians and surgeons, to the lectures, and to compete for all prizes and exhibitions.

Those who have commenced their professional studies at any of the English Universities will be admitted as perpetual pupils on payment of a reduced fee, calculated on the proportion of lectures from which they can claim exemption by producing certificates which will be accepted by the licensing bodies.

A compounding fee of 40 guineas each the first and second years, and 10 guineas each succeeding year, admits to the hospital practice and lectures required for the diplomas of the Colleges of Physicians, Surgeons, &c. Students in dental surgery are also admitted to the lectures and hospital practice required for the L.D.S. on payment of a fee of £45. Valuable prizes are given to successful students, and there is also a William Brown exhibition of £100 per annum, tenable for two years.

GUY'S HOSPITAL.

This old favourite borough school still attracts a lion's share of students. It has long been one of the most popular in the metropolis, and was the first to set the example of giving the appointments in its special departments to gentlemen not on the general staff.

Guy's is situated close to the London Bridge Railways. Hence great facilities for getting to any part of London or the country. It is quite practicable for students to reside a little distance down either of the lines that converge at this point, and thus enjoy the benefit of country air during their hospital career. For those who wish to live close to the hospital, lodgings are to be had at a moderate price, and there is plenty of room in the hospital grounds for out-door exercises and games.

The appointments are very numerous, and of the scholarships and prizes the following are the most noteworthy:—

Two gold medals are given annually to students who have not exceeded their fourth year for clinical medicine and clinical surgery, one medal being awarded in each subject.

Voluntary examinations are held at the end of the student's first summer session, for two scholarships of £50 and £25, and of £10 10s. Subjects: anatomy, physiology, materia medica, chemistry, and botany, or comparative anatomy. At the end of the second summer session, for two scholarships of £25 and £10. Subjects: anatomy and physiology. At end of the third summer session for two scholarships of £35 and £20. Subjects: medicine, surgery, midwifery, and medical jurisprudence. Moreover, with this year commences, on October 9th, an entrance examination with first and second prizes of £60 and £30, respectively. Subjects: classics, mathematics, modern languages, chemistry, botany, and physics.

Great facilities and encouragement are afforded for clinical study, there being special clinical wards, and clinical lectures are delivered every week during the whole sessional year.

The fees for hospital practice and lectures are—First year, £40; second, £40; third, £30; or on payment of 100 guineas a student is entitled to a perpetual ticket.

KING'S COLLEGE.

This College gives instruction in all the faculties, and has a theological department. It was established by members of the Church of England, in opposition to University College, which is a non-sectarian institution. The College is situated close to Somerset House, in the Strand, having a frontage on the new Thames embankment, within a few minutes' walk of several railway stations. A new wing has been opened recently, and a new dissecting room and laboratory, and new consulting rooms and offices erected. There is a junior school in connection with this college to prepare boys to enter the college at a proper age. The hospital is only a short distance from the college, at the back of the Royal College of Surgeons, and although smaller than some of the London hospitals, the renown of its staff has always kept up its reputation, so that King's is one of the most popular of the medical educational institutions in London. The physician's assistant, physician-accoucher's assistant, and house-surgeon, as also their assistants, clinical clerks, and dressers, are selected by examination from among the students, without extra fee.

The scholarships and prizes are very numerous at King's, and comprise—Warneford Scholarships.—Students entering the medical department of this college in October will have the exclusive privilege of contending for three scholarships of £25 each for three years. The subjects may be ascertained by applying to the secretary. Five medical scholarships are awarded at the close of each winter session for proficiency in professional subjects—viz., one of £40 for two years, one of £30 for one year, and three of £20 for one year. Sambrooke Registrarships.—Two of £50 tenable for two years. Daniell Scholarship.—One of £20 for two years, for proficiency in chemistry. Science Scholarship.—One annually of £25 for two years, given by the Clothworker's Company. Endowed prizes of the value of £25, £15, £10, and £4 4s. each, and college prizes of the value of £60 are annually awarded.

THE LONDON HOSPITAL.

The Medical College of the London Hospital has been greatly enlarged of late, and with its splendid hospital presents as fine a field for practical study, especially for surgery, as any in the metropolis. Lectures and demonstrations are given in all subjects required by the medical examining boards. The government of this college has been re-constituted, every department supervised, and a secretary appointed to ensure proper discipline, and promote the general improvement. Dr. Wilson, late demonstrator of anatomy at Cambridge, will superintend the teaching of practical anatomy, and Dr. John Millar of mental diseases. In the new building the museum has been more than doubled in size, and a physiological and histological laboratory has been erected and amply furnished with microscopes and all needful appliances. Pathology is also systematically and practically taught. There are now a large number of scholarships and prizes of considerable value, but more important still to studious men, all the numerous appointments in the wards are open to pupils without extra payment, and the value of the dresserships, clerkships, house-surgeoncies, house-physiciancies, and other residential positions in a hospital of the first magnitude are always considerably enhanced where the staff take such interest in the development of its educational resources as at the London. The new wing is now open, raising the number of beds to 800.

In addition to the scholarships which have been open to students in past years, two new ones are offered in natural science, of the value of £60 and £40 respectively, the examinations for which will be held on Sept. the 27th, 28th, and 29th. The subjects are the same as for the preliminary scientific examination of the University of London.

ST. MARY'S HOSPITAL AND MEDICAL SCHOOL.

This hospital is located, together with the medical school, at Paddington, in close proximity to the Great Western Railway Terminus. It has just been refitted and repaired, at a cost of £10,000, the system of drains and ventilation having been arranged on entirely new principles. Many of the pupils take advantage of the railway, and reside some few miles in the country, coming to town daily to attend the hospital practice and lectures. Students with slender purses will find the neighbourhood of the hospital a moderate one as regards lodgings, and easy of access by omnibus and the Underground Railway from all parts of London. This hospital was the first in which departments were made for the study and treatment of special diseases, and at the present time there are special departments for diseases of women and children, of the eye, the ear, the skin, and the throat, in which clinical demonstrations are constantly given by the physicians and surgeons in charge. Three resident medical officers are appointed for twelve months, and an obstetric officer for six months, who board free of expense in the hospital. A resident registrar is also appointed from among the students, with a salary of £100 a-year. These appointments are awarded after competition, without additional fee. In addition to the above, a demonstrator of anatomy is appointed annually, with a salary of £100 a-year, and the medical tutor in like manner, with a salary of £100 a-year. There are three scholarships in natural science, each tenable for three years, of the value of £60 the first year, £40 the second year, and £20 the third year; an exhibition in natural science of £20 for one year; a scholarship of £20 in anatomy, carrying with it the appointment of assistant demonstrator; a scholarship of £20 in pathology, carrying with it the appointment of assistant curator; and some extra prizes, particulars of which may be had of the Dean, Dr. Shepherd. Two of the above scholarships will be awarded by open competitive examination, in October, 1876; one in natural science, tenable for three years, of the value of £60 the first year, £25 the second, and £15 the third; the other in classics and mathematics, tenable for one year, and of the value of £35.

MIDDLESEX HOSPITAL.

The school attached to this hospital is not a large one, but its pupils have increased so unmistakably during the last few years that it is now a question of accommodation. The hospital now contains 300 beds, 180 being devoted to medical and 120 to surgical cases. There is a special department for cancer cases, affording accommodation for 33 in-patients, whose period of residence in the hospital is unlimited. Wards are also appropriated for the reception of cases of uterine disease, and of syphilis, and beds are set apart for patients suffering from diseases of the eye.

Special attention is bestowed on the clinical instruction of the students, both in the wards and out patients' rooms. Two Broderip scholarships, of the annual value of £30 and £20, tenable for two years, and two clinical prizes are annually awarded to those students who pass the most satisfactory examination at the bedside, and in the post-mortem room. Two entrance scholarships, of the annual value of £35 and £20 respectively, will be offered for competition at the commencement of the winter session. Each scholarship is tenable for two years, and are open to all who commence their studies in October next. Successful candidates will be required to become general students of the college. The examination will take place on September 28th and following days. The Murray medal and scholarship, in memory of the late Dr. John Murray, have been founded in connection with the University of Aberdeen, and will be awarded every third year to a student of this hospital. The governors' prize of twenty guineas, is awarded annually to the student who has most distinguished himself during his three years curriculum. Class prizes are also given, and six resident clinical appointments are annually awarded, after competitive examination, to students who have completed their education and complied with the regulations of the school. The officers thus appointed reside and board in the hospital free of expense. Clinical clerks and dressers are also appointed for six months, and are so arranged that every student may hold both a clerkship and a dressership at some period of his attendance on hospital practice.

The general fee for the curriculum required by the Royal College of Physicians and Surgeons and the Society of Apothecaries is £90, which may be paid by instalments. Fee for dental students, 40 guineas, which may also be paid by instalments.

ST. THOMAS'S HOSPITAL.

This magnificent building, or rather series of buildings, is situated at the foot of Westminster bridge, on the south bank of the Thames, facing the Houses of Parliament. From its proximity to some of the largest factories in London, it affords scope for surgical practice from accidents second to none, whilst amongst the members of its staff are names of European reputation in medicine and science.

There is accommodation for residence and free maintenance in the college-house for the resident assistant physician, resident assistant surgeon, two house-physitians, the resident accoucheur, two house-surgeons, one dresser, one obstetric clerk, and an assistant obstetric clerk, which appointments are awarded by competition. There are many prizes and scholarships.

The admission fee to practice and all the lectures is £40 for the first year, a similar sum for the second, £20 for the third, and £10 for each succeeding year, or £105 at one payment for unlimited attendance. Special entries may be made to any course of lectures or to the hospital practice, and a modified scale of fees is arranged for students entering in their second, third, or any subsequent year. Fee for general subjects required for students of dental surgery for two years, £45, or by instalments of £40 for the first year, and £10 for the second year. All students have the opportunity afforded them of being engaged in the performance of practical duties in connection with the medical, surgical, obstetrical, ophthalmic, and pathological departments in the hospital. There is the Tite Scholarship, value £30, for first year's students; the Musgrove Scholarship of 40 guineas, tenable for two years, for second year's students; and the College Scholarship of 40 guineas on alternate years, tenable for two years; the Mead medal for medicine; the Cheselden medal for surgery and anatomy; the Solly medal and prize; the Treasurer's gold medal; Grainger Testimonial prize; the entrance science scholarships of £60 and £40; three prizes for first year's students, at the end of both winter and summer sessions, of the aggregate value of £70, besides various medals and prizes open to students of any year.

UNIVERSITY COLLEGE AND HOSPITAL.

Few colleges in London have of late years been so successful as this, both in its annually increasing number of students and in the number of those who subsequetly pass their several colleges on first presentation. On its staff are names of considerable eminence, and from its central and healthy position everything is in its favour. The College, which is situated in Gower Street, about 100 yards from the hospital, gives instruction in every department of science, and specially prepares students for degrees in all the faculties at the University of London. As appears from the Fifth Report of the Royal Commission on Scientific Education, about one-third of the various degrees conferred by the University of London have been obtained by students from University College, although the University is open to candidates from every part of the British Empire, including the Universities of Oxford and Cambridge, besides a numerous body of colleges and other institutions in India, the various Colonies, and not a few Continental institutions. This fact, we think, speaks volumes, and is a source of just pride to the College authorities. There is a faculty of science. There is, however, no theological faculty in the College, which, like the University with which it is in intimate connection, is founded on the secular principle. University College School specially prepares boys to be ready at a proper age to enter the College. The scholarships and prizes open to students in the Medical Faculty are probably as valuable as those attached to any other medical school in the metropolis, Guy's and St. Bartholomew's excepted. There is the Surgical Fellowship, value £45 per annum for three years; the Physiological, value £70; Pathological Anatomy, £30; the Cluff Prize for Anatomy, Physiology and Chemistry; besides various other prizes and medals. There are also annually awarded three Entrance Exhibitions, of the respective values of £30, £20, and £10 per annum, tenable for two years, the subjects of examination being Classics, Mathematics, Natural Philosophy, and either French or German.

WESTMINSTER HOSPITAL.

The school attached to this Hospisal is the smallest in London. Its situation, however, is very convenient, near the Abbey and the Houses of Parliament. Lodgings are also very reasonable in the neighbourhood, and the school is one of the most moderate in respect to fees. The hospital contains 191 beds, and received during the past year more than 2,000 in-patients and 18,000 out-patients. There are separate departments for diseases of the eye, ear, skin, teeth, and diseases peculiar to women. In addition to the practice of the hospital, pupils who enter for the whole period of medical education are like those at the Charing Cross school, permitted to attend without further fee the practice of the Royal Westminster Ophthalmic Hospital, and that of the National Hospital for Paralysis. The whole course of study for the usual examinations may be here completed for £80, payable in two instalments. The perpetual fee is only 80 guineas, or £78 in one sum on entrance. Resident appointments, clerkships, and dresserships are all conferred without extra payments.

The scholarships are not so valuable as at some of the larger hospitals, but they are sufficient to induce students to employ their time to the best advantage, and are as follows: Exhibition in Anatomy and Physiology, value £10 10s., for first year's men. Prize of £2 2s., for diligence in the dissecting-room, for first year's men. A Scholarship in Anatomy and Physiology, value £21, tenable for one year, for second year's men. Prizes for histology, midwifery, clinical medicine and pathology, and for clinical surgery and pathology. The Frederic Bird Medal and Prize, for students who have completed their fourth year. Subjects: medicine, midwifery, diseases of women and children, and pathology; and the Chadwick Prize, £21, for general proficiency. There are also two Entrance Scholarships of £50 and £10 each, tenable for two years.

NOTE.—*Where fuller information is required by the reader than that contained in the foregoing notes, it will generally be found on reference to our advertising columns, where also will be found the names of the staffs, lecturers, &c.*

HOURS OF THE INTRODUCTORY LECTURES

To be delivered on Monday, October 2nd, at the different Metropolitan Schools.

St. Bartholomew's Hospital.—None.
Charing Cross Hospital—Dr. J. Mitchell Bruce.—4 p.m.
St. George's Hospital—Dr. Blandford.—4 p.m.
Guy's Hospital—None.
King's College—Prof. Baxter, M.D.—4 p.m.
London Hospital—Dr. Andrew Clark.—3 p.m.
St. Mary's Hospital—Dr. Wiltshire.—3.30 p.m.
Middlesex Hospital—Dr. G. H. Evans.—3 p.m.
St. Thomas's Hospital—Mr. Francis Mason.—4 p.m.
University College—Dr. Maudsley.—3 p.m.
Westminster Hospital—Dr. Allchin.—3 p.m.

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THE PRINCIPAL METROPOLITAN HOSPITALS TO WHICH NO MEDICAL SCHOOL IS ATTACHED

Open to Students from the larger Hospitals.

BETHLEM HOSPITAL.—This Hospital is open for the admission of two resident medical students, who have recently obtained their diplomas to practice Medicine and Surgery, for the acquisition of knowledge regarding the Insane. The next election takes place on the 9th of October, at Bridewell Hospital, and the elected candidates will be expected to commence residence on the 1st of November.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—This is a large and important hospital at the East End, containing 164 beds. Consulting Physicians: Drs. T. B. Peacock, J. Risdon Bennett, E. Lloyd Birkett. Consulting Surgeon: Mr. John Hilton, F.R.S. Physicians: Drs. S. H. Ward, J. Andrew, J. C. Thorowgood, Shepherd. Assistant-Physicians: Drs. Eustace Smith, J. B. Berkart, Evans, and Fothergill.

EAST LONDON HOSPITAL FOR CHILDREN.—Physicians: Drs. Barnes, Andrew Clark, J. M. Bruce, Eustace Smith, and Magrath. Surgeons: Messrs. B. Shillitoe, A. Cæsar, H. A. Reeves. House-Surgeon: Mr. J. Cæsar. Secretary: Mr. Ashton Warner.

FEVER HOSPITAL, Islington.—260 beds. Physicians: Drs. Twoedie, Murchison, Rroadbent, and Cayley. Consulting Surgeon: Mr. De Morgan. Resident Medical Officer: Mr. Mahomed.

GREAT NORTHERN HOSPITAL, Caledonian Road.—Physicians: Drs. Leared, Cholmeley, Cracknell, Cooke, Bridges. Obstetric Physician: Dr. Gustavus C. P. Murray. Consulting Surgeon: Mr. F. Le Gros Clark, F.R.S. Surgeons: Messrs. Gay, W. Adams, T. Carr Jackson, W. Spencer Watson, and W. H. Cripps. Ophthalmic Surgeon: Mr. Lowne. Aural Surgeon: Mr. Harvey. Dental Surgeon: Mr. C. J. Fox.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—This is the largest institution for the treatment of affections of the chest in the United Kingdom, and contains 257 beds. Consulting Physicians: Drs. C. J. B. Williams, W. H. Walshe, R. P. Cotton, and R. Quain. Consulting Surgeon: Sir Wm. Fergusson, Bart. Physicians: Drs. J. E. Pollock, E. S. Thompson, C. T. Williams, R. D. Powell, and J. Tatham. Assistant-Physicians: Drs. R. Thompson, Burney Yeo, F. Roberts, T. H. Green, and J. M. Bruce. Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital. Terms, £3 3s. for three months; perpetual, £5 5s.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Clinical Instruction and Laryngoscopic Demonstrations are given daily on cases under treatment. Consulting Physicians: Dr. Billing, F.R.S. Consulting Surgeon: Sir W. Fergusson, Bart. Physicians: Drs. Morell Mackenzie, Semple, Prosser James, and Whistler. Surgeon: Mr. Pugin Thornton.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Queen's Square, W.C.—This new building, recently opened by royalty, is probably the most magnificent children's hospital in Europe. The staff consists of—Physicians: Drs Dickinson, Gee, and Cheadle. Assistant-Physicians: Drs O. Sturges, A. L. Galabin, R. J. Lee, and Thos. Barlow. Surgeons: Messrs T. Smith, F. Howard Marsh, J. W. Haward, and Mr Owen. Surgeon-Dentist: Mr A. Cartwright. Fee for three months' attendance, £3 3s.; perpetual, £5 5s. Secretary: S. Whitford.

LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.—This institution, which was removed a year since from its old and inconvenient quarters in Soho to its present much more commodious and attractive edifice, is the only recognised school of dental surgery in London. The meetings of the Odontological Society are also held here. In winter lectures are delivered on Mechanical Dentistry by Mr J. S. Turner, on Wednesdays, at 7 p.m.; on Metallurgy in Dentistry, by Mr. G. H. Makins, on Tuesdays and Fridays, at 6.30 p.m. In summer Mr S. H. Cartwright lectures on Dental Surgery and Pathology, and Mr C. S. Tomes on Dental Anatomy and Physiology. General fee for special lectures required for the curriculum, £15 15s. Fee for two years' practice at the Dental Hospital in connection with the above required by the curriculum, £15 15s.

ROYAL FREE HOSPITAL, Gray's Inn Road.—This hospital contains 102 beds. Of the smaller metropolitan hospitals few offer a more extensive field for students in medicine and surgery. Physicians: Drs O'Connor, Cockle, and Rickards. Surgeons: Messrs F. Gant and Rose. Secretary: Mr J. S. Blyth, from whom full particulars of the dresserships and clerkships may be obtained.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—This hospital, although it treats nearly 6,000 out-patients annually, is at present only able to receive 12 in-patients. A new wing, of which the foundation stone was laid by Princess Louise a few months since, will raise the number of beds to over 60. Consulting Physicians: Drs Herbert Davis and Horace Dobell. Physicians: Drs H. H. Crucknell, G. Goddard Rogers, P. J. Hensley, Gilbert Smith, and W. S. Greenfield. Consulting Surgeon: Mr J. Adams. Surgeon: Mr Walsham. House Physian: Dr Casby.

CENTRAL LONDON THROAT HOSPITAL, Gray's Inn Road.—The new building has been opened during the last few days, and in its incomplete state contains but 6 beds, but provision is made for 40. The staff consists of Mr. Carr Jackson, Consulting Surgeon, and Messrs. Lennox Browne and Llewelyn Thomas, Surgeons.

ROYAL LONDON OPHTHALMIC HOSPITAL, Bloomfield Street, Moorfields, is the largest of its class in the metropolis, and contains 70 beds. Consulting Physician: Dr F. J. Farre. Consulting Surgeon: Mr J. Dixon. Surgeons: Messrs Critchett, Bowman, Wordsworth, Streatfield, J. W. Hulke, G. Lawson, J. Hutchinson, J. Couper, and J. Soelberg Wells. Number of patients annually, about 20,000.

ROYAL ORTHOPÆDIC HOSPITAL, 315 Oxford Street, W.- Surgeon: Mr Brodhurst. House-Surgeon: Mr Baker.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Consulting Surgeon: Mr Henry Hancock. Surgeons: Messrs Henry Power, Jabez Hogg, James Rouse, and George Cowell. The hospital has, during the past few weeks, been closed for the addition of another storey, which, when completed, will place 14 extra beds at the disposal of the staff. Operations take place daily at 2 p.m., and the practice is open to officers of the public service. Students are admitted on the payment of a fee of £3 3s. for six months; perpetual £5 5s. Students of the hospital are eligible for the post of House-Surgeon.

SOUTH LONDON SCHOOL OF CHEMISTRY AND PHARMACY, 325 Kennington Road, S.E.—Director, Dr Muter. Lectures are delivered daily, at various hours, from nine till five, and the laboratory is open for practical chemistry from ten till four. Special instruction in Food Analysis is given daily at the Public Laboratory, Kennington Cross. The Winter Session commenced on Saturday last.

WEST LONDON HOSPITAL, Hammersmith Road, W.—A well appointed hospital, containing 68 beds. Consulting Physician: Dr Maudsley. Consulting Physician-Accoucheur: Dr W. O. Priestley. Consulting Surgeons: Messrs S. A. Lane and William Bird. Physicians: Drs Goddard Rogers and Thorowgood. Physician for Diseases of Women: Dr Wiltshire. Surgeons: Messrs W. F. Teevan and Alfred Cooper. Ophthalmic Surgeon: Mr B. J. Vernon. Junior Physicians: Drs Fish and Fothergill. Junior Surgeons: Messrs J. A. Bloxam and H. T. Butlin. Surgeon-Dentist: Mr H. E. Sewill. Analytical Chemist: Mr William Crookes, F.R.S. Resident Medical Officers: Two House-Surgeons and an Apothecary. Gentlemen desirous of acting as clinical clerks or dressers can obtain all information by application to Mr T. Alexander, at the hospital.

ENGLISH PROVINCIAL MEDICAL SCHOOLS.

BIRMINGHAM: QUEEN'S COLLEGE.

STUDENTS are admitted (1) as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures; (3) as junior students, to prepare for the preliminary examinations of the licensing boards.

Scholarships, Prizes, &c.—The Sands Cox Prize, value £20. Open to students who have completed their curriculum. Subjects: Medicine, Surgery, and Midwifery. Next examination in the third week in March, 1877. The Warden's Prize, value £5 5s., for first year's students, for general proficiency. The Percy Prize, value £5 5s., for German.

Fees.—College fees for all lectures amount to 50 guineas, payable by two equal instalments.

Hospital Practice is obtained at the General and Queen's Hospitals which have been amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board, by whose order all schedules are signed and all examinations conducted. The hospitals have a total of upwards of 400 beds, and the staff attached is of a very high order.

All students will be required to attend six months alternately at each hospital, as directed by the Clinical Board, excepting students who enter the hospital for six months only.

Clinical Prizes.—The following prizes are given annually: —Senior Medical Prize, for third and fourth year's students, First Prize, £5 5s., Second Prize, £3 3s.; Senior Surgical Prize, for third and fourth year's students, First Prize, £5 5s., Second Prize, £3 3s.; Junior Medical Prize, for second year's students, First Prize, £3 3s., Second Prize, £2 2s.; Junior Surgical Prize, for second year's students, First Prize, £3 3s., Second Prize, £2 2s.; Midwifery Prize, £4 4s. The examinations for all the appointments and prizes are conducted by the Clinical Board, and are open for competition to all students registered by the Clinical Board.

Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £31 10s. One year's attendance, £15 15s.; six months' attendance, £10 10s; Special Department, for Midwifery and Diseases of Women (optional), £2 2s. Dental fee (optional), £1 1s.

BRISTOL SCHOOL OF MEDICINE.—Attached to this school, where there is ample provision for education and practice, are two well-appointed hospitals, the Royal Infirmary, containing 242 beds, and the General Hospital, with 154 beds.

Competitive examinations are held amongst students of the first, second, and third years respectively, and prizes of money, instruments, and books are awarded annually.

The certificates of this school are accepted by all the examining boards.

The general perpetual fee is 55 guineas.

Medical and surgical hospital practice and clinical lectures are attended at the Royal Infirmary or at the General Hospital, at which institutions additional prizes and scholarships are annually offered for competition amongst the students. Arrangements are in progress for the establishment in Bristol of a College of Science and Literature, of which the existing medical school will form a department.

LEEDS SCHOOL OF MEDICINE.—Clinical Lectures are given by the physicians and surgeons attached to the General Infirmary. Ophthalmoscopic demonstrations and demonstrations of skin diseases are given in the Infirmary by the surgeons in each department, where also are obtainable six clinical clerkships and eight dresserships.

Besides the Infirmary, there is a large Dispensary and a Fever hospital, both of which are open to students of the School.

Students at this School have excellent opportunities of acquiring a thorough insight of psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, and Dr. Major, successor to Dr. Crichton Browne, lectures on Mental Diseases. The systematic lectures are given at the School, and the clinical lectures at the Asylum, which now accommodates 1,500 patients.

Special prizes of the value of £10 each are given in the classes of clinical medicine, clinical surgery, and forensic medicine. Silver and bronze medals and books are given in the class examinations.

Composition fee, entitling to attendance upon all the required courses of school lectures, 44 guineas. The fees for attendance upon the medical and surgical practice of the hospital are 20 guineas each for three years, and proportionally less for single sessions. The fee for the comparative anatomy course is not included in the composition fee.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—The Royal Infirmary attached to this School, which contains 300 beds with 40 special wards for the treatment of diseases of women, is perhaps second to none in England in its general appointments and the facilities it offers to students for gaining practical knowledge. Four exhibitions, value £31 10s. each, consisting of free board and residence in the Royal Infirmary for six months, with dresserships, on award of the Medical Board. Six dressers and six clinical clerks are elected quarterly. Two house-physicianships and three house-surgeonships are open to pupils of the School, who have obtained a legal qualification.

Fees.—For six months' medical practice, 5 guineas; twelve months', 6 guineas. Surgical, 6 guineas for six months; 8 guineas for twelve months (this includes admission to the practice of the Lock Hospital adjoining the Infirmary). Perpetual medical and surgical practice, 32 guineas. On payment of a composition fee of 45 guineas on entrance, or in two equal instalments (one-half on entrance, and the remainder within twelve months), the student is entitled to attendance on all the lectures and demonstrations (exclusive of practical chemistry) required for the membership of the Royal College of Surgeons, the licence of the College of Physicians and the Apothecaries' Society.

MANCHESTER—OWENS COLLEGE SCHOOL OF MEDICINE.—This School, as most of our readers are aware, has resulted from the amalgamation of the Manchester Royal Infirmary School of Medicine with the Owens College, and occupies in the provinces a somewhat similar position to that of University College and Hospital in London. It has a Faculty of Science as well as of Medicine, with departments of Laws and Arts. Since the amalgamation a new Medical School has been built, on the most approved principles, at the western extremity of the College estate. On the ground floor are two large lecture theatres, a library, and a museum. Over the lecture theatres is a dissecting-room, and over the library a physiological laboratory.

The course of instruction afforded to students is thoroughly complete. Three of the most important chairs, those of anatomy, physiology, and chemistry, are held by professors who entirely devote their time to the work of instruction.

Students wishing to engage in physiological or pathological researches will find opportunities for study in the complete and well-furnished physiological laboratory. Two valuable physiological scholarships are placed for competition in this branch as an incentive to original research.

Fees.—A composition fee, which may be paid in one sum of £48, or in two sums of £25 each at the commencement of the first and second years of studentship, admits to the whole of the lectures required to qualify for the examinations for medical degrees in the University of London, the diplomas of the Royal College of Physicians, the fellowship and membership of the Royal College of Surgeons, and the licence of the Apothecaries' Society, and to attendance on the class of practical anatomy during two winter sessions. In addition to the composition fee, all students (except those who entered before the 1st May, 1873) will be required to pay the Medical Tutor's Fee, £2 2s. annually. Should a student desire to continue his study of practical anatomy beyond two sessions he can do so on payment of extra fees at the rate of £2 2s. for a three months', or £3 3s. for a six months' course.

An extra fee of £1 1s. will be charged for attendance on the demonstrations in the comparative anatomy class, and a like extra fee for the demonstrations in botany. A charge of £1 1s. is also made for the chemicals used in the class of practical chemistry.

NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE.—This school is a department of the University of Durham, and contains ample provision for acquiring a sound education and practical experience at the bedside. It is smaller than some of the provincial schools, but with some parents and students this would be considered an advantage.

Hospital practice is obtained at the Newcastle Infirmary, which has 230 beds, and in which the required clinical lectures are delivered.

Scholarships and Medals.—Four Scholarships of £25 a year each, tenable each for four years. Dickenson Memorial Scholarship, £15, tenable for one year, for general proficiency. Tulloch Scholarship, £20, tenable for one year, for Anatomy, Physiology, and Chemistry. Charlton Memorial Scholarship, £35, tenable for one year, for Medicine. Four resident dressers, who also act as physician's clinical clerks, are chosen every six months from the senior students. Two assistants in the Pathological Departmene are chosen every six months.

Fee for hospital practice and clinical lectures, twelve months, £7 7s.; six months, £5 5s. Composition fee, £17 17s., or if paid by instalments, first year, £7 7s.; second year, £6 6s.; third year, £5 5s. Composition fee to all the lectures, 50 guineas.

Sheffield School of Medicine.—Students at this College obtain excellent instructions in medical and surgical practice at the General Infirmary, which contains 200 beds, and is provided with a museum and pathological and post-mortem theatres.

The fees for perpetual attendance are £15 15s. for medical, and £21 for surgical practice; for 12 months' medical and surgical practice, each £10 10s.; and for 6 months', £6 6s. each. There is also the Sheffield Hospital and Dispensary, containing 104 beds, and is recognised by the College of Surgeons and the Hospital for Diseases of Women, to which students are admitted.

The perpetual fee, for attendance on all the lectures required by the Royal College of Surgeons and the Apothecaries' Hall, £42. Prizes to the value of £30, and certificates of honour, are given annually.

Some of the lecturers, and other local members of the profession, receive house pupils, which will be found far preferable to life in ordinary lodgings.

Liverpool Royal Southern Hospital.—This Institution is one of the largest in the English provinces, and contains 200 beds. It has no school proper, although it contains accommodation for resident pupils, and clinical lectures are delivered daily by members of the staff. These, together with the practice obtained here, which is of a very varied and valuable character, is recognised by all the Examining Boards. Inclusive fees—perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Students can enter to the medical or surgical practice separately on payment of half the above fees.

Note.—*Our advertising columns, of which an Index will be found at end, will supply further information, with the names of staffs, &c., attached to the foregoing schools.*

HOURS OF THE INTRODUCTORY LECTURES

To be delivered on Monday, October 2nd, at the different Provincial Schools.

Durham University—2 p.m.
Queen's College, Birmingham—Mr. J. V. Solomon—3 p.m.
Leeds School of Medicine—Dr. R. T. Land—4 p.m.
Liverpool School of Medicine—3 p.m.
Manchester, Owen's College—Dr. J. E. Morgan—3 p.m.
Sheffield School of Medicine—Dr. W. R. Thomas—4 p.m.

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MEDICAL EDUCATION IN IRELAND.

THE CAREER OF THE IRISH STUDENT.

The practice of the profession in Ireland, though not nearly as remunerative as in England, still affords a certain prospect to any medical man who is content with modest independence. Irish medical men pride themselves on holding a higher social position than the English general medical practitioner. They are entitled to meet the gentlemen of their locality on terms of equality, and it is not necessary or usual for them to endanger their prestige by the adoption of the trading or Christmas bill system which obtains elsewhere. In fact, what they lose in income they gain in rank.

In order to put the career of the Irish student as plainly as possible, we narrate his progress, from the day on which he takes his first step towards medicine to the hour of his issue from the cocoon of his studentship a fully-developed surgeon.

His parents and guardians have, after much discussion, decided that he shall be a doctor. He has had a moderate amount of schooling, at least the very moderate amount which is essential for the medical preliminary examination, and his father is ready to expend about £130 on his medical education, that sum being divided over four years, or paid down in order to secure the advantage of a considerable saving.

THE CHOICE OF UNIVERSITIES AND COLLEGES

Will depend on various circumstances, and on the aspirations of the student. If he is intended to make a fortune and enlighten his generation as a metropolitan practitioner, and if money and education are plenty he will probably take University degrees in arts and in his profession. If the attainment of good professional rank on moderate terms be desired, the College of Surgeons and College of Physicians will serve every purpose. For any University degrees which are of any value, it is to be remembered the student must undertake the prolonged study of classics and science in addition to his medical, surgical, and anatomical studies; and he will have to pay a considerable sum for this course of teaching. But if he is content to face the expense and labour, he will enter the profession with all the prestige of an educated gentleman. In fact, the question whether he will, or will not lay out for himself a University graduation in arts and medicine, depends principally on whether he has money and time to give to it, and whether or not he means to practise in the metropolis. The Queen's University places at the disposal of the student a cheap University degree, and thereby attracts many applicants, who are at liberty to write M.D. after their names, and are only called upon for a low curriculum, and a nominal residence in the Queen's College.

The College of Surgeons and Physicians of Ireland confer qualifications which may stand well beside any in the United Kingdom, and as they do not require either residence or anything more than a single arts examination, they continue to be the licensing bodies for the rank and file of the profession in Ireland. If a student contemplates provincial practice—the army or navy—or a dispensary, he will most probably take the usual licences from the two Colleges. If he contemplates the lowly function of a country apothecary, he may take the licence of the Dublin Apothecaries' Hall, which is *in law* equivalent to a medical degree; or the license of the Irish Pharmaceutical Society, which will licence all those who desire to practise pharmacy. If he hopes to achieve a considerable private practice, he will find it necessary to obtain other medical and surgical degrees.

THE CHOICE OF SCHOOLS.

It must not be supposed that a student who intends taking a degree or diploma in any college need take his lectures in the school attached to that college, if there be one. On the contrary, with few exceptions, all certificates of attendance on lectures are interchangeable, and a student, no matter what medical school he may have studied in, will be admitted to any university or college. To this rule there is an exception. The Queen's University insists on certain courses being attended in one of the Queen's Colleges, by which means it enforces a brief residence in the Colleges.

There is in some cases a sort of semi-official connection between certain colleges and hospitals,—as between Trinity College and Sir Patrick Dun's, between the College of Surgeons and City of Dublin Hospital, and between the Catholic

University and Mater Misericordiæ Hospital; but this connection only exists because the professors of the college are in many instances officers of the hospital, and it confers no special immunity or privilege on the student of such hospital.

The choice of a school, hospital, or college having been made, the tyro is perhaps sent to these to pass his

PRELIMINARY EXAMINATION

in general education, but if he is either lazy or ignorant, he may adjourn that unpleasant process, *de die in diem*, until the eve of his final qualification as a surgeon, when, if he does so, he will find himself in possession of a mental muddle of Latin and physic. The preliminary examination is, however, not to be feared.

We strenuously advise the parents of the student to insist on his passing his preliminary education before he enters a medical school or hospital, and thus the student will relieve his mind of the apprehension of a future examination, which he will assuredly put off to the last moment if he can. In England the four years of medical study required to pass do not commence to count until the preliminary is passed. It should be so in Ireland, but is not.

The preliminary examination (of the subject of which details will be found in the official regulations of each college) having been passed or postponed, he comes to town to begin work.

He may do so either (1) on his own account, or (2) he may become voluntarily a pupil of some medical man, usually a teacher or hospital surgeon, who can assist him in his studential course. This is by no means a requirement of any of the colleges; it is purely a matter of option. Should the student pursue the first course he usually comes to town, takes a lodging close to his school and hospital, either by himself or in companionship with some *chum*, and either arranges to maintain himself or to board with his landlady. There is, of course, every degree of expense and comfort, but we should say that reasonable yet frugal living may be had in Dublin at about 10s. per week for lodging, and £5 to £6 per month for maintenance. He may also reside with a medical man, without entering upon any apprenticeship with or receiving any instruction from him. For his board and residence in such case the payment is from £7 7s. to £8 8s. a month.

COST OF EDUCATION.

Should the student proceed on his account, the lectures necessary for the L.R.C.S.I. will amount to £65; hospital attendance about £25; lying-in hospital from £4 4s. to £7 7s. These, with the diploma fee of £26 5s., represent the essentials. The sum of £50, paid down at the commencement is taken by the College of Surgeons as payment in full for all lectures requisite, and all the hospitals allow a considerable discount. Thus, the absolute payment will amount to somewhere about £83, taking the minimum mode of payment. In addition to this sum are to be considered the payments for "grinding" or "coaching," as the Londoners call it, a process almost universal, but by no means necessary to any industriously inclined student. The fixed sum is at present, for private teaching, £15 15s. for the surgical and medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say, from £114 to £120 on a moderate scale: it is, of course, to be expected that pupil holders should have some extra payment; we therefore might name for them 140 guineas.

PAYMENT OF FEES.

If the student becomes an apprentice, he need not trouble himself about his payments. If he is his own manager, he must enter his name with the secretaries of the school and hospital, and pay for the lectures and hospital he intends to take out. If he is wise he will not adjourn the majority of his lectures, as he may, to the next year, but will take in his first year a full third of his curriculum. He is *supposed* to pay the professor's fee or hospital fee in full on entering his name, but few students do so; and many, we are sorry to say, are in the habit of entering for the minimum allowable number of lectures, and paying the minimum allowable proportion of the fee, putting off the attendance perhaps for ever, certainly until the last moment, and adjourning the payment until it becomes necessary to take up the certificates.

By a most objectionable laxity of system a student may get credit for one of his four years of attendance by paying a couple of guineas for dissections, and he may think himself safe in doing so if money be scarce; but if he does not pay his full third or fourth of the fees each year it often happens that he has to put off his examination from year to year—perhaps for ever—for want of the money to pay the accumulated fees of previous years.

The entry of names and commencement of study is supposed to date from the 1st of October in each year, but really does date from the 1st of November, and may be delayed by the dilatory until the 25th of the same month.

The student then begins work, attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and dissections. His holidays —if the term be not ignoble—are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of July.

The progress of each year is the same, except that he usually devotes more attention to "grinding," dissection, and hospital dresserships, and less to lectures in his later years of study. At the end of his second year he will take his "first half" examination, and by so doing relieves himself, in a great measure, of the study of anatomy, and be in the position of devoting his third year to surgery and medicine. After the expiration of his third session, his student life, whether it begin in laziness and end in hurry and incompetency, or whether it commence in diligence and end in the confidence of proficiency, ends with the last examination, and he goes forth into the world either an ignoramus or a reliable surgeon, whichever his choice may have been.

PRIVATE TEACHING, OR "GRINDING."

The classes for private instruction, or "grinding," as it is technically and generally called, are carried on in Dublin with universality and success.

As a rule, all private teachers are connected with schools of medicine, and being also hospital physicians or surgeons, can afford special advantages in the way of clinical instruction to their pupils.

Grinding is followed in two methods—namely, on what are commonly known as the "public" and the "private" plans. In the former, a number of gentlemen, varying in different schools from two to four, associate themselves into a firm, or co-partnership, and each man, selecting particular branches, gives instruction to those only. For these classes a pupil may enter at any period of his course, by payment of a certain sum: but as the amount demanded generally is the same at whatever period of his course the student joins the class, and as he is taught for it until he obtains his degrees, it is usual to enter as early as possible, so as to secure the largest amount of instruction; but while there can be no objection to entering the name at the earliest period, we strenuously advise the student not to devote himself to "the grind" for the first, or even for his second year of study, but to apply himself to his hospital and dissecting.

"Private grinding" is simply an arrangement quite independent of the other. A student who may, or may not, be a member of another class wishes for instruction; he goes to a "grinder," who, for a sum of, usually, £3 3s. per month, instructs him in the required branches of his profession. As a rule, each teacher devotes himself to particular subjects: thus, one gentleman grinds in, perhaps, Anatomy, Physiology, Surgery, and Medicine, another in Surgery alone, whilst a third will teach Chemistry, Botany, and Materia Medica.

Each of these plans will be perceived to have its own particular advantages. By entering for public grinding a pupil, on the payment of a moderate sum, secures that he shall be taught all his necessary subjects; while, on the other hand, if he enters for private grinding, he may, from being in a smaller class, secure a larger amount of individual attention; but does so at an increased expense, and must pay separately for the various branches of his teaching.

It does not require a very arithmetical head to see the difference between paying—say £15 15s.—for being taught for four years at least, in Anatomy, Physiology, Medicine, and Surgery, and paying £3 3s. per month for instruction in Anatomy and Physiology, and the same for Surgery or Medicine.

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REGULATIONS AND BYE-LAWS OF LICENSING BODIES IN IRELAND.

UNIVERSITY OF DUBLIN.

(*For Names of Professors and Examiners see Advertisement.*)

The Board of Trinity College, acting under the advice of their distinguished Medical Registrar, Professor Haughton, has steadily pursued a course which has raised the medical degrees of the University of Dublin to the highest rank—we might almost say—amongst the licensing authorities of the three kingdoms, and which merits the warm acknowledgments of all friends of priority of medical education.

REGULATIONS OF THE SCHOOL OF PHYSIC.

Matriculation.

Every student must be matriculated by the senior lecturer, for which a fee of five shillings is payable; but he need not attend any of the Arts Courses unless he desire to obtain a Licence or Degree in Medicine or Surgery. No student can be admitted for the Winter Courses after the 25th November.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine.

Candidates must be graduates in Arts, and may obtain the degrees at the same commencement as the B.A., or at any subsequent one. The medical education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures:—

Winter Courses.—Anatomy and Physiology; Practical Anatomy, with Dissections; Surgery; Chemistry; Practice of Medicine; Midwifery.

Summer Courses.—Botany; Materia Medica and Pharmacy; Institutes of Medicine; Medical Jurisprudence and Comparative Anatomy; Heat; Electricity and Magnetism.

Hospital attendance on a Medico-Chirurgical Hospital during three courses of nine months each, with clinical lectures; six months' Practical Midwifery. Six months' Dissections and three months' Laboratory Instruction in Chemistry are required.

The Courses may be attended at any recognised Medical School.

The fee for the *Liceat ad Examinandum* is £5.

The fee for the degree of M.B. is £11.

Doctor in Medicine.

A Doctor in Medicine must be M.B., or qualified to take that degree, for three years. He must also read two Theses before the Regius Professor of Physic.

Total fees for this degree, £13.

Bachelor in Surgery

Must be a B.A., and have spent four years in the study of Surgery and Anatomy. (a)

The Curriculum comprises the following, in addition to the Course for the M.B.:—

Theoretical and Operative Surgery ...	One Course.
Dissections	Two Courses.
Ophthalmic Surgery	One Course.

Nine months in a metropolitan hospital.

Candidates are required to perform operations on the dead subject.

Candidates for the B.S. who have already passed the M.B. will be examined in Anatomy and Surgery only.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the degree of Bachelor in Surgery, £1.

Master in Surgery

Must be a B.S. for three years' standing, and must read two Theses, as for the M.D.

Fee for the degree of Master in Surgery, £11.

UNIVERSITY LICENCES.

Candidates for the Licences in Medicine or Surgery must be matriculated in Medicine, and must have completed *two years in Arts*

Licentiate in Medicine.

The Course and Examination are the same as for the M.B.

An L.M., on proceeding to the degree of B.A., may become a B.M. on paying the fees without further examination.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the Licence in Medicine, £5.

Licentiate in Surgery.

The Course and Examination necessary for the Licence in Surgery is the same as for the degree of Bachelor in Surgery.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the Licence in Surgery, £5.

MEDICAL SCHOLARSHIPS.

Two Medical Scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy and Physiology, Chemistry, Materia Medica, Botany, Experimental Physics, and Comparative Anatomy.

Medical School Exhibitions.

The Professors of the University School give three Exhibitions annually, two senior, value £15 and £10, open to all students who have been three years attending the school, the subjects being—Practice of Medicine, Surgery, Pathology and Forensic Medicine; one junior, value £15, the time and subjects of examination being the same as those for the Medical Scholarship.

The Board of Trinity College have recently passed orders:—1. That three-fourths of the lectures must be attended. 2. That a daily roll be called by each Professor.

Students entering for Demonstrations and Dissections are required to pay Eight Guineas before December; Dissections only, Five Guineas; Demonstrations only, Three Guineas.

Candidates for the M.B. are required to produce a certificate of actual attendance upon cases of Fever.

(*Full particulars as to the Educational Staff, Hours of Lectures, &c., in the School of Physic of the University will be found in our advertising columns.*)

Official regulations may be obtained from the Rev. S. Haughton, F.T.C.D., Trinity College, Dublin.

(a) Students in the School of Physic before 22nd June, 1872, may obtain the M.Ch. according to the Regulations previously in force.

THE QUEEN'S UNIVERSITY IN IRELAND. FACULTY OF MEDICINE.

DEGREE OF DOCTOR OF MEDICINE.

EACH candidate for the degree is required—

1. To have passed in one of the Queen's Colleges the examination for Matriculation in Arts. 2. To have attended in one of the Queen's Colleges lectures on one Continental Language for six months, and on Natural Philosophy for six months; also two Medical Courses. For the remainder of the medical courses, certificates will be received from any recognised lecturer. 3. To pass three University Examinations.

The Medical Curriculum is divided into two periods of two years each.

The first period comprises attendance on Chemistry, Natural History, Anatomy and Physiology, Practical Anatomy, and Materia Medica, Practical Chemistry in a recognised laboratory, and six months of a medico-chirurgical hospital.

The second period comprises Anatomy and Physiology, Practical Anatomy, Surgery, Midwifery and Diseases of Women and Children, Medicine, Medical Jurisprudence, Practical Midwifery, and eighteen months' Hospital Practice.

At least two of the above courses of lectures must be attended in some one of the Queen's Colleges.

The University Examinations are held twice in each year, in June and September.

Each candidate for examination must forward to the Secretary, before the 1st of the month, notice of his intention to offer himself, along with his certificates.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE comprises a modern language, Experimental Physics, Zoology, and Botany.

Students may present themselves at any time after the close of the first winter session. Before being admitted to examination each candidate must produce evidence of having completed the prescribed courses.

THE SECOND UNIVERSITY EXAMINATION IN MEDICINE comprises the following subjects: Anatomy, Physiology, Materia Medica, and Chemistry, to which will be added Zoology and Botany in the examination of candidates who have not previously passed the first examination. Such candidates may either undergo their examination in Modern Languages and Experimental Physics as a part of the second examination, or at any time between the second and the degree examination.

Students may present themselves for the second examination at the termination of the first period of the curriculum, or at any subsequent period, but no student can postpone his second examination until he presents himself for his degree examination.

DEGREE EXAMINATIONS IN MEDICINE AND SURGERY, AND EXAMINATION FOR THE DIPLOMA IN MIDWIFERY.

The Examination for the M.D. comprises the subjects recommended for study during the second period.

The examination for the M.Ch. comprises Surgery, including Operative and Clinical Surgery.

The Examination for the Diploma in Midwifery comprises the Theory and Practice of Midwifery and the use of obstetrical instruments and appliances.

Both Honour and Pass Examinations are held in September. The Examination held in June is a Pass Examination.

(*See Advertisements of Queen's Colleges, Belfast, Galway, and Cork.*)

Official regulations may be obtained from G. J. Stoney, Esq., Queen's University, Dublin Castle.

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ROYAL COLLEGE OF SURGEONS IN IRELAND.

(*For names of Professors in the College see Advertisement of the School of Surgery.*)

CONSIDERABLE changes have been effected in the subjects and methods of examination in the College within the last year.

The examination for

LETTERS TESTIMONIAL, OR THE L.R.C.S.I.

is divided into two parts, known as the first and second halves.

The junior class must produce certificates of—

a, Preliminary examination, including Greek, ; *b*, three courses of lectures on anatomy and physiology; *c*, three on practical anatomy, with dissections; *d*, two on chemistry; *e*, one on materia medica; *f*, one on botany; and *g*, one on forensic medicine. This class is examined in anatomy, histology, physiology, materia medica, and chemistry.

The senior class must produce certificates of—

a, Three courses on surgery; *b*, one on practice of medicine; and *c*, one on midwifery; also attendance on a recognised hospital for three winter and three summer sessions. This class is examined in surgery, operative surgery and appliances, practice of medicine, medical jurisprudence, and prescriptions.

The fees are: £5 5s. as registered pupil of the College; £5 5s. for the Junior Class Examination, which is not returned in case of rejection, but is allowed in the fee for his second examination; £15 15s. for the Senior Class Examination—total £26 15s.

Pupils *who neglect registering themselves previous to going in for the preliminary examination* must pay ten shillings for that examination, to which, however, registered pupils, in addition to their other privileges, are free.

Every candidate rejected at the quarterly examination is required to pay to the College the sum of £2 2s. on applying for re-examination.

Method of Examination.—Candidates must lodge their fees and certificates one week before the day.

JUNIOR CLASS.—The candidates are examined in alphabetical order, and the examination occupies three days: 1st day, dissections; 2nd day, written examination on anatomy, physiology, histology, materia medica, and chemistry; 3rd day, *viva voce* examination on the same subjects. No candidate can proceed to the second day who has not passed the first, or to the third, who has not passed the second.

First Day, Dissection.—The hours of examination are from 10 to 12 a.m., 12 to 2, and 2 to 4 o'clock p.m. Each candidate first makes a dissection of a region allotted to him, half-an-hour, at least, being given him for this purpose. Then he is examined on the anatomy of that part, as well as upon that of those other regions which may have been dissected by other of the candidates. When the examination is over, the whole Court of Examiners assembles and adjudges the marks. The numbers of the candidates who have passed are posted in the hall of the College, and they are eligible to go in for the second day's written examination.

Second Day, Written Examination.—Four hours are devoted to the written examination: Two hours from 10 to 12 o'clock, a.m., to anatomy and histology; and two hours, from 2 to 4 o'clock, p.m., to physiology, materia medica, and chemistry. Eight questions in anatomy are printed and given to each candidate, an answer to four of them only being required. If any candidate has completed his paper before the end of the two hours, he may leave the hall upon handing his answers to the examiner. The examination in histology is part of the written examination. Two slides of different subjects are placed under two microscopes, and marked A.B. Five minutes are allowed to examine them; the student then goes to his place and writes his answer. Two similar slides are to be placed at the other end of the table, to be examined by the candidates in a similar manner. Each candidate separately inspects *either* set of slides. During the second two hours (2 to 4 o'clock), three questions in physiology, two in materia medica, and two in chemistry are given, the candidate's English and orthography being taken into account in adjudicating his marks.

Third Day, Viva Voce.—Two examiners attend each candidate for one quarter of an hour at four separate tables, viz.: three on anatomy and physiology, and one on materia medica and chemistry—one conducting the examination, and the other listening. Each examiner, at the conclusion of each examination, expresses his opinion of same by "marks," and hands the marks to the councillor presiding at such examination. When the examination is over, the whole court assembles and adjudicates upon the marks.

Senior Class.—The Examination occupies four days. 1st day, written examination on surgery, practice of medicine, medical jurisprudence, and prescriptions; 2nd day, *viva voce* examination on surgery and practice of medicine; 3rd day, clinical examination; 4th day, operative surgery.

First Day.—Written Examinations occupy four hours, thus allotted: From 10 to 12 a.m., to surgery; the number of surgical questions shall be six. From 2 to 4 p.m., to practice of medicine, medical jurisprudence, and prescriptions. Two printed questions shall be given in practice of medicine, two in medical jurisprudence, and two in prescriptions. *Second Day:* The *viva voce* examination on surgery and practice of medicine is to be conducted similarly to that of the junior class.—*Third Day:* At the clinical examination, two examiners are allotted to each batch of ten candidates. No candidate is to be examined in the hospital where he has been educated. The name of the hospital where each batch of candidates is to assemble for examination is to be posted in the hall of the College, immediately before the hour of meeting there. Each candidate takes notes of a case allotted to him, is questioned upon that or some other case, and is called upon to bandage or apply some surgical appliance. *Fourth Day—Operative Surgery:* The examinations in operative surgery shall be conducted by the four surgical examiners, who shall meet previously for the purpose of comparing their questions, which are written upon cards, to be deposited in a balloting-box, from which each candidate, as called up, is required to draw his question, and to perform the operation there indicated. Each candidate is required to perform two operations. He is questioned upon these or other operations, and is examined as to his knowledge of surgical instruments and appliances.

No candidate can present himself for examination after the first day who has not satisfied his examiners upon the previous day; but all candidates who have passed any day's examination get credit for same. When presenting themselves upon a subsequent occasion, a former candidate is only required to present himself upon that portion of the examination in which he had failed.

Midwifery.—After passing the L.R.C.S., the student is admitted to examination for the diploma in Midwifery upon producing a certificate of one course on Midwifery and Diseases of Women and Children; a certificate that he has attended a lying-in hospital for six months; and a certificate that he has conducted thirty labour cases at least.

Candidates are examined on the Organisation of the Female, the Growth and Peculiarities of the Fœtus, the Practice of Midwifery, and the Diseases of Women and Children.

The candidate pays £1 6s. for the Midwifery diploma, provided he takes it out within one month from the date of his Letters Testimonial; after that date, £2 2s.

Official information may be had on application to Mr. J. Brennen, Royal College of Surgeons, Dublin.

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KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS RELATIVE TO THE LICENCE IN MEDICINE.

Examinations are held on the second Tuesday and [illegible]dnesday in each month, except August and September.

The name of every candidate, together with his schedule and the required documents, must first be submitted to the College on the first Friday in each month, and no name can be received later than the Monday previous.

Candidates who have not obtained some medical or surgical qualification must give proof of four years' study, of having passed a Preliminary Examination in Arts; and of having studied Anatomy and Physiology, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica, Botany, Medical Jurisprudence, Practice of Medicine, Pathology, Surgery, and Midwifery:

Of having attended a Medico-Chirurgical Hospital, with Clinical Lectures, for twenty-seven months:

Of six months' Practical Midwifery at a lying-in hospital, or other satisfactory evidence of having attended Practical Midwifery.

Testimonials of character from two registered physicians or surgeons are also required.

A candidate who has already obtained a medical or surgical qualification in Great Britain and Ireland is required to produce his diploma or certificate of registration, a certificate of Practical Midwifery, and testimonials as to character.

The examination is conducted partly by written questions, partly *viva voce*, and partly clinical, and divided into two parts:—

First Part—Anatomy, Physiology, Botany, and Chemistry.

Second Part—Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.

Gentlemen who have passed the first portion of the examination of any University or of any of the Licensing Corporations of Great Britain and Ireland are exempted from the first part of the examination.

Candidates who have been five years in practice are not required to undergo the written or clinical portions of the examination.

REGULATIONS RELATIVE TO THE LICENCE IN MIDWIFERY.

Examinations for the Licence in Midwifery are held on the day after those for the Licence in Medicine, and are open to all Licentiates of the College.

Candidate not being Licentiates of the College will be admitted on the following qualifications:—The Degree or Licence in Medicine or Surgery of any University or of any &c., &c., *vide* supra, with a Certificate of six months' Lectures on Midwifery, and of having attended Practical Midwifery for six months at a recognised lying-in hospital, or other evidence of having attended Practical Midwifery.

FEES FOR LICENCES.

The Fee for the Licence in Medicine is £15 15s.

The Fee for the Midwifery Licence is £3 3s.

The Fee for the Licences in Medicine and in Midwifery, if taken out within one month, £16.

Further information will be found in our advertising columns, and blank schedules may be obtained by application personally, or by letter, to Dr. J. Magee Finny, the Registrar, College of Physicians, Kildare Street, Dublin.

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THE APOTHECARIES' HALL, IRELAND.

THE ARTS EXAMINATIONS

Will be held at the Hall four times in the year, viz., the third Thursday in the months of January, April, July, and October, at the hour of twelve o'clock noon.

THE PROFESSIONAL EDUCATION AND EXAMINATIONS.

Every candidate for the Licence to Practise must produce certificates—

1. Of having passed an Examination in Arts previously to professional study.
2. Of Registration as a Medical Student.
3. Of being at least twenty-one years of age, and of good moral character.
4. Of Pupilage to a qualified Apothecary, or of being

otherwise engaged at *Practical* Pharmacy for a period of twelve months subsequent to having passed the Examination in Arts.

5. Of *four* years' Professional Study.
6. Of having attended the following courses, viz.: Chemistry, One Winter; Anatomy and Physiology, Two Winters; Demonstrations and Dissections, Two Winters; Botany and Natural History, One Summer; Practical Chemistry, Three Months; Materia Medica, Three Months; Principles and Practice of Medicine, One Winter; Midwifery and Diseases of Women and Children, Six Months; Practical Midwifery (attendance upon twenty cases); Surgery, One Winter; Forensic Medicine, One Summer; Instruction in Vaccination.
7. Of having attended a recognised hospital during two winters and two summers.
8. Of having performed the operation of Vaccination successfully under a recognised Vaccinator.

The Examination for *the Licence* is divided into two parts:

The First Part comprehends Chemistry, Botany, Anatomy, Physiology, Materia Medica, and Pharmacy.

The Second—Medicine, Surgery, Pathology, Therapeutics, Midwifery, Forensic Medicine, and Hygiene.

THE PROFESSIONAL EXAMINATIONS

Will be held *quarterly*, on the first and second Mondays in January, April, July, and October.

The First Part, on the first Monday, at twelve o'clock noon, and on the Tuesday and Wednesday succeeding at the same hour.

Subjects:—Chemistry and Botany, Monday; Anatomy and Physiology, Tuesday; Materia Medica and Pharmacy, Wednesday.

The Second Part, or Pass Examination, on the second Monday, at twelve o'clock noon, and on the Tuesday and Wednesday succeeding at the same hour.

Subjects:—Medicine and Surgery, Monday; Midwifery and Diseases of Women and Children, Tuesday; Forensic Medicine and Hygiene, Wednesday; Clinical Examination, Thursday.

The first two hours of each day will be devoted to writing answers, and, after that, two hours to an oral and practical examination.

Candidates at the examination on Anatomy are liable to be called on to perform *dissections;* and at the examination on Surgery to perform one or more *operations* on the dead subject.

Doctors of Medicine and Licentiates of a College of Physicians or Surgeons who have also spent twelve months at *Practical* Pharmacy, may obtain the Licence by undergoing an examination—the former in Pharmacy and the latter in Medicine and Pharmacy. Licentiates of the London Society of Apothecaries are admitted *ad eundem.*

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IRISH PHARMACEUTICAL SOCIETY.

This Corporation was created by Act of Parliament in 1875, and has just completed its first year of existence, its function being to license pharmaceutists and chemists in Ireland, hitherto solely qualified by the Apothecaries' Company. The past year has been a "year of grace," during which candidates have been admitted upon comparatively easy terms. The regulations for the coming year will be as follows:—

PRELIMINARY EXAMINATION.

Latin.—To translate into English, and parse, one or more sentences from First Book of Cæsar or of the Æneid.

English.—To write on a subject selected by the examiner, and to write from dictation.

Arithmetic.—First four Rules, simple Proportion and Decimals, weights and measures of the Pharmacopœia and of the Metric system.

Chemistry and Botany.—(See Roscoe's Chemistry and Browne's Botany.) Candidates must not be under sixteen years of age. Fee, £2 2s. In case of rejection, 10s. 6d. to be retained, and the candidate may not present himself for three months.

The examinations to be held on the first Monday of January, April, July, and October.

PHARMACEUTICAL EXAMINATION.

Candidates must be twenty-one years of age, and have passed the prelim. at least one year previously, and must also have been practically engaged in compounding and dispensing for at least two years under the instruction of a pharmaceutical chemist or apothecary. Examinations on first Wednesday of January, April, July, and October.

Botany.—To recognise the principal indigenous plants used in medicine, to refer them to their natural orders, and to give the definitions and the distinctive characters of their several parts.

Materia Medica.—Recognise specimens of the drugs of the Pharmacopœia, describe their characters and active principles, name sources from which obtained, and the officinal preparations into which they enter, and to detect adulterations.

General and Pharmaceutical Chemistry.—The elementary laws of chemistry and physics, including chemical equations. To recognise the chemical substances of the Pharmacopœia, to describe processes by which obtained; qualitative analysis, including the tests of the Pharmacopœia and volumetric analysis, and to submit to a practical examination in these subjects when required.

Practical Pharmacy.—To translate Latin prescriptions, to detect dangerous doses, to compound and dispense correctly. Explain the processes of making the non-chemical preparations of the Pharmacopœia, and to recognise them. Fee, 5 guineas. In case of rejection, the sum of £2 2s. will be retained, and a candidate may not present himself for six months.

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MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

The Clinical Hospitals of Dublin are ten in number, exclusive of the Cork Street Fever Hospital, the Children's Hospital in Pitt Street, and other special institutions. To some of these institutions Medical Schools are attached, others, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital and any school he wishes.

The Names of the Professors, Lecturers, and Hospital Staff of the following Hospitals and Schools are not included in this column, being found in the advertisement of each instituion.

School of Physic and Sir Patrick Dun's Hospital.—The Medical School of Trinity College is one of the largest and most important. It is especially frequented by those students who intend to take the Arts Curriculum of the University, but is freely open to, and largely availed of by other students. It is under the immediate supervision of the Rev. Professor Haughton, the Medical Registrar of the University, and the names of its Professors will be found appended to the advertisement in our journal. Two Medical Scholars are elected annually by the Board of Trinity College, at an examination held at the end of June. Each scholarship is worth £20 per annum, and is tenable for two years. The Professors of the School of Physic give three exhibitions annually, amounting altogether in value to £40, subject to conditions prescribed by the Professors themselves.

Sir Patrick Dun's is the hospital attached by Act of Parliament to the School of Physic, and officered by the Professors of that school. It was for many years a purely medical hospital but is now a large medico-chirurgical hospital, with a Midwifery Maternity attached.

The ROYAL COLLEGE OF SURGEONS SCHOOL is situated within the walls of the College, and is under the superintendence of the Council, who appoint the Professors. The Introductory Address will be given on Oct. 30th, by Mr. Stokes. The Professor of Physiology commences his course with a series of twelve lectures on Comparative Anatomy—free to the public. The dissecting-rooms have been recently much enlarged. Prizes in Anatomy and Physiology, and Surgery, will be awarded at the end of the Winter Session. Junior Exhibition of £15, a Senior Exhibition of £25, and Honorary Certificates will be awarded at the end of the Winter Session.

The CITY OF DUBLIN HOSPITAL has been hitherto more closely connected with the College School than any other hospital. It is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons. The hospital contains 104 beds, and accommodates about 800 intern patients annually. There are special wards for ophthalmic and aural diseases (on which subjects a special course of lectures is delivered), and for diseases of children. A new wing has been lately opened for the reception of fever and other infectious diseases. The "Purser" Studentship of £20 per annum (with apartments) is obtainable by competitive examination by all students; numerous prizes and medals are given, and special certificates are granted.

THE CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green. Most of its Professors are physicians and surgeons of the Mater Misericordiæ, St. Vincent's, or Jervis Street Hospitals, and its courses of study qualify for admission to all the licensing bodies. The University itself does not grant degrees in medicine or surgery, being as yet unchartered, but the School is instrumental in the education of a large proportion of the Catholic students of Ireland.

The hospitals most closely connected with this School are St. Vincent's, in St. Stephen's Green; the Mater Misericordiæ Hospital, in Eccles Street; Jervis Street Hospital; and House of Industry Hospital.

ST. VINCENT'S HOSPITAL was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. The ward for "*Enfans Malades*" is an interesting feature. The hospital has over a hundred beds constantly full, and each sister has charge of about twelve patients. In connection with it is the Convalescent Home at Lindon Grove, Blackrock. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. O'Leary, and Dr. Cryan.

The Introductory Lecture will be delivered by Dr. Quinlan on the 30th of October.

A Special Ward for the treatment of the Diseases of Women has been opened under the care of Dr. J. A. Byrne, Gynæcologist to the Hospital.

THE MATER MISERICORDIÆ HOSPITAL is the largest of the Dublin Hospitals, and is intended to be much extended. It is situated at the northern side of the town.

There are three resident pupils appointed every six months. Good lodgings can be had very cheap close to the hospital. Prizes to the value of £30 are awarded at the end of the winter session for the best reports on the cases under treatment in the hospital.

JERVIS STREET HOSPITAL is one of the oldest established charitable institutions in Dublin, having been founded in 1721. It is situated in a part of the city not otherwise provided with hospital relief, and which, from its commercial character, supplies the hospital with an abundance of surgical cases. Like St. Vincent's Hospital, its nursing arrangements are under the charge of a community of nuns. The hospital, being found inadequate to the demands upon it, is about to be rebuilt.

The LEDWICH SCHOOL was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige under the management of the Messrs. Ledwich and Mason, after the former of whom it is named. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, Vincent's, and Mercer's Hospitals, and in the same street with the Adelaide Hospital and the Coombe Lying-in Hospital, and ten minutes' from the Catholic University School, the School of Physic, and the City of Dublin Hospital. No Introductory Lecture will be given at this school.

MERCER'S HOSPITAL enjoys a high reputation as a surgical hospital, and is specially resorted to in cases of accident. It is situated equidistant from the Ledwich School and the College of Surgeons, and not far from the School of Physic, and numbers amongst its staff professors in both the former schools. The great majority of the students of the Ledwich School receive within the walls of Mercer's their hospital teaching.

RICHMOND, WHITWORTH, and HARDWICKE HOSPITALS.—Accommodation: Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds; total, 312 beds.

TRUSS ESTABLISHMENT.—The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. In the examination of the applicants, the student is afforded the facility of seeing all the varieties of hernia.

CLINICAL CLERKS.—Eight resident Clinical Clerks and the dressers are appointed each half-year, and provided with furnished apartments, fuel, &c., &c. These appointments are open not only to advanced students as formerly, but also to those who are qualified in medicine or surgery. A House-Surgeon for the Richmond Hospital is elected biennially, and receives a salary.

The RICHMOND LUNATIC ASYLUM, containing 1,000 beds, adjoins these hospitals.

The CARMICHAEL SCHOOL is situated in North Brunswick Street.

The various lectures are now delivered, and the dissections carried on in the new building, which the munificence of the late Surgeon Carmichael has given to the proprietors.

The close proximity of this school to several of the Dublin clinical institutions, and its intimate connection through its teachers with the Richmond, Whitworth, and Hardwicke Hospitals, ensures equal opportunities to the pupils of becoming thoroughly acquainted with the more immediately practical part of their profession.

Arrangements have now been completed for rendering more available the Carmichael premium bequest, which enables the proprietors to distribute prizes to the amount of £68 yearly; and the Scholarship, value £15 yearly, which the friends of the late Dr. Mayne founded in his name, is allotted at the termination of the session.

DR. STEEVEN'S HOSPITAL AND SCHOOL are situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, and therefore occupy a position of their own, far removed from the other medical institutions.

Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane.

There is accommodation for residence of seven surgical and four medical residents; besides whom the resident-surgeon receives house pupils. The fees payable for the privilege of residence are twenty-one guineas, winter; fifteen guineas summer six months. Students have apartments, coal, gas, and furniture.

Accommodation outside the hospital, in the neighbourhood, is arranged by the hospital authorities.

The office of Clinical Registrar, with salary, is reserved for students of the hospital.

The examination for two Midwifery Assistants is held on the last Saturday in November. Salary £30.

Candidates must be in at least their second year, have attended Practical Midwifery in the Maternity Department, and be entered on the books of the school.

Gold medals will be awarded in each year's class.

As we have said, certain hospitals have no special affinity with any college or school. Of these are the Meath and Adelaide Hospitals.

THE MEATH HOSPITAL, which is also the public infirmary of the county of Dublin, containing 120 beds, and now in the 126th year of its existence, ranks among the oldest of the charitable institutions of this city. It is situated on the southern side of the city, upon about three acres of ground, formerly called "The Dean's Vineyard." The original Meath Hospital, situated on the Coombe, was opened in 1753. The foundation-stone of a new Meath Hospital, on the Coombe (now the Coombe Lying-in Hospital), was laid out by Lord Brabazon, 10th October, 1770; this hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament. The present building, in Heytesbury Street, was opened in 1822, since which time the building has undergone considerable enlargements and improvements. In 1830 the theatre for operations and lectures was erected. In 1852-3 the Collis Wards were added as a memorial to Maurice Collis, twenty-five years surgeon to the hospital. In 1865 the "Smyly Ward," built for the special accommodation of children, was opened by the Lord-Lieutenant, Lord Wodehouse.

The ADELAIDE HOSPITAL is in Peter Street, next door to the Ledwich School, and within a few minutes' walk of the College of Surgeons and the Universities. From the 1st of October the physicians and surgeons will visit the wards, and give instructions at the bedside, at the advertised hours.

There are fever wards apart from the hospital, and two wards for infants and children. Special hours are devoted to clinical instruction in the Diseases Peculiar to Women, the Diseases of the Eye, and Cutaneous Diseases, and students are individually instructed in the use of the Stethoscope, Ophthalmoscope, Laryngoscope, and Microscope. Two resident pupils are selected half-yearly. Prize examinations are held at the terminatien of the Session; in addition a prize of the value of £5, founded by Dr. Knaggs, of Australia, a former pupil of the hospital, is awarded in June, annually.

COOMBE HOSPITAL.—This hospital was founded in 1826, but it was not till 1867 that it was incorporated by Royal Charter, which enables its medical officers to issue diplomas qualifying the holders to practise midwifery. This hospital is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It accommodates about 600 labour cases within its walls, while those attended as externs amount to nearly double that number. Moreover, the chronic ward for the reception of cases of the diseases of females gives admission to about 80 patients annually. The fee for attendance is £4 4s. for six months as extern, and £10 10s. as intern pupil. During that period the student attends on a given night in each week, or oftener, if circumstances permit, and takes charge in his turn of any cases that may be admitted to the labour wards, or may call for his assistance outside. An annual examination is held in May and November, at which prizes of considerable amount are awarded, and certificates of good answering granted. Two paid resident pupil midwifery assistantships, and a paid clinical clerkship under the obstetric surgeon, are obtainable annually by competitive examination, for which all pupils who have obtained their midwifery diploma are eligible.

THE PITT STREET CHILDREN'S INFIRMARY is situated close to Mercer's Hospital and the College of Surgeons. It was founded to provide treatment specially for children, and to teach that special branch of disease. Dr. Moore and Dr. Churchill, senior, are the medical officers.

ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY FOR DISEASES OF THE EYE AND EAR.—This is the oldest and largest special ophthalmic hospital in Dublin, and was founded by Sir William Wilde. Instruction is given on the mornings of Mondays, Tuesdays, Thursdays, and Fridays, from 11 to 1 o'clock, and operations are performed on Wednesdays and Saturdays from 11 to 1 o'clock. A surgeon resides in the institution, and receives a salary of £30, besides rooms, gas, coal, &c.

SPECIAL HOSPITALS.

The Special Hospitals of Dublin are the Rotunda and Coombe Lying-in Hospitals, the Westmoreland Lock Hospital, Cork Street Fever Hospital, Pitt Street Children's Infirmary, St. Mark's Ophthalmic Hospital, and the National Eye and Ear Infirmary.

THE ROTUNDA HOSPITAL.—The well-known and time-honoured institution possesses a character as a School of Midwifery which needs no comment. It is not as generally recognised as it deserves to be, as also a great school of gynæcology. The institution consists, in fact, of two distinct hospitals, viz.: the lying-in hospital, into which some 1,200 cases of labour are admitted annually, and the Hospital for the Treatment of Diseases peculiar to Women, in which some 500 patients are now annually admitted during the course of the year. The present master, Dr. Lombe Atthill, as is well known, devotes special attention to this department of the charity. There is every facility for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination.

Clinical Clerkship, value £30 a-year, tenable for six months, adjudged after open examination to any pupil who has attended the full course of instruction in the hospital, but who has not obtained a registerable qualification.

CORK STREET HOSPITAL is the only special fever hospital in Dublin, contains 120 beds, and is mainly supported by Government. One or more medical pupils are elected by the Governors for a six months' residence, for which a special certificate is given. Extern Students are also admitted for the same term. Fee, three guineas. Further particulars of Dr. Atkins, Registrar.

NATIONAL ORTHOPÆDIC HOSPITAL, Upper Kevin Street, recently established, under the care of Mr. Ormsby, of the Meath Hospital for the Special Treatment of Deformities. Students and practitioners are at present admitted without fee.

DUBLIN ORTHOPÆDIC HOSPITAL, 11 Usher's Island, has also been lately established for the treatment of deformities. It is under the surgical management of Messrs. Swan and Bookey, of Steeven's Hospital, and contains six beds.

CORK OPHTHALMIC AND AURAL HOSPITAL is the only special institution of the sort in the south of Ireland, and is under the care of Dr. H. M. Jones. It contains twenty-six beds, and an average exterior attendance of 1,700 patients. A Resident Pupil is chosen every three months.

THE QUEEN'S COLLEGES.

THESE three important institutions are the special schools of the Queen's University, and are situated in Belfast, Galway, and Cork. They receive a large subvention from the public funds, and are provided with every facility for the education of their students. It is essential that every candidate for the medical or surgical degrees of the Queen's University shall have attended courses of lectures in Modern Languages, Natural Philosophy, and at least two medical subjects, in one of the provincial colleges, so that attendance at a Queen's College during one of the years of medical study is compulsory upon all candidates for the licences of this University.

REGULATIONS COMMON TO ALL THE QUEEN'S COLLEGES.

Students.—Students are either matriculated or non-matriculated.

Candidates for degrees, or for scholarships, exhibitions, or prizes, must pass a matriculation examination.

Non-matriculated are permitted to attend the lectures of any of the professors without being required to pass the matriculation or any other examination.

Matriculation Examinations will commence in the third week of October.

The subjects in which candidates will be examined are these:—

Greek—Grammar.

Any two of the following authors:—

Homer—Iliad, Books I. and II. Euripides, Alcestis, Xenophon, Anabasis, Books I. and II., Lucianus, Walker's Selection, or any other two books.

Latin—Any two of the authors:—Horace, Virgil, Cicero, in Catilinam, Sallust, Livy, Cæsar.

English—Grammar.

Outlines of Grecian History. Outlines of Roman History. Outlines of Ancient and Modern Geography.

Mathematics—Arithmetic, Algebra, and Euclid, Books I. and II.

The Matriculation Examination is held at the commencement of the first term of each session; but additional Matriculation Examinations are held.

The last Matriculation Examination is held on the 16th of November.

Fee for Matriculation, 10s.

Students in one of the Queen's Colleges, or in any University, are permitted to take corresponding rank in one of the Queen's Colleges, and to compete for scholarships of the corresponding year.

Medical Scholarships.—Of the eight Junior Scholarships appropriated to the Faculty of Medicine, two will be awarded in each of the four years.

Candidates must be matriculated before they can compete.

Students intending to compete for Scholarships of the

Second Year must have attended in one of the Queen's Colleges the following—viz., Chemistry, Botany and Zoology, Anatomy and Physiology, French and Natural Philosophy.

For Scholarships of the Third Year they must have attended the following—viz., Chemistry, Botany and Zoology, Anatomy and Physiology, Materia Medica and Pharmacy, Practical Chemistry, Practical Anatomy, French and Natural Philosophy.

For Scholarships of the Fourth Year must have attended in their third year two of the following—viz, Medicine, Surgery, Midwifery and Diseases of Women and Children, and Practical Anatomy.

To acquire a year's standing, the student, whether matriculated or not, must attend two of the classes above mentioned.

Examinations.—Junior scholars are exempted from the payment of one moiety of the class fees.

Exhibitions.—The College is empowered to award Exhibitions at the same Examinations as the Scholarships, and to be held upon the same terms.

Exhibitioners are required to pay the whole amount of the class fees.

All junior scholars and exhibitioners must attend lectures, and pass the sessional examinations.

Prizes.—Two prizes for English Prose Composition and two prizes for Geometry have been founded in the College, to be awarded annually at entrance: First prize for English Prose Composition, £3 worth of books; second, do., £2 worth. First prize for Geometry, £3 worth; second, do., £2 worth.

Fees.—The College fees payable by matriculated students are 10s. for the first year and 5s. each subsequent year.

The fees payable for attendance on courses of lectures are £1 for each course of one term only, and £2 for each course of more than one term, when attended for the first time, and £1 for each re-attendance on the same.

This rule applies in all cases except the following:—

The fee for Anatomy and Physiology is £3 for the first time, and £2 for every subsequent attendance; and for Practical Anatomy or Practical Chemistry is £3 for each attendance.

The fees for honour courses are £2 for each course.

This rule does not apply to Practical Chemistry or Operative Surgery.

A detail of the prizes and exhibitions in arts and medicine, the names of the professors, and other information, *will be found in the Advertisements* of this issue, and full details may be had on application to—

Belfast.—Rev. Richard Oulton, B.D., Registrar.
Cork.—Robert John Kenny, Esq.
Galway.—Thomas W. Moffett, LL.D.

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RELATIVE COST OF MEDICAL EDUCATION IN IRELAND.

(*Exclusive of private teaching.*)

University of Dublin M.B. and M.Ch.—1. Lectures, £52 15s.; 2. Hospitals, £33 12s.; 3. Degrees, £32—£118 7s.; expense of Degree in Arts, £83 4s. Total, £201 11s.

Queen's University M.D. and M.Ch. (all lectures being taken in the provincial colleges.)—£62 9s.; ditto (two years lectures and hospital taken in Dublin), say, £75.

Royal College of Surgeons and King and Queen's College of Physicians L.R.C.S.I. and L.K.Q.C.P.I, £128 18s.

Apothecaries' Hall, L.A.H., £39.

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TECHNICAL EDUCATION IN IRELAND.

THE ROYAL COLLEGE OF SCIENCE.

The educational staff of this institution consists of nine professors, one demonstrator, and one laboratory assistant. It supplies, as far as practicable, a complete course of instruction in science, applicable to the industrial arts, especially those which may be classed broadly under the heads of mining, agriculture, engineering, and manufactures.

The course of instruction extends over three years, each year being divided into two terms. In the first two years the instruction is general. In the last year it is specialised under the heads of mining, agriculture, engineering, and manufactures.

There are four royal scholarships, of £50 yearly each, with free education, tenable for two years; two will become vacant each year. They will be given to students who shall have been a year in the College.

There are also nine royal exhibitions attached to the College, of £50 each, tenable for three years.

The session commences on the first Monday in October, and lasts until 21st June following.

The fees payable are £2 for each separate course of lectures.

(*For further particulars see Advertisement*, or apply to F. Sidney, Esq., LL.D., Royal College of Surgeons, Dublin.

INTRODUCTORY LECTURES IN THE DUBLIN SCHOOLS AND HOSPITALS.

School of Physic—None.
Royal College of Surgeons—Mr. Stokes, Oct 30th, 10 o'clock.
Catholic University—Prof. Campbell, 3rd November.
Dr. Steevens's Hospital and School—None.
Meath Hospital—Mr. Ormsby last week in October.
City of Dublin Hospital—Not fixed.
Sir Patrick Dun's Hospital—None.
Mercer's Hospital—None.
Richmond Hospital—Dr. Gordon, November 2.
Mater Miseracordiæ Hospital—Dr. Cruise, Nov. 6th, 11 a.m.
Other Hospitals and Schools not fixed.

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MEDICAL EDUCATION IN SCOTLAND.

THE CAREER OF THE SCOTCH STUDENT.

Towards the end of the ensuing month—as practically medical teaching is not begun until early in November—Scotland will send forth to her three centres of medical education such of her youth as parental frugality and industry may have qualified for entrance upon the study of medicine. A wide-spread ambition has long existed among the middle-classes of Scotland that one member, or more, of their families should be represented in one of the three professions, the preference for the clerical and medical being dominant. This desire has been fostered, no doubt, through the influences of the Parochial School system, to which Scotland has been so much indebted, and the unquestionable respect in which worthy members of these professions are held in, more particularly in provincial towns and country districts. Furthermore, medical education is much cheaper in Scotland than in either England or Ireland; but then medical practice in it is less remunerative. As a rule, then, he who decides in favour of the profession of medicine in Scotland, with a view to practising there, must be content with the prospect of a moderate livelihood. To one of three cities the Scotch student has to direct his attention, as the University of St. Andrews is chiefly a qualifying body; its degree is also conferred by examination on practitioners of a certain age and standing in practice. As a rule, convenience of situation determines the choice of the intending student; the University of Aberdeen being attractive to students from the northern portions of Scotland; that of Glasgow to those from the western, north-western, and north of Ireland; while Edinburgh is supplied mainly by the east coast, and, to some extent, by the wealthier students from the other districts, as well as from the colonies.

Subjoined is a list of the Scotch Schools and examining boards, with other relative information.'

THE UNIVERSITIES.

The fees for the degrees in all four of the Scotch Universities are the same—viz., M.B., £15 15s. (£5 5s. being payable at each of the three examinations); C.M., £5 5s. (in addition to the fees of M.B.); M.D., £5 5s. (in addition to the fees for M.B.); and £10 for Government stamp.

University of Edinburgh.— This is a qualifying and teaching body, and has complete Faculties also of Theology and Law equally with Medicine. Prior to commencing medical studies the student must pass a preliminary examination in English, Latin, and arithmetic, the elements of mathematics and the elements of mechanics. An examination in at least two of the following subjects is demanded before being admitted to a professional examination, in addition to the foregoing subjects—viz., Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy. The University confers three degrees—medical and surgical qualifications being granted —M.D., M.B., and C.M. The C.M. is not conferred unless the M.B. be taken at the same time. For the degrees of M.B. and C.M. four years of professional study must be completed after passing a preliminary education recognised by the Medical Council. A degree in Arts of any British University is held to supersede the preliminary examination. Of the four years of professional study, one must be passed in the University of Edinburgh, and another of such four years must be in some other University entitled to grant the degree of M.D. The M.D. degree is conferred on Bachelors of Medicine who have attained the age of twenty-four years, and who present a thesis to be approved by the Medical Faculty. The lectures of several extramural lecturers in Edinburgh, as well as those at the London medical schools, and such teachers in the provincial schools approved by the University Court, are recognised, subject to certain conditions.

University of St. Andrews.—This University confers the degree of M.D. (certain exemptions being made to ten practitioners yearly), M.B., and C.M. Two years of study of each candidate must be in one or more of the following Universities—viz., the Universities of St. Andrews, Glas-Glasgow, Aberdeen, Edinburgh, Oxford, and Cambridge; Trinity College, Dublin; Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway.

University of Aberdeen.—This University is entitled to confer degrees in all the Faculties, and is a teaching body as well. The fees for graduation and the curriculum of study are nearly the same as in the University of Edinburgh. One year must be passed at Aberdeen. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions. Professor Brazier, Secretary to the Medical Faculty, should be addressed for further information.

University of Glasgow.—This is both a teaching and examining body. It confers three degrees, viz.: Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. Before graduating the student must have been engaged in medical study for four years, one of which must have been spent at the University of Glasgow and the others at some university or school recognised by the Glasgow University. A *medicus annus* is constituted by two courses of 100 lectures each, or by one course of 100 lectures and two of 50 each. Two preliminary examinations must be passed, one before commencing study and the other before appearing at the first professional examination. A degree in Arts (not honorary) exempts the student from these examinations. The hospital practice is attended chiefly at the Western Infirmary, to which several of the professors are physicians and surgeons. Numerous other medical institutions exist in the city. The University recognise *one* extramural lecturer.

THE COLLEGES.

Royal College of Physicians of Edinburgh.—This, like the Sister College of London, is exclusively a qualifying body. In conjunction with the Royal College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Edinburgh this College grants a double qualification, and registerable as such. Each applicant for professional examination must previously have passed the preliminary examination prescribed by the General Medical Council. Exemption is made in the case of Masters or Bachelors of Arts of any British University and certain recognised foreign Universities. Candidates who may have already passed the first professional examination of any body approved of by the College will be at once admitted to the second part of the examination.

The Fellowship is conferred only by election, and the candidate must at least have been a member of the College for one year previously, and have attained the age of twenty-five years.

The Membership is conferred on Licentiates of the College, or Graduates of a British or Irish University, with whose knowledge the College may be satisfied, and who has attained the age of twenty-four years.

The Licence.—The regulations are nearly the same as those for the joint examination for the Scotch double qualification.

Qualification in Public Health.—The College now confers a certificate of competency in Public Health. The examinations are held in April and October. Fee, £10 10s.

Fees.—The fee payable by a Licentiate is £10 10s. In the case of unsuccessful candidates the fee is returned, minus £2 2s., retained to defray the expenses of examination.

Royal College of Surgeons, Edinburgh.—Candidates for the diploma of this College must have followed a course of study in some University, or in an established school of medicine, or in a recognised provincial school. Candidates already qualified are admitted on certain exceptional conditions.

Preliminary Examination.—All candidates for the diploma of the College must have passed the complete examination prescribed by the General Medical Council, and have their names inscribed on the register of medical students at the commencement of their medical studies. The preliminary examination of certain recognised bodies is accepted by the College.

Professional Education.—Candidates commencing professional study must have been engaged, during four years after the preliminary general education, in professional study, which shall include not less than four winter sessions, or three winter and two summer sessions' attendance at a recognised medical school.

Professional Examination.—The professional examination is divided into two, the one oral, the other written. The first examination embraces Anatomy, Physiology, and Chemistry. The second examination embraces Surgery and Surgical Anatomy; also Medicine, Midwifery, Materia Medica, and Medical Jurisprudence; and does not take place prior to the termination of the winter session of the last year of study.

The Fellowship is conferred only on candidates who have obtained a diploma from this College or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians or Surgeons of Glasgow, and who are twenty-five years of age. The election is by ballot, and three-fourths of the votes are required to be in the candidate's favour, and he has to subscribe certain bye-laws of the College. Fellows are forbidden to keep open shops, to be connected with secret remedies, or indelicate advertisements or publications.

The Licence.—The regulations are almost the same as those for the joint examinations conducted by the Colleges of Physicians and Surgeons.

THE SCOTCH DOUBLE QUALIFICATION.

The Royal College of Physicians of Edinburgh, by a certain arrangement, grants conjointly with the Royal College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons, after one series of examinations, a double qualification, two diplomas being given and registerable under the Medical Act as medical and surgical qualifications, thus: Lic. Roy. Coll. of Phys.

Edin. and Lic. R.C.S. Edin., or Lic. Roy. Coll. of Phys. Edin. and Lic. Fac. Phys. and Surg. Glas., according as the case may be.

By the understanding subsisting between these bodies, the College of Physicians take exclusive charge of the examination in medicine; and the College of Surgeons or the Glasgow Faculty of that in surgery; while departments common to both medicine and surgery are examined by a board in which each body is represented. Such arrangements as these were contemplated by the Medical Act, and authorised by Section XIX., and those under consideration were sanctioned by the Medical Council, 7th August, 1859.

Candidates having fulfilled the full curriculum are subjected to two professional examinations. Hereafter the preliminary examination must be passed before commencing professional study, and must be otherwise conformable to the regulations of the Medical Council.

School of Medicine, Edinburgh.—The lectures of this School qualify for the University of Edinburgh and the other Universities, and the Royal Colleges of Physicians and Surgeons, Edinburgh, London, and Dublin, and the other medical and surgical boards.

In accordance with the statutes of the University of Edinburgh, any four of the medical classes required for graduation, or two complete *anni medici*, may be studied at this school, each of which may be constituted by attendance on two of the six months' courses, or on one of these, and two three months' courses. It is always provided, however, that the fee for any class taken for graduation in the University of Edinburgh shall be the same as that charged by the University for the corresponding class.

The whole of the education required for graduation at the University of London may be taken at this school. The minimum cost of the education of this School of Medicine for the double qualification of Physician and Surgeon from the Royal Colleges of Physicians and Surgeons, including the fees for the joint examination, is £90 4s., which is payable by yearly instalments during the period of study; and the minimum cost for the single qualification of either Physician or Surgeon, including fees for examination, is £80.

Royal Infirmary, Edinburgh.—Clinical instruction is afforded at this institution under the supervision of Professors of the University and ordinary physicians and surgeons to the Infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye. Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, &c. The perpetual fee, in one payment, is £10; the annual fee, £5 5s.; half-yearly, £3 3s.; quarterly, £1 11s. 6d. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment. The Infirmary appointments are—Four resident physicians and four resident surgeons, who live in the house free of charge. Non-resident clinical clerks are appointed by the physicians and surgeons. Each surgeon appoints from four to nine dressers, the appointment being for six months. The pathologist appoints assistants in his own department.

Anderson's University, Glasgow.—This is exclusively a teaching body. In addition to its offering excellent opportunities for acquiring a good medical education, instruction is given in the other branches of a liberal education, advantage of which might profitably be taken by medical students generally. The expenses of this institution, as already mentioned, are exceedingly moderate. Extensive opportunities for dissection are offered, under the guidance of the very talented lecturer on anatomy. Hospital practice is seen at the Royal Infirmary, an institution with 580 beds, and second to none in the kingdom for this purpose.

Students are also admitted to the practice of the Western Infirmary, close to the University, which has about 200 beds, and an excellent staff. Clinical lectures are delivered by the professors at this institution and at the Royal Infirmary, students having the option of choosing any two whose lectures he will attend.

In connection with this College, there are five Hospitals and Dispensaries for special Diseases, to all of which students are admitted.

DATES AND HOURS OF THE INTRODUCTORY LECTURES AT THE SCOTCH MEDICAL SCHOOLS.

University of Edinburgh—October 31, 2 p.m.—Sir Alex. Grant.
University of Glasgow—Oct. 31, 12 noon—Prof. McCall Anderson.
Anderson's University (Glasgow)—None.
School of Medicine, Edinburgh—Oct. 31, 11 a.m.—Dr. Wyllie.
University of St. Andrews—None.
University of Aberdeen—November 1.

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Destination of the Newly-Qualified Surgeon.

THE PUBLIC SERVICES.

ARMY MEDICAL SERVICE.

We cannot compare the Army Medical Service to anything but a series of dissolving views of which we are now in an interval waiting for the next picture.

Within three years we have had—first, the reduction of the medical officers of regiments to one per corps; then the complete abolition of all connection between medical officers and regiments beyond the disagreeable link of the compulsory payment of mess and band subscriptions by those merely attached for duty, about the extreme hardship of which the Secretary of State for War, when interrogated by Dr. Ward, M.P., during the past session, had no reply to offer. And, finally, the most astounding picture of all burst upon the profession when Mr. Hardy, in his speech on the army estimates of this year, announced that he had determined to leave the existing department to die out as it might, and to substitute a short service system in its stead.

A warrant was accordingly promulgated in April last, offering £250 a-year to surgeons who would join the army for ten years, and a bonus of £1,000 on compulsory retirement at the expiration of that time, with certain other contingencies which did not appear at first sight. First, should the surgeon break down in health during his first five years he was to be dismissed without compensation. Should he break down between the fifth and tenth year he was to receive a proportion of the £1,000. When on service in India, where he would doubtless spend most of his time, he was to be paid only *according to the old rates*, and these, now that the value of silver has been so depreciated, would be almost starvation in such a country. And exchanges were to be done away with, so that there was no chance of escape for a medical officer who felt that Indian service would very probably injure his constitution to such an extent as to necessitate a penniless retirement within his first five years.

Mr. Hardy, when introducing this scheme, ostentatiously dwelt on the great advantage of a medical man being able, after ten years' exposure to the vicissitudes of climate and the risk of disease in various parts of the world, *to begin life* by purchasing a practice with his £1,000, and when informed in the House of Commons that to an Irishman the purchase of a practice in his own country was an impossibility, replied that he could no more understand the fact than that "one grocer could not dispose of his business to another." With a sneering allusion to talented Irishmen and their "elegant brogues" all remonstrance was dismissed, and the proposal launched upon the schools for their acceptance.

On the 14th August the verdict of the profession has been pronounced with no uncertain sound.

For the fifty vacancies offered the whole of the schools and all the unsuccessful practices in Great Britain and Ireland could only furnish thirty-three men below the ages of thirty-two years who would take service under such conditions. Of their quality we have already spoken.

Under these circumstances we may fairly conclude that the short-service view has dissolved, and that we shall not have to wait long for the appearance of the rest.

On the reassembling of Parliament there will doubtless be a motion for the appointment of a Royal Commission to inquire into the matter, of which we are quite sure Mr. Hardy will avail himself, and out of which we earnestly trust will come the last picture of the series done in indelible characters, with which there can be no more capricious tampering, and for this we strongly recommend all intending candidates for the Army Medical Service to wait.

CONDITIONS.

The official regulations may be obtained on application to the Director-General, Army Medical Department, 6 Whitehall Yard, London, S.W.

Examinations are held in February and August, but have ceased to be competitive owing to the dearth of candidates.

The candidate must be under thirty-two years of age, but may be married.

The candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. His physical fitness will be determined by a board of medical officers, who are required to certify that the candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of myopia would not be considered a disqualification, provided it did not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes existed.

Having received his diploma in surgery and medicine both of which are essential to his competition, the student is obliged to apply himself vigorously to the study of certain collateral subjects, which he does usually through the medium of a "grinder." He must perfect himself in chemistry, pathology, and comparative anatomy, and if he can throw a proficiency in botany and natural history, and French and German into the scale, he will materially improve his position in the scale of merit, and establish for himself a character with the authorities for industry and scientific attainments.

The surgeon is subjected to two examinations one on admission into the service, and a second six months later on leaving Netley.

For the first candidates will be examined in the following, and the highest marks attainable will be distributed as follows:—1. Anatomy and Physiology, 1,000 marks; 2. Surgery, 1,000; 3. Medicine, including Therapeutics, the Diseases of Women and Children, 1,000; 4. Chemistry and Pharmacy, 100. Examinations will also be held in French and German (150 each), 300 marks; Natural Sciences, 300. The Natural Sciences will include Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to Materia Medica. The number of marks gained in both the voluntary subjects will be added to the total number of marks obtained by those *who shall have been found qualified for admission*, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of modern languages and natural sciences.

The candidate having sent in his papers, and followed them to London, meets his competitors at Chelsea.

For the first two days of his examination he is employed in penning answers to printed questions; for the third and fourth days he is examined *vivâ voce* on all subjects; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the hospital, by the application of surgical apparatus, and by operations on the dead subject. This trial finished, the successful candidates (varying in number from fifteen to thirty) are selected.

SERVICE ON THE WEST COAST OF AFRICA.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, were formerly offered appointments on the West Coast of Africa, but recently they have been appointed to the Naval Medical Service, as vacancies on the Coast have not existed for some time. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate, possess some advantages for those whose health can resist its influence. The districts comprised under the West Coast Districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected at Netley Hospital. He is allowed to spend a year at home, on full pay, for every year spent in Africa, and the entire period at home and abroad should count as service for pension.

PROBATION AT NETLEY HOSPITAL.

The competitor who has been so fortunate as to obtain a place in the ordinary Service is not allowed to join a regiment at once. He is obliged to undergo a probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures: Hygiene, vacant; Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Clinical and Military Medicine, by Dr. Maclean. The lecturers on Military Surgery include gun-shot and other wounds; arrangements for the transport of wounded; duties of army surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examination of water, air, food, clothing, &c., of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the army surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professor of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and to pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues, and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay at the rate of five shillings per day, and two shillings per day for lodging money, if he be not provided with lodgings in the hospital. A sum of money equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks, the fortunate young man who wins this "Blue Ribbon of Netley" being tolerably certain to be well provided for. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the competitive examination, and his position on the list of merit determined by the total. Successful candidates are now eligible to be gazetted to a regiment, or employed on the staff, and enjoy all the rank and honour, pay and privileges, of surgeons, as provided by the regulations.

Thus it will be observed that the first, or Chelsea examination, simply admits the candidate to the Service, and the conjoint result of it and the Netley examination determines his order of merit.

LIFE AT NETLEY.

The medical candidates, as the surgeons are called until they have passed out of the hospital by their second examination, are congregated at Netley, in addition to the commissioned officers who may be there. During the period of his residence at the Army Medical School each candidate will receive an allowance of 5s. per diem, with quarters, or 7s. per diem without quarters, to cover all cost of maintenance; and he will be required to provide himself with uniform (viz., the regulation undress uniform of a surgeon, but without the sword). Each candidate has to pay £5 towards the mess fund, one-half on his arrival and the remainder when he has passed his second examination. He is then a member of the mess, and entitled to dine at any time during the remainder of his service. The cost of dinner is 2s. 4d. daily, not including wine, and of breakfast from 10d. upwards.

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INDIAN MEDICAL SERVICE.

The regulations, subjects, and times for examination are the same as for the Army Medical Department. Passage allowance to India on appointment will be given, or a passage provided. When passages are provided on board the Indian troop ships, a charge for messing will be made at the rate laid down in the Royal Passage Warrant of 1865. Pay at 10s. a day will be allowed from date of passing final examination at the Army Medical School.

Indian allowances and time of service for pension will reckon from the date of arrival in India.

Surgical instruments are provided in India by the Government for the use of medical officers.

The pay of medical officers in the Indian Service is much better than at home, and, if unmarried, the cost of living not greater. Moreover, the medical officer frequently holds lucrative civil medical appointments which afford him a handsome increase of income. Without doubt, to a healthy, temperate, unmarried man the Indian Service is greatly preferable to that at home, but to a delicate person, or one burthened with a wife and children, the advantages are questionable.

For official regulations of the Indian Medical Service apply to the India Office, Whitehall, London, S.W.

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NAVAL MEDICAL-SERVICE.

In applying to be admitted as a Surgeon in the Royal Navy it is merely required to address a letter to the Secretary to the Admiralty, stating that you are in possession of a diploma from such a College—naming it; that you are desirous of being admitted as a candidate; when, if there are any vacancies, wou will be informed when you will be required to present yourself at Somerset House, London, for examination.

The subjects and method of examination and the subsequent service at Netley are in all respects similar to those referred to above under the head of Army Medical Department.

Having passed your examination and served your Netley probation you will, in the course of the following day, receive your appointment as acting Surgeon to one of Her Majesty's ships, either for service on board that ship, or for service on shore, at one of the naval hospitals—Haslar or Plymouth. You will ta the same time be informed that you are granted two or three weeks', as you may require, leave of absence, to enable you to provide your uniform and appointments. These you can get at any of the naval outfitters.

The expense of a Surgeon's uniform is about £47 5s. You must also provide yourself with a set of surgical instruments, which will cost you from ten to fifteen guineas. All kinds of underclothing, towels, handkerchiefs, &c., may be purchased much more advantageously from a regular dealer in those things than from any naval outfitter.

PRIZE MONEY.

Medical officers share in the proceeds of all prizes captured from the enemy, of captures and seizures under the several Acts of Parliament passed relating to the revenues of Customs, and of trade and navigation, for the abolition of the slave trade, for the capture and destruction of pirates and piratical vessels, and of the rewards conferred for the same, as also in the awards of all salvage granted to the crews of her Majesty's ships and vessels of war with other officers of corresponding rank.

The full and half-pay of Naval Medical Officers is in accordance with the following scale:—

Full-pay: Surgeon—Under five years' service, 11s.; eight years', 12s. 6d.; under eleven years' service, 14s.; under fourteen years' service, provided he passed his examination for Staff Surgeon, 15s. 6d.; above fourteen years' 17s. Staff Surgeon—On promotion, 18s.; seventeen years', £1; and for each additional year of service, 1s. a day more until the maximum is reached—namely, £1 2s. Fleet Surgeon—On promotion, £1 3s., and up to £1 10s. Half-pay Surgeon—Five years,' 6s.; eight years', 8s.; eleven years', 10s.; above eleven years' service, provided he passed his examination for Staff Surgeon, 17s. Staff Surgeon—On promotion, 11s.; seventeen years', 13s.; above seventeen years', 14s. Fleet Surgeon—On promotion, 16s.; twenty years' service, 16s. 6d.; and for each additional year of service 6d. a day more until the maximum is reached—namely, 18s. 6d.

Retirement is provided for according to age and service, under special regulations.

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POOR-LAW MEDICAL SERVICE.

A young qualified practitioner indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from the inadequately remunerated appointment.

ENGLISH POOR-LAW MEDICAL SERVICE.

Prior to the passing of the Metropolitan Poor Act of 1867 the English Poor-law Medical Service may be said to have been in the hands of the guardians, supervised by the Local Government Board. Each parish in England and Wales had its guardians of the poor, and these parishes were grouped together to form unions. The unions were divided into districts for medical relief. Union medical officers, therefore, have the care of a district, or sometimes the care of the workhouse of the union—sometimes of both. The officer was elected by the guardians, and the appointment approved by the Local Government Board. He was required to have both a medical and surgical qualification. In some instances these were specified, but almost always the London College of Surgeons and Apothecaries' Hall were the most favoured diplomas. For this reason London students will still continue to take these qualifications, whatever else they may add to them. But the L.R.C.P. Lond. is now recognised as a full qualification, both medical and surgical. The salaries of Poor-law appointments are very low; in fact, so preposterously inadequate that it would seem as if the medical man were paying the union for the monopoly of doctoring its paupers. £25 a year is a not uncommon salary for attending and providing physic for a large workhouse; but it must be recollected that all capital operations, reduction of dislocations, midwifery, vaccination, and other work outside the strictly medical duty, are paid for by a separate tariff. The system differs in this respect from that of Ireland, referred to below. In English districts, moreover, the practitioner derives much of his income from "clubs," and from attendance on small tradesmen, artisans, and tenant-farmers, who would certainly be recipients of gratuitous relief in Ireland; and therefore the parish work of the English provincial doctor is proportionately much lighter than that of his Irish *confrère*. The sanitary duties of the profession in England are also remunerated at a much higher rate, though by no means more onerous than similar duties in Ireland. Parish appointments are, however, sought after by young men as a means of getting into practice, and are often almost obligatory in the country to prevent fresh opposition being introduced. The Metropolitan Poor-law Act, 1867, assimilates the Poor-law, so far as London is concerned, to that of Ireland, and the Poor-law Board is now merged in the new Local Government Board. It has established in London asylums and dispensaries, and distributed the cost of supporting them over the metropolis. Under the new Public Health Act many Poor-law officers have been also appointed medical officers of health.

THE IRISH POOR-LAW SERVICE.

The newly-qualified medical practitioner who may elect to try his luck in the Irish provinces sets his hopes, in the great majority of instances, upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There are 163 workhouses and about 793 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The average salary in this service is now about £103 15s., and when it is taken into consideration that in the vast majority of rural districts it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a very large margin left from the public emoluments. The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and the medical officer of health for the district, under the Public Health Act passed in 1873. The former office, in country districts, seldom yields more than £10 a year, and often not half that amount, and the emoluments of the latter appointment in very few cases reach £20, averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate every one who wishes to come. For each patient his fee of 1s. is paid along with his salary by the guardians, and the sum total of these fees varies, according to the populousness of the district, from £2 to £50, an average for the provinces being about £5. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain, though hardly earned salary, to supplement his private earnings; and secondly, because, if not secured by the new comer, they would of necessity bring a competitor for practice into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

APPOINTMENT.

The qualifications required by the Poor-law Commissioners are a Licence in Surgery or a Diploma in Medicine and a Diploma in Midwifery; the candidate must also be 23 years of age.

The appointment lies with the Dispensary Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away. We may here observe, also, that in very many instances the appointment is virtually made before the advertisement appears for a medical officer, in which case also candidates are put to unnecessary trouble and expense under false pretences.

CONTROL.

Each district is under the direct control of a committee composed of the neighbouring landholders, the appointment of medical and other officers is made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Local Government Board, who have the power either of interposing their veto on any appointment, or even of expelling an officer by a "sealed order," without trial or accusation, or without the resource of appeal or investigation. This salary is paid by the Board of Guardians, and no increase can be made in the amount without their assent and that of the Local Government Board. Under the late Sanitary Act the committee may recompense the medical officer for special services, such as those during an epidemic of cholera, or for sanitary reports. The number of unions in Ireland is 163, to each of which is attached a medical officer, who is appointed and controlled by the Board of Guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as the duties is confined to daily attendance at the workhouse hospital, and no night visits out of doors or any long journeys across the country are involved.

DUTIES.

The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting-ticket has been issued by a member of the committee or by the relieving officer, and to continue his attendance as often as may be necessary until a termination of the case. Moreover, he has a great many registry books to keep, and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependent on the goodwill of the members of his committee. If the medical man be a favourite with his masters they will give him very little trouble with "scarlet runners," as the visiting-tickets are, from the colour of the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committeemen, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye! even the committeeman's own brother or daughter.

SUPERANNUATION.

By a recent Act of Parliament a Poor-law medical officer may now receive a pension not exceeding two-thirds of his salary on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians; nevertheless, it has been given in most cases in which physical incapacity has been clearly proved. It is, however, at best a miserable resource, and can by no means be calculated upon as a provision for old age. There are now 53 ex-medical officers receiving superannuation allowance whose average term of service before pension was 20 years, and whose average allowance is £64 15s. Their average age at retirement was 63. All official information may be obtained of B. Banks, Esq., Local Government Board, Custom House, Dublin.

Complete information as to fees, emoluments, duties, and appointment of Irish Poor-law medical officers will be found in the "Irish Medical Directory" for 1876.

MEDICAL OFFICERS OF HEALTH.

A NEW sphere of professional labour has been recently open to medical men whose qualifications render them fit to undertake the necessary duties. We allude to the appointment by the Local Government Board of medical officers of health. At present the only qualification required of the candidate is that he is entitled by law to practise both medicine and surgery in England and Wales. Before long, however, a special qualification in State medicine will be necessary, while even now those who have passed an examination in that department will of course stand the best chance of getting the most valuable posts. The appointment rests with the sanitary authorities of the district in which there is a vacancy, subject to the approval of the Local Government Board, and the appointment first made is for a period not exceeding five years. The duties of the medical officer of health are various and important. He has to inform himself of all the influences which affect or threaten the public health within his district. He has to inquire into the causes, origin, and distribution of diseases that occur, especially contagious diseases, fevers, and epidemics. He is expected to advise the sanitary authorities in respect of any sanitary measures the adoption of which may be thought advisable. He is particularly expected to inquire into the origin and to adopt means to check the extension of infectious epidemic diseases. He has the power of seizing upon all kinds of unsound or unwholesome food that may be offered for sale, and of ordering it to be dealt with by a justice according to the provisions of the statutes applicable to the case. He must from time to time send in a report of his proceedings, and of the measures which ought to be adopted for the improvement of the public health in his district. Books also are to be kept for the registration of his visits, observations, instructions, &c., and an annual report prepared, comprising tabular statements of the sickness and mortality within his district, and other particulars which we cannot here specify.

There are really two chief classes of medical officers of health. First, those for combined sanitary districts, such as Kent, Gloucester, North Devon, &c., and whose whole time is devoted to the office. Secondly, medical officers who are not restricted in any way, but are given either a fair salary or an annual sum, which is in some cases sufficiently remunerative. From this brief sketch of the duties of a medical man holding such an appointment, it is evident he cannot engage in private practice or hold any other post if his district is very large and populous. Science Degrees (Bachelor and Doctor) in the Department of Public Health have also been instituted by the University of Edinburgh, while at Cambridge an examination in so much of State Medicine as is comprised in the functions of officers of health will be held next month. For the conditions on which the Edinburgh degrees are granted we must refer the student to the official regulations—suffice it to say, that for the degree of Bachelor of Science in the Department of Public Health he will have to pass two examinations—the *first* in Chemistry, Physics, Sanitary Law, and Vital Statistics; the *second* in *Medicine* and Practical Sanitation. The examination held at the University of Cambridge is divided into two parts—the *first* comprising physics and chemistry; and the *second* the laws of the realm relating to public health.

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NOTICE TO CORRESPONDENTS.—Our present issue being devoted exclusively to information addressed to Students and their parents and guardians, and the space at our disposal being overoccupied by important matter of this nature, we are obliged to delay publication until next week of all communications and correspondence upon other subjects. We shall give them the earliest insertion possible.

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THE PROGRESS OF CUTANEOUS MEDICINE DURING THE PRESENT CENTURY. (a)

By Erasmus Wilson, F.R.C.S., F.R.S.,

Professor of Dermatology in the Royal College of Surgeons of England.

Mr. President and Gentlemen,—If we look around on the walls of this apartment, we find delineated on its panels the names of many distinguished associates of the society of former times. Among them is that of Robert Willan, a name of world-wide renown, to whom was awarded the Fothergillian gold medal of this society on the 6th February, 1790; nearly one hundred years ago. "Cuticulam curare paratus" was the triumphant *adsum* with which Willan heralded his labour; and his essay received the approbation of his judges; among whom we find the venerated names of Sims and Lettsom. He describes his essay in these words:—"The outline of my plan for the arrangement and description of cutaneous diseases." We have thus suggested to us the necessity for some arrangement, and are made aware of the disorder which prevailed as to the consideration of cutaneous diseases at that period; and we feel ourselves bound by a deep sense of gratitude to Willan for his effort to extricate them from confusion.

Linnæus had been before him in the classification of the vegetable kingdom, and Plenck (*b*) of Vienna had immediately preceded him with an arrangement of cutaneous diseases, of which his own way was a simplified modification. The age was Linnæan, and every classification of the period was irradiated by the genius of that great naturalist. We can fully realise, even now, the generous enthusiasm with which Willan's classification was accepted, and his breast decorated by this learned society, and especially when we remember the complexity which had prevailed in the subject up to his time—a subject which had been scarcely touched since the days of Daniel Turner in the early part of the eighteenth century, and which was still more or less under the control of the doctrines of two centuries before.

The nurseling introduced into Britain by Willan, with the help of this society, has taken deep root amongst us, and has grown up into a stately and flourishing tree. In his "Description and Treatment of Cutaneous Diseases," the first part of which was published in 1798—consequently eight years after the presentation of the Fothergillian medal by Dr. Sims—he says:—"I propose to arrange cutaneous diseases in seven orders, to be characterised by the different appearances of Papulæ, Scales, Rashes, Vesicles, Pustules, Tubercles, and Maculæ." These primary anatomical forms are now familiar to us all, and we naturally keep them in mind in our present investigation of cutaneous affections.

Upwards of half a century later than the date of Willan's essay—namely, in 1844 (*a*)—Hebra of Vienna, founding his belief on the excellent researches of Rokitansky and that school, proposed for the classification of diseases of the skin, the principles of pathology which were applied to other organs of the body, thereby identifying the skin with the rest of the organism, elevating it from the special and empirical position it had previously occupied, and bestowing on its study a more scientific and philosophical character. Hebra assumes for his classification a pathologico-anatomical basis, and excuses himself where, indeed, excuse is unneeded, for employing the name of a pathological process—an idea rather than a fact—for the title of his different groups.

(a) The Annual Oration delivered at the Medical Society of London.
(b) Plenck's classification bears date 1776.

(*a*) Published in English by the Sydenham Society, in 1866.

Hebra's classification presents to us a series of twelve groups, represented by so many pathological ideas; for example:—hyperæmia and anæmia; altered gland secretion; exudations (corresponding with our inflammation); hæmorrhage; hypertrophy and atrophy; neoplastic and heteroplastic growths; ulcer; neurosis; and parasites.

Thus, while our teachings in England, dating from the time of Willan, have appealed to a practical property of the medical mind—namely, that of observing closely and carefully the object before us—the more modern school taking its rise in Germany, and surging onwards at the present moment a gigantic flood of progress and of light, instructs us to inquire into the processes by which the lesions are produced, and identify the trivial signs taught in our earliest lessons with the more profound researches of a higher class.

Long before the attention of Hebra was directed to the subject of a new classification of cutaneous diseases, Mr. Wilkinson, a London practitioner of considerable experience, writing in 1822, (a) observes—"I would, on no account, attempt to diminish the value of Dr. Willan's classification, which I think not only beautiful, but even useful, as far as it enables us to convey to each other, with facility, without the labour of description, more correct ideas of the peculiar appearance of each eruption; but I cannot admit that it has contributed, in the least degree, to the power of subduing them.

* * * * * * *

Its greatest beauty, the classification of the eruptions, and the division of each into its different varieties, led him away, and has led away most of his readers, from *the sameness of method and remedies* necessary for the cure of such diseases; and induced him and them to think, that not only the different orders, but their genera, and even many of their varieties, required different remedies and different modes of treatment."

A curious illustration of the dangers of nomenclature and classification will be found in the Proceedings of the Medico-Chirurgical Society for 1800. Dr. Marcet presented to that society a paper entitled "An Account of a Severe Case of Erythema, unconnected with Mercurial Action." After alluding to papers by Dr. Spens and Dr. Alley, the well-known writers on erythema mercuriale and hydrargyria, he describes his own case as "a sudden desquamation of the cuticle all over the surface of the body, with an ichorous discharge, and a general redness and tumefaction." From the extreme redness of the skin, and abundant exfoliation of the epidermis, involving even the casting of the nails, we might imagine the case to be one of dermatitis exfoliativa, the so-called pityriasis rubra. But, he observes, "As the ichorous discharge is a constant and prominent feature, I should think the term erythema ichorosum well adapted to distinguish it." And if we take this view of the case we may consider it an eczema; but it is quite obvious that it must have been one or other of these two affections.

Willan was invited to see this case during an attack of moderate activity, and suggested its being an example of the genus *impetigo*, appearing to him to answer very nearly to the impetigo rubra of Celsus; but he says that "disease presents itself in many different forms, none of which, amongst those that he (Willan) has met with, has equalled in extent and severity that which has just been described." In reflecting on this case, which is not very unusual amongst ourselves at the present time, I could not help being struck with the presumed rarity of the disease. Willan was evidently undecided as to a diagnosis, whilst the shrewdness of Dr. Marcet in naming it erythema ichorosum, erythema standing merely for inflammation, brought him instantly to the truth; the man of orders and genera being foiled on his own ground by the man of simple and unbiased observation.

But when we have mastered the anatomical lesions of cutaneous disease and their pathological processes, there is still much, and very much, to be accomplished towards gaining a knowledge of these diseases with a view to their treatment. Let us take our seat in our consulting-room, or by the bedside, and *clinically* inquire what kind of classification will best suit our purpose there. Our book now occupies its place on its proper shelf, and affords us little or no information, and in fact is as likely to lead us into error as to guide us to the truth. Mr. Wilkinson very naïvely and suggestively remarks—"But from the idea I had imbibed from the authors I had read, and particularly from Dr. Willan, that the different orders and genera should be treated in a different method, and with different remedies, I never contemplated the propriety of using the *same means* for the cure of papulous which I had successfully employed for the cure of squamous affections."

Well, our first six patients are adults, say between forty and sixty years of age; some have eczema, moist and dry, recent and chronic; some erythema, some gutta rosea, and some lichen. We inquire into the functions of digestion and assimilation; in the majority we find symptoms of gastric disorder, nausea, loss of appetite, flatulence, distension, constipation, all more or less confirmed. Our pen flies to the paper; we are about to prescribe, and for what?—for indigestion and malassimilation. But our patient consults us for cutaneous disease, not for his stomach, or liver, or digestive organs, with which he finds no fault, and which he is not aware of being in a state of disorder; while we, on the other hand, know the assimilative organs to be the cause of the irritation, and that if they be restored to their healthy function, all the cutaneous symptoms will subside and disappear. Undoubtedly, when the "*force majeure*" has been dealt with, we shall advise our patient as to some local treatment—an ointment, a powder, or a lotion for the immediate relief of the skin; but, practically, we treat the cutaneous affection as if it were altogether secondary in importance; neither need we care to inquire to minutely whether the anatomical lesion is a hyperæmia, a papule, a vesicle, a discharge, or a state of desquamation. And if we be in want of a name to include the cases of this description, we might adopt the word assimilation, and consider this as an *assimilative group* of diseases.

Our next six patients are infants and children; they have brought to us an exuding eczema, a crusta lactea, an impetigo, a tinea, and a lupus. Our attention will now be led into the direction of the nutritive functions of the economy. We begin with food: we endeavour to improve and increase nutritive power by arsenic and iron, and perhaps by cod-liver oil. True, we do not overlook digestion, as we should be unwilling to allow anything to escape our notice which merited attention. But we are, in this instance, dealing essentially with an aberration of nutrition, as, in the former group, our indication was an aberration of digestion and assimilation. In the next place we approach the external treatment—to soothe and to heal in one case, to stimulate moderately in another case, and forcibly in a third. Here then we recognise a *nutritive group* of affections.

Our next patients, who may be of all ages, present us with a neurosis, ranging in variety from the lichen urticatus of infancy to the prurigo senilis of advanced life. Our remedies for strengthening and invigorating the nervous system come next into play; we find our pen, obeying a mental impulse, tracing the characters representative of quinine, iron, arsenic, strychnine, phosphorus, cod-liver oil, and bringing to light those local agents which are capable of checking and arresting pruritis and pain, among which may be named tar, chloroform, hydrocyanic acid, and aconite. Here, then, there is a *neurotic group* of disorders.

And what more remains? There is at least one other group, and, indeed, our only distinctly specific group—namely, syphilis. And here, in the presence of syphilis, we find our thoughts bent, not on malassimilation, malnutrition, and malnervation, but upon the means requisite for the elimination of a poison from the system, and centred in the very narrow but important area of inquiry—the judicious employment of two grand remedies, namely, mercury and iodide of potassium.

(a) "Remarks on Cutaneous Diseases:" by J. H. Wilkinson. London, 1822.

Therefore, if after a preliminary study of the features and nature of cutaneous disease, we seek to determine its therapeutical idiosyncrasies, we shall discover them in the practical effort to strengthen assimilation, improve nutrition, fortify nerve-tone, and eliminate from the system a foreign element in the form of a specific poison. Nearly every known disease of the skin might be comprised, therapeutically, under these four heads; and we should find ourselves adopting an arrangement which has for its intention *the cure of disease* in contradistinction to that of ascertaining its diagnosis and morbid processes.

Or, we might be tempted to view the subject from a strictly therapeutical point of view alone, and go armed for the treatment of all cutaneous diseases with four remedies :—

First, to follow the plan which I have already sketched, we must have *sulphate of magnesia;* this will form the basis of treatment of all our disorders of assimilation, and include an extensive series, embracing nearly the whole of the eczemata of middle life. I need not allude to the adjuvantia and corroborantia with which sulphate of magnesia may be associated: this part of the subject is left to the judgment and experience, I might even say, to the taste and refinement, of the prescriber.

Secondly, let us take *arsenic*, the typical remedy for defective nutritive power in every tissue of the frame—the special agent of cure of the debility of the nutritive period of life; and under this head we may include the eczema of infancy, chronic eczema at every period of existence, the impetigos and ringworms of children, and the lepra vulgaris of all ages.

Thirdly, there is a branch of nutritive diseases which is peculiarly represented by cod-liver oil — namely, struma and lupus. We cannot adopt struma as a group by itself, but only as a sub-group of the much more comprehensive family of diseases resulting from defect of nutritive power; whilst another sub-group of the same great family is one which includes epithelioma and cancer.

As a fourth remedy let us take quinine, which we may justly regard as representing the leading feature of cure in all the neurotic or neuropathic affections.

And, finally, we have mercury and iodide of potassium, which represent another extensive and important group of diseases.

Were I, then, to sum up the necessary qualifications of a good dermatologist on the data I have just enunciated, I might say—that he should observe with Willan, reflect with Hebra, and prescribe in obedience to the clinical requirements of his patient, and his confidence and experience in his remedies. I may say for myself, that although experience has given me a thorough trust in the remedies which I employ, I am, nevertheless, bound to admit that there is still very much more to be accomplished in this department to raise our practice to the level of our theory, to render it, if possible, a science rather than an art. It is here more than anywhere else, at the present day, that we want conscientious and careful work, and I will also venture to say, mutual co-operation.

It would be difficult to praise too highly the Vienna School of Dermatology, or even to do it proper justice, for the valuable instruction it has afforded us during the present and part of the last century. Plenck, the founder of the Willanean classification, was a member of that school; then we have Hebra and his distinguished pupils, Auspitz, Kaposi, Neumann, and others, together with a small host of zealous and industrious fellow-workers following in their footsteps, and aiming to convert Dermatology from an art into an exact science. We may be led by Willan to the diagnosis of a cutaneous disease, and by Hebra to a conception of its pathological signification; but we look from them to Neumann and his colleagues to be instructed in its veritable objectivity.

(To be continued.)

PATHOLOGICAL ANATOMY OF THE BRAIN—LOCALISATION IN CEREBRAL DISEASE.

By Prof. Charcot.

Translated from *Le Progrès Medical.*

I hope that I have, in the preceding lessons, succeeded in convincing you that without having previously acquired a thorough and exact knowledge of normal anatomy of the parts concerned, it would be rash to enter on the domain which we propose to traverse together.

The dependence of pathological anatomy on normal anatomy is especially manifest in all questions relating to cerebral pathology. You will shortly be reminded of this again.

1. In commencing this day's lecture, let me recall the conditions which are essential in handling the problems of localisation of brain diseases in man. These fundamental conditions are—1. Very careful clinical observations made, as far as possible, under the light of experimental physiology; 2. An exact autopsy—that is to say, one made with careful anatomical details.

The topographical studies which we have already submitted to you, have enabled us to make important progress, for they have placed us in a position to determine, better than could have been the case otherwise, the seat, extent, and shape of the lesions revealed at the autopsy. But, gentlemen, it must be acknowledged that for this special subjects of inquiry, the most exact and minute anatomical observations could not always be utilised. It is necessary here, as elsewhere, to learn to make choice among the records, and in this direction we shall find more than one difficulty to be surmounted.

To help you clearly to comprehend matters, I think it will be the best plan to glance over what I will call "the natural history of encephalic lesions."

Firstly, what are the alterations of which the encephalon (the cerebrum especially) is susceptible? At present we are only concerned with the mere common forms of lesion, and with such partial lesions as may be considered most profitably under present circumstances.

Secondly, what are the general anatomical conditions which control the development or the distribution of these lesions? for, gentlemen, none of these things are matters of chance, in the brain or elsewhere.

To attain our ends, I propose again to appeal to that mode of inquiry so important in the natural sciences, the *comparative*. I shall draw a parallel (in the light of pathological anatomy) between the great divisions of the cerebro-spinal axis, or neuraxis, as Mr. Piorry calls it: (*a*) the spinal cord; (*b*) the medulla oblongata; (*c*) the brain proper.

A. One may say that the pathological physiology of the spinal cord is controlled by one great fact, it is the very frequent existence in this part of lesions spoken of as "systematic." By this expression (borrowed from M. Vulpian) we intend to designate those lesions which, *systematically*, (the term is quite appropriate) confine themselves to certain well-marked regions of that complex organ. The diagram before you (a horizontal section of the cord) will remind you of those points which we have already gone over.

As you will recollect, there are lesions which are confined to the anterior cornua of the grey matter; in an acute form, infantile paralysis; in a chronic form, the different kinds of progressive muscular atrophy (spinal amyotrophy). Other lesions, affecting only the lateral columns, are evident in paresis of the limbs, accompanied by a tendency to contractions. You are aware that the columns of Goll may be diseased by themselves, and that the region of the external bandelettes in the area of the lateral columns constitute the anatomical position of "Tabes Dorsalis."

Thus, guided in its preliminaries by experiments on animals, and assisted by clinical experience, pathological anatomy has been able to split up the complex organ which is called the human spinal cord, into a certain number of departments, and of secondary organs. There are certain symptomatic analogies (or *syndromes*) between the "systematic" lesions of these different regions, which have given rise clinically, and in the pathology of the spinal cord, to a class of *elementary affections.*

A method of analysis grounded on a knowledge of these elementary affections, is of great assistance in unravelling the hybrid diseases, the complex forms. Doubtless the examination of these "systematic" lesions has contributed very much towards raising the question of spinal localisations from the chaos in which they have long been.

B. "Systematic" lesions are found in the medulla oblongata, in the Pons Varolii, in the cerebral peduncles themselves. I shall instance, by way of example, secondary degenerations of the cord following lesions of the encephalon, symmetrical sclerosis of the lateral columns, bulbar paralysis arising in local lesions of the origins of the nerves, &c. But above this point (the peduncles) this kind of pathological change appears not to exist, and for the present we may say that the "systematic" lesions are wanting in the brain. Thus, at the present day we do not recognise (strictly speaking) lesions which are systematically limited to the optic tracts, to the diverse nuclei in the corpus striatum, to the various departments of the grey matter; still, this is not because exact localisations, appropriate to anatomical research, *cannot* be made in the encephalon, but they are relatively rare, and to some extent accidental.

What is the real explanation of this singular fact? It is that the encephalon is, if I may so speak, placed under a pathological *régime* different from that of other parts of the "neuraxis." One may say generally that in the encephalon, and especially in the cerebrum, it is the *vascular* system which commands the situation.

On this head I will remind you of the importance of those ruptures of vessels which cause hæmorrhage into the cerebral substance, and of the important part played by vascular obliterations by thrombosis and embolism, leading to ischæmia, which then results in local softening of the brain.

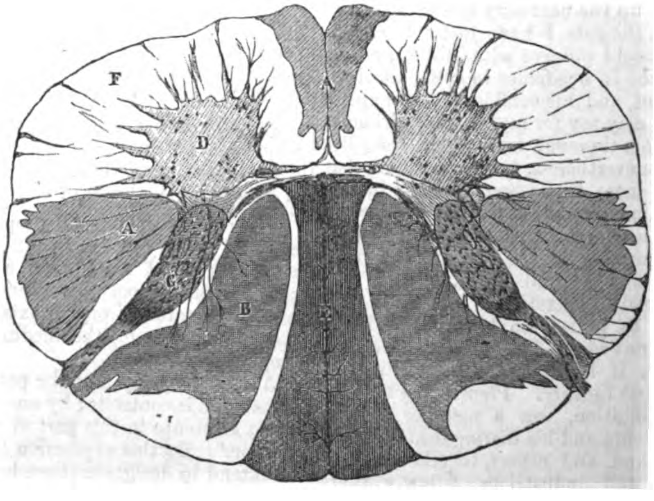
I have now enumerated, gentlemen, the anatomical causes of the more common organic affections of the encephalon.

C. If we now return to the cord and medulla, we have to notice a remarkable contrast with the encephalon. Hæmorrhage by rupture of vessels depending on a change, well known under the name of *miliary aneurisms*, and softening consecutive to arterial shrinking, caused by thrombosis or embolism, are things almost unknown in the spinal cord.

The medulla is, so to speak, the point of transition between the cord and the brain, for there we find on the one hand "systematic" lesions resembling those seen in the cord; and, on the other hand, a certain number of hæmorrhages, softenings, and examples of ischæmia, brought about by *vascular* lesions. These last affections occur most frequently in the Pons, whose pathology in this respect much resembles that of the encephalon. Hæmorrhage from rupture of miliary aneurisms, and softening from obliteration of vessels, are common accidents there.

D. These considerations, gentlemen, naturally lead us to see that the system of the more common anatomical localisations in the encephalon is to be sought especially in the mode of distribution of the vessels. The primitive vascular lesion being known, one can easily trace the limits of the tract involved (as M. Lépine has well said). We have thus to enter again upon normal anatomy, in order to present to you some general views of the vascularisation of the encephalon. Gentlemen, I do not hesitate to say that we have here a subject fully worthy of your attention, especially as all the questions relative to it have been carefully resifted by studies, with which our country has had very much to do.

FIG. 7.



AA, the Lateral Cords; A, Fascicule of Turck; BB, Posterior Root Zone; CC, Posterior Cornua; DD, Anterior Cornua; F, Anterior Root Zone; E, Cords of Goll.

ON THE DUALITY OF THE SYPHILITIC CHANCRE. (a)

By Charles R. Drysdale, M.D., M.R.C.P. Lond.; F.R.C.S. Eng.

Senior Physician to the Metropolitan Free Hospital; Physician to the Bolsover Street Lock Hospital (Rescue Society), London; Consulting Physician to the Farringdon General Dispensary.

(*Continued from page* 210.)

The physicians of the early days of syphilis were careful not to confound, as has so often been done since, the ulcer of the genital organs already described by the Greeks and Romans, with the livid and callous ulcers of the genital organs already seen by them. The description of the *mal Français*, given by Astruc, comprehends gonorrhœa and soft sore; but that was long after Vella had confounded the diseases, and Nicolas Massa, writing in 1532, had placed suppurating buboes among the symptoms of syphilis. Montanus, writing in 1537, at the age of eighty, describes syphilis without any allusion to the suppurating bubo. Brassavolus was one of the first to confuse the whole question of venereal diseases. He wrote a long treatise in 1551, which influenced Gabriel Fallopius and all succeeding writers.

Fallopius, in 1555, went so far as to say that gonorrhœa had only appeared some fifteen years as a new symptom of syphilis. He thus writes:—"Ultimum signum est gonorrhœa gallica, signum incipientis morbi, quæ nobis indicat istius Protæi naturam." Astruc followed in his wake.

Nicolas de Blegny, in 1673, speaks of the indurated chancre; but he considered it no longer, as the early authors, as a special chancre. Induration, in his eyes, is only a form which indicates the approach of the general symptoms of syphilis. This was—as we know historically—for a long time the creed of M. Ricord. We know, too, that M. Ricord had to devote a great period of his life to proving the complete independence of gonorrhœa from syphilis or from soft sores.

Before 1495, ulcers on the genitals, suppurating buboes, warts and other vegetations, with discharges from the urethra, seem to have been treated by merely local means. But with the appearance of the new disease a new remedy—mercury—was introduced into practice. It was, as it is now at Aix-la-Chapelle, used at first only by the method of friction with mercurial ointment. Unfortunately, this practice was soon extended to patients with soft or local sores, and even to gonorrhœa in some cases, and thus for three hundred years it was the practice to use mercury in thousands of cases where it could not be of the slightest service. For the custom was soon established of giving mercury not only in order to modify existing syphilitic symptoms, but also as a preventive of possible constitutional symptoms, as soon as the first symptoms of contagion commenced to appear.

Thus the doctrine of the unity of nature of all venereal diseases, which commenced to reign before the middle of the sixteenth century, has produced two equally unfortunate results—the first, that affections have been considered identical which ought to remain separate; the second, in having exposed for three centuries, without the smallest necessity, a multitude of patients to all the inconveniences of mercurial treatment for no purpose. The influence of the dominant doctrines held in England by Sir James Paget and Mr. Jonathan Hutchinson are made evident by the fact that Dr. Balfour and his successors, instead of dividing venereal diseases into gonorrhœa, syphilis, and soft sores, as is done in Parisian statistics, has given one column for gonorrhœa and another for secondary syphilis, whilst they have a third column for primary venereal sores—a column which has been the cause of more confusion and bad reasoning than any person with a love for precision can contemplate without dismay. When reminded by myself of this confusion, at a recent debate at the Statistical Society of London, Dr. Balfour explained that he had framed his statistical tables after hearing the opinions of Paget and Hutchinson; and on expressing my opinion that the column of primary venereal sores was utterly valueless as an element of statistics, he asked me if I did not believe that soft sores were occasionally the cause of syphilis. I took the liberty to reply at once in the negative.

As it appears, then, that Mr. Hutchinson is chiefly responsible for the Army Medical Statistical Report, I should be doing wrong did I not advert to the theory—for it is but a theory—put forward by that gentleman to account for the origin of the soft sore. Before doing so, however, I would, following Mr. Henry Lee, point out that it seems to me that there are three forms of sores produced by inoculation. There is an inoculation, when we see new matter deposited perfectly circumscribed, accurately defined, which does not tend for a long time, at least in a healthy state of the body, and perhaps not at all, to undergo ulceration or suppuration. This is the distinct infecting inoculation. In another case, we see that instead of this, the inoculated point suppurates at once, and ulcerates at once; there is no new matter deposited, and there is always a loss of substance which there was not in the first case. There is a third form of inoculation, in which solid new matter is deposited which has not the character mentioned in the first case, but which gradually diffuses itself into the consistency of the surrounding tissues and has a tendency quickly to degenerate.

These are three very distinct forms of action, and they are not only perfectly characteristic, but Mr. Lee believes, and I share his opinion, diagnostic of different affections.

The first is the real infecting sore, which indicates the general infection of the system; the second is the suppurating sore, which always leaves a loss of substance which suppurates and ulcerates, and, as far as any evidence goes which can be obtained, never affects the constitution: then comes the third form, which has caused the confusion between the other two, where a person, having already had syphilis, is reinoculated with that syphilis, and the induration has not then the period of incubation which is natural to acquired syphilis, but comes on at once and rapidly degenerates. This afterwards simulates the soft sore, but is not the soft sore; it has not run its course, but has had solid matter deposited before any ulceration takes place.

Clinical observation has shown clearly, that in the infecting ulcer there exists a period of incubation between the moment of contagion and the appearance of the ulcer, whilst in the soft sore the ulcer takes place in a few hours, or in two or three days at most. Diday, out of 29 cases of infecting sores, found a mean incubation of 14 days. Clerc found it to be 30 days in different cases. Rinecker, in 1852, observed an incubation of 25 days: Bærensprung, in an inoculation made by him in 1859, observed an incubation of 33 days. Danielssen, in 1853, noted an incubation of 14 days. Rollet, in 1856, noted one of 18 days: Gibert, in 1859, noted one of 19 days. Cullerier inoculated syphilis in 1861, and there was an incubation period of 15 days. Waller, in 1851, inoculated the blood of a syphilitic patient, and observed an incubation of 34 days. Pellizari, in 1860, did the same, and there was an incubation period of 22 days. Wallace, in 1835, made three inoculations with the secretions of mucous tubercles on healthy persons, and the incubation period varied from 23 to 36 days. Gibert did the same in 1859 twice, and the incubation period was in one case 18, and in another 25 days. Bærensprung, in 1859, noted an inoculation from mucous tubercles, with an incubation of 30 days: Lindworm in, 1860, one of 26 days: Galligo, in 1861 one of 17 days.

The secretion of pustular syphilitic eruptions was inoculated by Wallace (that great benefactor of his race, who introduced iodide of potassium into the treatment of this disease) in two cases, and there was an incubation of twenty-nine days; Vidal found in a similar case an incubation of twenty-eight days; and Rinecker, in 1852, an incubation of twenty-eight days.

(a) A paper to be read at the Philadelphia International Medical Congress in September, 1876.

I think that Mr. Henry Lee was the first (*British and Foreign Medical and Chir. Rev.*, 1859) to point out how excessively difficult it was to re-inoculate infecting chancres on the patient himself. Fournier produced auto-inoculation once in ninety-nine trials; Puche succeeded twice in one hundred cases; Rollet six times in one hundred cases. As a general rule the infecting ulcer is not auto-inoculable.

Two years after the publication of Bassereau's celebrated treatise on the Duality of the Chancre, Clerc, in a work entitled "Memoire des Chancroides Syphilitiques," written in 1854, whilst confirming the fundamental principle of the theory, added that he believed that the secretion of the soft sore was but a modification of that of the infecting one, from the fact that this sore was inoculated in a person already affected with syphilis; that the said ulcer was then capable of transmitting itself indefinitely, without resuming its infecting power. He found between the two ulcers the same analogy as exists between variola and varioloid diseases, so this he styled the soft sore *chancroid.* But how would this fit in with the facts that the blood and secondary symptoms of syphilitic persons are contagious?

In 1860, Rollet, of Lyons, called attention to another point. He observed that whilst the two ulcers might be both naturally and artificially inoculated, each in its own species, yet their products may occasionally, though very rarely indeed, be found united, so as to form a composite ulcer, which he called *mixed.* There is nothing contradictory of common sense or common experience in this view of Rollet, for every one who has seen syphilisation practised by Bœck, has seen, of course, the two sores co-existing on the same person. The occurrence of such mixed sores will easily account for the rare cases where soft sores appear to indurate later on and produce syphilis. Langlebert, a former antagonist of dualism, who, however, is now silent on this point, used to invoke the experiments of Bœck and Bidenkap, of Christiana, who, irritating with powdered savine an infecting ulcer or mucous tubercle, said that they had often obtained by inoculation of the purulent product a non-infecting sore. To this it may be replied that these experiments were never verified, for the experiments made by others in the same direction (and I have myself made a good many) either failed entirely, or produced only a simple wound caused by the irritation of the pus.

Mr. Jonathan Hutchinson has of late years (*Lancet*, Sept. 18, 1875) written a paper on "Soft Chancres in their Relation to Syphilis," in which he explains that his creed is simply this, "that soft chancre is produced by pus contagion, the other by a specific virus." Mr. Hutchinson considers that the virus of syphilis is of the nature of a yeast. He admits that when syphilis is inoculated there is an incubation of about a month before the sore appears; but, he adds, the qualities in the specific poisons which cause induration in the chancre may also cause inflammation of a more destructive kind, and then the sore, instead of remaining almost free from ulceration and suppuration, becomes deeply eroded by molecular gangrene, and may discharge purulent secretion in some abundance. This view of Mr. Hutchinson's seems entirely to be in contradiction to the clinical facts set forth by MM. Bassereau, Fournier, Caby, and Ricord, and I confess I do not see that he has given sufficient cases to counterbalance their cases of confrontation.

Mr. Hutchinson maintains that "all living pus is contagious," although, he adds, we are not to expect the pus of an abscess which is usually dead, to manifest vital properties. He then proceeds to say: "The bearing of these facts on the theory of venereal sores is obvious. We have seen that the true virus of syphilis may cause inflammation [this, as far as I can see, is an assertion without proof], and thus result in ulceration and the formation of pus. "Let me ask you to believe (he says) that the pus so produced is in itself contagious, and you have my theory of all soft or non-infecting chancres. This pus, although produced by an inflammation caused by the specific germs of syphilis, does not necessarily contain these germs."

According to Mr. Hutchinson, the pus may or may not contain the virus, and mixed chancres are indeed very common.

"If," says this author, "the syphilitic virus and the pus cells produced by it were like each other in any degree comparable to the likeness between two seeds, even of the most widely different plants, there would be some show of reason for the terms employed by the dualists. On the contrary, I hold (he goes on to say) that the dualists have not, and never had, the slightest basis for their creed. . . . The soft sore is not syphilis at all, and cannot produce syphilis, nor is it the offspring of a sister virus."

It will be seen that Mr. Hutchinson is practically a dualist after all, and that he has merely, like M. Clerc in 1854, given a hypothetical explanation of the production of the soft sore.

To express himself more emphatically to his students, Mr. Hutchinson adds, if we could to-day exterminate soft sores, and destroy all the secretion capable of producing them by contagion, you must expect in a few weeks again to see them reproduced. And yet this great writer on syphilis had said a few liens before. "The soft sore is not syphilis at all, and cannot produce syphilis, nor is it the offspring of a sister virus." We see by this that Mr. Hutchinson is a dualist in the ordinary acceptation of the word, except that he, like Clerc has a hypothesis, concerning the origin of the species called *soft sore.*

It seems to me, too, that the assertion that, if we could get rid of the soft sore, it would be reproduced by the secretion from syphilitic persons is very strongly contradicted by facts as at present seen in Paris and other continental cities where laws for the prevention of venereal contagion are vigorously carried out. In Paris, for instance, it appears from the writings of my excellent friend, Dr. Charles Mauriac, one of the successors of M. Ricord, at the Hôpital du Midi, that in 1875 there were seen by him at that hospital only some 50 cases of soft sore entirely, whereas there were 268 cases of primary and secondary syphilis seen. Hence soft sores have been getting nearly stamped out in Paris, whilst hard sores and secondary syphilis, the secretions of which are alleged by Hutchinson, Morgan, and Clerc to be capable of causing soft sores, are greatly increased in quantity.

The pamphlet entitled "Rareté Actuelle du Chancre Simple," by Dr. Mauriac, Paris, 1876, shows that where in 1864 there were treated in the Midi Hospital 822 cases of gonorrhœa, 840 cases of primary and secondary syphilis, and 733 cases of soft sore, there were treated in the same hospital in 1873 no less than 1,402 cases of gonorrhœa, 1,450 of primary and secondary syphilis, and only 625 of soft sore. This soft sore, as I have said, seems to have almost disappeared comparatively in 1875, for if M. Mauriac treated only 50 cases, it is probable that only 150 cases were treated at his hospital, where he has two colleagues.

I know that Mr. Hutchinson has an idea that phagedæna is always the result of syphilis. I do not know whether he in like manner considers the soft sore as being quite in the same category, seeing that it not unfrequently becomes phagedænic. He considers the soft sore as nothing but a poor degraded and unprolific child of the one true syphilis. He, however, adds, "Perhaps some may be saying that I am asking them to believe a great deal on very little evidence. Candidly, I do not think so; for although I admit I offer nothing that can be called proof, yet the probability seems very strong." I, like those persons he was addressing, have grave doubts about this proof.

Mr. Hutchinson acknowledged that the soft sore has no period of incubation, that it is multiple, probably because the first sore is the parent of the other; and that it can be inoculated on the same person any number of times with the greatest ease, the constitution never becoming protected, because the disease is quite local; and yet he will not admit specificity of origin for the soft sore. Bœck was more consistent, for he inoculated with soft sore, in order to cure syphilis, from the idea that the soft sore was the product of the syphilitic virus.

There is a consequence which follows from Mr. Hutchinson's views, which is an awkward one. I will put it in his own words to his students: "If the argument be correct, it follows that, whenever you detect induration, you will be certain that constitutional syphilis will follow; but that, however sure you may be of the absence of induration, you can entertain no security unless a long period has elapsed. You will ask naturally, if this be so, would it not be well, bearing in mind the very serious consequences which syphilis entails, to deal with all soft chancres as if they were infecting ones? Candidly, my belief is that there would be a great wisdom in adopting this rule; at any rate, so far as local applications are concerned. In very many cases, I have no doubt that the soft sore occurs exactly over the site of a coming induration; and, should your patient consult you within a reasonable period of the exposure to contagion, I cannot but think that it is a good practice to destroy it by dressing and free cauterization, rather than to attempt merely to make it heal."

This may be true enough, but how are we to know when we succeed in arresting the entrance of the virus. Or would it ever be of any use to act thus a day after vaccination or inoculation of small-pox?

He further on canvasses the question whether mercury ought not to be given when there is a soft sore. "It is (he says) I am glad to believe, becoming increasingly the rule of English practice to give mercury so soon as ever specific induration can be recognised; but it is quite possible that we may, in the future, go further than this, and think that it is best to prescribe the remedy for all sores occurring within a month of contagion. We should no longer do so under the impression which formerly prevailed that it was necessary in order to make the sore heal, for we now know that the sore is not syphilis and cannot be influenced by its specific. The reason for giving it would be the fear that the patient may be passing unnoticed through the incubative stage of a true chancre. The soft sore proves that he has been contaminated with venereal pus, and shows that it is not improbable that he may have received the syphilitic virus also. It is quite possible that the antidotal properties of mercury may be much greater in the early stage than in the later ones."

I am afraid that, although Mr. Hutchinson himself is not in the habit of prescribing mercury for soft sores, the consequence of his teaching that dualism is dead may be that many persons may again recommence the practice of giving the drug in all cases of sores on the genitals.

Now, although I am a convert to the opinion that mercury is of service in true syphilis, although I find I am obliged to confine my doses to one-sixth of a grain of the proto-iodide twice a-day, and even then I do not often escape slight salivation, I protest against *extending* the limited range of mercurial medication beyond the cases of true syphilis, and hence I am practically, like Mr. Hutchinson, a dualist; but, moreover, I am, after Bassereau and Fournier a believer in a separate poison in the case of the soft sore.

We are informed that the total amount received towars this year's Hospital Saturday Fund, up to ten o'clock on Saturday evening, was £4,430, being £718 in excess of the amount received up to the corresponding period last year.

The plague is reported to have broken out in the Turkish camp around Alexinatz with great virulence. The commander has had all the tents and bedding burned, and has to shift the position of his lines every day or two.

Clinical Records.

INTUSSUSCEPTION IN A CHILD.

The following case of Intussusception occurring in a child six months old, and its successful treatment, as reported by George B. Fundenberg, M.D., in the *Medical and Surgical Reporter*, Philadelphia, is worthy of note, and will be best given in Dr. Fundenberg's own words:—

"Not long ago I was called to see a fat, well-developed child of six months. The mother directed my attention to a purple tumour which appeared at the anal sphincter when the child strained, and disappeared when the straining ceased. This tenesmus had existed forty-eight hours, nothing but a small quantity of mucus being passed. During the last six hours incessant attempts to vomit came on, with the occasional ejection of the stercoraceous contents of the bowels.

Upon introducing the index-finger, it came into contact with a cone-shaped tumour, which was evidently an intussusception, and not of the rectum, for the finger could readily be passed up as far as the colon, and yet not reach the reflected upper portion of the intestine. No opening could at first be discovered at the end of the projecting bowel, but upon a more careful examination, I found an aperture at one side, into which I could pass the tip of the finger. This position of the opening served only to confirm the diagnosis, for, as is well known, the attachment of the mesocolon turns the orifice to one side. The shape of the opening was also characteristic, being more like a slit than a round hole, a fact accounted for by the same traction of the mesocolon. I now prepared to reduce the intussusception by the only method which occurred to me as likely to succeed.

Assisted by Dr. O. M. Schindel, I placed the child under the full influence of chloroform, having previously wrapped the flange of the nozzle of a Davidson's syringe with a roller bandage, an inch and a-half wide, in such a manner that when the nozzle should be introduced into the rectum the bandage, tightly pressed against the nates, would make the apparatus water-tight, and thus prevent regurgitation. My assistant now inverted the body of the child, and while in this position, I injected about two quarts of tepid water, and holding the wrapped bandage tightly against the body of the child, the force of the injection and the aid of gravitation were brought to bear in the most efficient manner, in the return and straightening out of the bowel, the child being at the same time completely anæsthetized, so that no resistance nor tenesmic efforts prevented restitution. After about ten minutes of this kind of effort, the nozzle was withdrawn, and a careful examination made, but no tumour could be felt. A sufficient dose of morphia was now given, before the child had quite recovered from the influence of the chloroform, and successive doses were ordered, sufficiently to keep the child quiet for several days. Liquid nourishment was given, and in forty-eight hours more the bowels moved freely and spontaneously, and there was no further return of the trouble.

The rarity of cases like this may be estimated, when it is stated that the occurrence is rarely referred to in the books. Vogel remarks that "intussusceptions occur frequently in the large intestines, and, when in the rectum, may possibly be felt *per anum.*"

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SOCIETY FOR PROMOTING LEGISLATION FOR THE CONTROL AND CURE OF HABITUAL DRUNKARDS.

The Inaugural Meeting of this Society was held last Friday at the Charing-Cross Hotel.

Dr. Alfred Carpenter, who was voted to the chair, opened the proceedings by stating that the object which they had in view was the formation of a society for furthering legislation for the control and cure of habitual drunkards. There was much to be expected from a few earnest workers in this movement, and as "great events from trifling causes spring," he hoped that great results might ensue from the present meeting. That there was need of further legislation had been amply proved. On a former occasion a meeting of medical men had been held, at which Sir Thomas Watson had put the case in a very forcible manner. The report of the select committee of 1872 had recommended a certain course of legislation; but the report of that committee had not as yet met with any response from the House of Commons. But, besides the evidence laid before that committee, they had the testimony of the whole medical profession as to the necessity that existed for legislation upon the subject. The movement also received the support of most of the medical journals, of which the *British Medical Journal* and the MEDICAL PRESS AND CIRCULAR were specially mentioned. But a considerable difference of opinions existed as to the form legislative interference should take, and therefore it was that a society specially devoted to the consideration of the subject should be formed. The great object of the Society was to follow up the action initiated by the British Medical and Social Science Associations, but another object they would have in view was to combat the mistaken notions there were on the subject; while the Society would have the advantage of combining the lay with the medical element, and so of putting the case before the public in such a manner as to gain their support. When all the facts of their case and the objects which they had in view were laid before the public, and the public were properly instructed in the matter, legislation on the subject would then be feasible. The chairman deprecated the practice of sending persons to prison repeatedly for drunkenness, and said that the absurdity and failure of the present primitive legislation on the subject was shown by the habitual drunkard invariably returning to his old habits directly he had gained his liberty. Besides they were sent to prison and treated as criminals for what in their case was a mania. There ought to be proper places where they could be sent until they were cured, and where they would be in the same positions as criminal children who were sent to a reformatory. There were also a great many cases among the higher classes which came before the law courts; and although the former class must be dealt with first, the latter would not be overlooked, as the circumstances which justify legislative control in one case would justify it in the other also, and what would be right in the former must be equally right in the latter. Dr. Carpenter also observed that one good result of the legislation which they proposed would be of a prospective nature, inasmuch as it would greatly diminish the hereditary tendency of drunkenness which existed among children of habitual drunkards.

Dr. Hardwicke, coroner for Central Middlesex, moved, "That this meeting, being convinced of the necessity for further legislation in regard to habitual drunkards, hereby constitutes itself into a Society for the attainment of this object." He said the public had no idea of the enormous amount of disease and death produced by drunkenness that was revealed in coroners' courts such as that over which he presided,

Mr. Harry Chubb seconded the resolution, which was carried. He said he had visited some of the retreats in America, and was convinced that the treatment there adopted was very successful, although the control of the patients was not so great as would be necessary in this country. Dr. N. Kerr, who had resided many years in America, gave similar testimony as to the good results following the plan adopted in some parts of that country. Mr. Safford said that there was a great difference of opinion on this subject between the legal and medical professions. The lawyers looked upon the present movement as the inauguration of a new system of lunatic asylums, whereas they (he among them) regarded habitual drunkenness as a crime and not as a disease. For if drunkenness was treated as a disease, it might then become a plea for all sorts of crimes which the law at present looked upon as being aggravated rather than palliated by the drunkenness.

The following were requested to act as vice-presidents of the Society: the Archbishops of Canterbury and York, the Bishops, the Deans (including the Very Rev. the Dean of Bangor), Cardinal Manning, Sir T. Watson, Bart., Vice-Admiral Sir W. King Hall, K.C.B., and such other gentlemen as the executive committee might select.

An executive committee was appointed, Dr. Carpenter consented to act as treasurer, and other motions concluded the business of the meeting.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 27, 1876.

EXCHANGES IN THE ARMY MEDICAL DEPARTMENT.

IT may seem a far too trivial matter to which to attract public interest or official attention, that to the officers of a secondary department of the army is denied a privilege accorded by Act of Parliament to every other branch of the military service.

But if it can be shown that by this arbitrary exclusion many an English family is plunged in sadness and separation; that the delicate wife, or dying child is compelled to bid a farwell to the husband or father, which shall be their last embrace on earth: that the aged parent drawing to the close of life, whose harrowing sympathies centre all the more intensely in his or her surviving son is forced to anticipate the bitter pangs of that hour of parting which humanity softens as it can, and upon which in no other instance would officialism dare to inflict unnecessary outrage, it will then doubtless be admitted that the subject is not too small for public notice.

It may be taken as an axiom that no young man of ample or independent means ever enters the Army Medical Department, since, were the tastes of such an one military, he would assuredly embrace the military profession, in which he would find social distinction and an opportunity of renown, and were his propensities medical he would of course join in the stimulating rivalry of the metropolis, or other large city, in which he could afford to await that class of practice which would be agreeable in its performance and productive of fame in proportion to his merits.

As therefore comparatively poor men enter the Department, it is evident that the luxury of exchange, even if desired in early service, cannot be enjoyed, and that it is only in after years when money has been obtained by long previous residence in India, by marriage, or by inheritance, that the privilege of continued sojourn amid the expenses of England can be indulged in.

It has been proved by Surgeon-Major De Chaumont, that the mortality of medical officers is twice as great as that of their combatant brethren, and it may legitimately be inferred that their health is two-fold more deteriorated, yet when in middle life they seek to avoid a repetition of the injury already received from foreign service, and either from personal delicacy, or family considerations, solicit an exchange. They learn that they alone of all the military bodies are to be debarred from what the English Parliament considered a just concession to the English Army; and that whether the application be on account of previous loss of health, on behalf of a sickly wife, or for the sake of a dying parent, the same inexorable reply awaits the suppliant, "that in the case of medical officers the public service does not acknowledge the existence of family concerns, and that the applicant must either resign with his commission all claim to compensation for his many years of toil, or obey the inflexible command.

Here alone of all the transactions of life is the value of money rendered null and void, and in this service only are men compelled in time of peace to surrender all control over their own careers.

Yet from another point of view is the hardship twofold, for besides the one who pleads for permission to purchase the privilege of remaining in England is he, who, having incurred a debt beyond his means, or having married on too small an income, is glad to obtain a sum which will free him from his difficulty, and enable him to secure on foreign service an increase of pay sufficient to maintain his family in decency and comfort, still he is refused the chance, and is obliged to submit to the cost of English living till his little stock of money and credit is nearly, or quite, expended.

Thus their individual duties are forced upon two unwilling servants, who go forth under a depressing weight of hardship and injustice, sensible that the boon which they so earnestly, but fruitlessly besought, would have been granted to any officer of any other corps without the necessity of a pretext.

Strange to say, no one has yet offered any reason for this summary abrogation of a privilege hitherto enjoyed in common with the rest of the army, beyond an illogical assertion that if A exchanged with B, it in some inexplicable way injured C; but of the nature of the injury no definition can be given, and now that a certain amount of foreign service is held to be an indispensable qualification for promotion to the higher grades, it would not be possible to define how an exchange can in any way affect a third party.

We do not for a moment credit, nor shall we give expression to the insinuations made against those in authority over the Medical Department to account for their action in this matter. We sincerely believe that their conduct has been actuated by a mistaken, though honest, idea that they were distributing equal justice to all, while from pre-occupation with weightier affairs the subject has been but superficially dealt with, and we are just as certain that on re-consideration they will perceive how much it behoves them, more particularly at a time when fundamental changes are being introduced, to see that those whose welfare and interests are committed to their keeping shall suffer no diminution of privileges from what they previously enjoyed, nor in comparison to what are conceded to the other officers of the army, still less is it politic at this very time to add so grave a wrong to the many causes of distrust which have reduced the credit of the Department to such an ebb, that even at advanced ages, and on the lowest marks ever given only 33 candidates can be found for the 50 vacancies offered for public competition.

That an enforced *conscription* for foreign service should be suddenly imposed upon those who entered Her Majesty's Army many years ago under totally different regulations, is an obvious grievance intelligible to the most uninitiated, and can only require to be stated to enlist the sympathies of many who having means of approach to the Secretary of State for War will doubtless use their efforts to obtain redress for those who are powerless in their own cause.

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WHAT TO EAT AND DRINK.

"Some people," said Dr. Johnson, when partaking one night of a good supper, "have a foolish way of not minding or not pretending to mind what they eat. For my part, I mind my belly very studiously and very carefully; for I look upon it, that he who does not mind his belly will hardly mind anything else." There is undoubtedly a good deal of truth in this speech, for although many great celebrities, past and present, such as Julius Cæsar, Sir Isaac Newton, and others we might mention, were very indifferent as to what they ate, yet the majority of those who have attained to great eminence, who have worked hard all their lives, and who have, moreover, reached a good old age, are reported to have had a strong stomach, good digestion, and a keen relish for the pleasures of the table. At the same time we think that, were Dr. Johnson alive now he would not have much fault to find with the indifference of the public as to what they ate and drank. For we are rather disposed now-a-days to give too much, rather than too little, attention to the subject of gastronomics.

Very recently the Anatomical and Physiological Section of the British Association was occupied with a discussion on this question. Professor Wanklyn opened the meeting by reading a paper on the effects of the mineral substance in drinking water on the health of the community; and afterwards Mr. Groom Napier read a paper on the unwholesomeness of flesh in tropical climates. There was, however, very little originality in the manner in which either of these subjects was treated, as a glance at these respective papers will show.

Mr. Wankyln drew attention to the large quantity of water consumed daily by man in some from or other—to the nature and qualities of the hard and soft kinds of drinking water—to the great value of the mineral constituents of water, especially lime, in the due nutrition of the body—to the evil results of drinking impure water, and other topics with which we are all more or less familiar.

Nor was there much more novelty in the remarks of Mr. Napier, except where he states that our cattle are habitually over-fed, and are always in a feverish and phlegmonous condition, which tends, he says, to make their flesh a dangerous article of food.

That much animal food is quite unnecessary, or even harmful in tropical countries, and that it is, when aided by other causes, such as the indulgence in alcoholic liquors, a fruitful source of fevers, dysentery and liver complaints ; all this has been shown over and over again, and by observers from all parts of the world. The late Dr. Copland, when travelling in the early part of his career, in the most unhealthy parts of intertropical Africa, met with an Englishman, who had lived there between thirty and forty years, and was even then in the enjoyment of health. "The circumstance," remarks Dr. Copland, "was singular, and in answer to my inquiries as to his habits, he informed me that soon after his removal to that pestilential climate, his health continued to suffer, when, after trying various methods without benefit, he had pursued as closely as possible the modes of life of the natives, adopting both their diet and beverages, and from that time he had experienced no serious illness." In fact, we cannot help remarking, by the way, that the number of facts, theories, and doctrines farbished up in many of the papers read at our different societies and associations, and which get the credit of being new and original, is really surprising, and certainly does not say much for the acuteness of either the writers or the readers of the present day. But, to return to our subject, it is evident that the question as to what is best to eat and drink in tropical climates lies in a nutshell, for both theory and experience show that the diet of the European living in these climates should, as regards both eating and drinking, approxmiate as much as possible to that adopted by the natives themselves ; due allowance, however, being made for the requirements of long established habits, and peculiarities of constitution, as well as for the more active life which is led by the European.

And that is true with regard to diet and regimen in tropical countries is, in a minor degree, equally true in respect of the mode of living most suitable during the short hot summers of more northern climates. He who lives sparingly, eats very little meat, confines his food chiefly to articles of a vegetable or farinaceous nature, and his drink to those beverages which contain little or no alcohol, will be far more healthy, active, and comfortable during the hot weather of this or any other country, than he who lives on a totally different system.

One of our representative newspapers, in commenting on the discussion which took place on this subject at the British Association, regrets that the section was broken up without arriving at any practical result, considering that "if there is one thing which the public wishes to know more than another, it is what it ought to eat and drink." Our contemporary even supposes that the Association could not be better employed than in considering the vital questions of what kind of water is best for drinking purposes, and how many ounces of meat a healthy man requires in the course of twenty-four hours. Now, for our part we are rather glad that the Section, to which reference has been made, did not arrive at any practical result, or lay down a lot of "cut and dried" rules on the subject. The public have been already satiated and too much perplexed with this question. One theorist tells them not to touch any kind of wine, beer, or spirits, as alcohol in any shape or form is nothing less than a poison, and that water is the only natural and legitimate drink of man. But when they rush to the water they are met by another theorist, who says, "now mind, my dear fellow, what water you drink. If you don't boil and filter your water you will be carried off by typhoid fever or cholera." And while the poor scared creature is enjoying his boiled and filtered water he is stopped by another, but more sensible theorist, who exclaims, "What, boiling your water! What do you think will become of your bones and your brain, if you precipitate all the lime and other salts which Nature has kindly provided for you?"

The fact is there is a good deal of twaddle and nonsense talked about this eating and drinking question, and perhaps it would be much better if both patients and those who are well, were allowed, or directed to follow more than they do, the dictates of their own instinctive feelings and experience, provided of course that temperance be the ruling principle to guide them. A healthy man should not be too anxious as to what he ought to eat and drink, but he ought to be able in moderation to eat, drink, and digest whatever comes in his way. "Præterea," remarks Dr. Gregory, "Sani et validi corporis utriusque sexus est, non modo suis, nihil impediente, probe functum esse muneribus, sed, tenacis prosperæ suæ valetudinis, multis, cæli, *victus, vitæ generis, varietatibus semet accommodasse*, et sic plurimas morborum causas impune tolerasse," and if we are not mistaken it was Abernethy, who, in reply to a patient who asked him what would agree best with his stomach, said "anything sir, until it is found to disagree with it." Indeed, there is no part of the body in which idiosyncrasy and peculiarity of constitution are so remarkable as they are in the stomach and digestive organs, but we are all too apt to overlook these conditions in laying down rules as to what people should eat and drink; while, on the other hand, we are, especially at the present day, too much inclined to be guided by certain notions we have respecting the physiology and chemistry of digestion and assimilation, and which although they may be partially true, are not sufficiently well established to be safe guides in practice. Thus, for instance, who would have thought a few years back that Liebig's doctrine as to the part played by oleaginous articles of food in the nutrition of the system would ever be assailed. For years it was taught in our text books as one of the best established facts in physiology, and which no one, one eminent physician excepted, ventured to refute. That physician was the celebrated Graves. From the very beginning he exposed the weak points in Liebig's theories, but these had taken such a strong hold of the medical profession that his protest was hardly listened to. Now, opinions on the subject have very much altered, and consequently we find a corresponding change in our principles of dietetics.

Instead, therefore, of framing a series of strict rules the observance of which might be found impracticable, we would rather say, be not over careful as to what you should eat or what you should drink; partake of all things in moderation; but be careful to eschew what ever your natural instinct or aversion prompts you to avoid, and whatever past experience has shown to be prejudicial.

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THE VISIT OF THE BRITISH ASSOCIATION TO DUBLIN.

We congratulate the profession as the most important section of the scientific community in Ireland, upon the acceptance of the proferred hospitality of the City of Dublin by the British Association for the year 1878. The proposal that the Parliament of Science should be invited to the Irish metropolis, which had originated with the University of Dublin and the Council of the Irish College of Surgeons, was warmly received by the Dublin Town Council, and the invitation itself was courteously and effectively communicated to the Association by the Lord Mayor of the City. Our *confrère*, Dr. G. B. Owens, who—as was proper—preceded the Provost of Trinity College, and Professor Haughton in urging the claims of the City of Dublin to the honour of a visit. The eloquence of the Lord Mayor and the University representatives was the more needed, inasmuch as a strong counter-claim was put in by Leeds, whose representative pressed its title to the honour with great emphasis and eloquence. The Irish speakers represented that Dublin had a strong claim on the Association, it not having met there for twenty-one years. There was much (the Lord Mayor said) to interest the Society. By that time the great telescope manufactured for the Austrian Government by Mr. Grubb will be erected at Rathmines for approval. Lord Rosse's new telescope will also be finished and can be seen at Parsonstown Observatory. The new Anatomical museums of Trinity College and the new museums and library of the Royal College of Surgeons will be finished. Trinity College Building, in the centre of the city, would accommodate within its walls (he observed) all the sections with ample committee-rooms and lecture halls. The Exhibition Palace would afford full accommodation for promenades, concerts, and lectures, and the country around afforded most favourable opportunities for enjoyable excursions.

We regret that Dr. Owens will not have the opportunity of carrying into effect his hospitable intentions in the capacity of chief magistrate, as a member of a scientific profession would aptly receive the Association in the Mansion House.

The vote of the committee (65 to 63) in favour of Dublin, may, we trust, be accepted as evidence that any prejudices which have hitherto existed in the "Saxon" mind in regard to Ireland and the Irish are wearing off, and we hope that Dublin will spare no effort to eradicate them by showing the Association that Ireland can show sterling scientific work proportionate to the brimming hospitality which, without doubt, it will extend to its visitors.

Appropriately to this subject, we publish the following letter:—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As we have been heretofore made aware before this time of year of the names of the Fellows who seek the Vice-Presidency in June, I write to ask if any have declared their intention of seeking that honour. Let me add one suggestion. The British Association meets in Dublin in 1878, and the Vice-President of next June will then be our President. That he should be a man worthy of the respect of that great scientific body, and one prepared to offer hospitality to distinguished visitors, will clearly appear to others besides

Your obedient servant,
A Provincial Fellow.

We very cordially endorse the suggestion of our correspondent, and trust to see in the occupancy of the Surgical Presidency of Ireland a Fellow who can do honour to the profession and his college both as a man and a savant.

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A DOMESTIC TRAGEDY.

"We know what we are," says Shakespeare, "but we know not what we may be;" and never is this truism more forcibly illustrated than in those terrible domestic tragedies which happen from time to time, and which must, unfortunately, be regarded as one of those calamities that are almost inseparable from our modern civilisation. We refer to the shocking and sudden acts of wholesale murder and suicide which have recently occurred within a very short time of each other, and of which a terrible example was recorded a few days ago in the daily papers.

A respectable man, living at Edinburgh, and described as a slate and marble merchant, is considerably worried about some business matters; but his behaviour does not to all appearances betray any feelings of either extraordinary excitement, or of depression. On the contrary, after dining with his wife and family, he proceeds to play with his children. To a sick baby in a crib by the side of the drawing-room fire he gives a number of toys, and with his boy, a child of about five years, he romps apparently in a spirited and happy manner. But no sooner does his wife leave the house than he sends his son for a hatchet that was used for breaking coals, with which he immediately murders him, and then rushes to the cradle and kills the infant in a most frightful and barbarous manner. Finally, after committing this terrible crime, he runs off to a branch line of the North British Railway, where he puts an end to his existence by throwing himself in front of a train. Such are the main features of a tragedy which we should be glad to speak of as one of rare or unprecedented occurrence. In this case, the man was about thirty-six years of age, and by those who knew him well he was supposed to be the last person in the world who would have been the chief actor in such a tragedy. He was looked upon as being remarkably calm and self-possessed, and invariably kind and affectionate in his family relations. It is, however, stated that he was very "retentive about his affairs," that he allowed them to prey upon his mind, and that there was an hereditary predisposition to insanity in his family.

This case is a striking example of the surprising suddenness with which an attack of homicidal and suicidal mania may come on, and without the least warning of the tragic consequences to which it leads. In the recent inquiry into the death of Mr. Bravo it was thought highly improbable, indeed, almost impossible, that a man should commit suicide, who had been known to be in good spirits shortly before the supposed act, and who had even made engagements for the day following that on which he had taken the poison. But the weakness of such an argument is at once shown by the occurrence of such unforeseen and unavoidable tragedies as that to which we are now drawing attention. That attacks of either homicidal or suicidal mania may happen without any warning whatever, or without any premonitory symptoms recognisable by ordinary individuals, is a circumstance which is pretty well known to those who have much to do with the insane. Nor is the occasional occurrence of a sudden and uncontrollable impulse to commit murder or suicide wholly unaccountable. There is no part of the body the health and strength of which can be accurately measured until it has been actually gauged or tested; but with regard to the brain, it often happens that its inherent weakness, or the condition, whatever that may be, to which this form of insanity is due, is not manifested by any outward signs until that organ has been exposed to a test which completely overwhelms it. It is sad to think that this should ever be the case, as where there is no warning there can be no protection, but, nevertheless, it is so. He who hangs from a precipice by a rope, the threads of which are rotten or badly spun, may fall at any moment in which additional weight is brought to bear upon it. And he who is by nature weak minded, or whose cerebral organisation, either from acquired or hereditary causes, predisposes him to insanity, may, while in the enjoyment of health, suddenly succumb to the most uncontrollable impulses or to the worst form of suicidal mania. Nor can we point out any remedy, or show how such frightful occurrences may be prevented. This tragedy in real life is, unfortunately, one of the debts that society has to pay for its high state of civilisation, and for the great competition that exists amongst all classes of the community. All that medical men and morality can do is to impress upon every one the responsibility of his position as a member of society, and to show him that it is his duty to put all the restraint in his power upon his passions and impulses, and not to allow misfortune to prey upon his mind to such a degree as might lead to far more serious results than could arise from the most irretrievable losses.

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THE SPIRITUALIST FURORE.

Professor Barrett and Mr. Wallace are overwhelmed just now by the odium which the prejudiced invariably display towards those who differ from them, and which "Britishers" have through all time manifested towards the promulgators of any theory difficult of belief. We firmly believe that both Mr. Crookes and Professor Barrett have been hoodwinked by the spiritualists, but that is not the question at present in issue. The controversy rages as to whether the British Association should or should not have listened to a communication on mesmerism and spiritualism or should condescend to exercise itself upon an inquiry into the subject. In our opinion the admitted phenomena of mesmerism and the asserted cognate phenomena of spiritualism are well worthy of the investigation of the Association. The former class of observation, though they were at the time of their first introdution to the world scouted as impostures just as spiritualistic performances now are, have been long since accepted as real, very remarkable and possibly very important evolutions of the nervous system. They have nevertheless, been shunned by scientific men as a dangerous and unpopular subject of examination, and have remained neglected—though they might probably throw most valuable light upon nerve physics—simply because the stupid British public has chosen to look upon them as little better than chartalanism. That phenomena so inviting to the psychologist and biologist have been thus shunned in deference to popular prejudices, speaks little for either the courage of investigators or the good sense of Englishmen. They asserted phenomena of spiritualism have been now placed on the same footing as those of mesmerism originally occupied by the writings of Crookes and Barrett—men whose special trade in the searching out of obscure physical phenomena and whose minds are presumed to be trained to observe in a perfectly calm, observant, and unbiased spirit, to assume nothing and to believe nothing but that which they have the closest scientific proof. They may have been, and, we believe, were deceived, but what they testify of assumes at once great gravity, and it is simply puerile to assail them with abuse because they have honestly stated what they believed that their eyes saw, their ears heard, their fingers felt, and their brains accepted; and equally puerile to say that thinking people have a duty to refuse to see, hear, or think, and are therefore bound to assume the whole affair to be a swindle, without permitting themselves to ascertain whether it be so or not.

We of course do not suggest that the British Association ought to employ itself on all occasions with the incredible, especially when the incredible is a trade driven by persons of more than doubtful repute, not when a remarkable and inexplicable manifestation is lifted from the region of quackery into that of apparent fact by investigators of undoubted character, no scientific body can afford to refuse to see and pass judgment upon it. Whether the dictum of Barrett and Crookes have yet raised it to such a dignity is a debateable question; but those who think that it has cannot be satisfied with abuse of those who want to know all about it as a substitute for thought and enquiry.

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Notes on Current Topics.

The Alleged Prevalence of Typhoid Fever at South Kensington.

Dr. T. Orme Dudfield, Medical Officer of Health for South Kensington, has just issued a special report on the alleged chronic prevalence of typhoid fever in his district, and we are glad to find that he has most satisfactorily refuted the statements and arguments which have been brought forward by Sir Henry Cole, with the intention of affixing a stigma of special unhealthiness on what, after all, appears to be one of the most healthy parts of the metropolis. The absurdity of the arguments made use of by that gentleman showed that people of influence should be sure they have a case, and that they thoroughly understand the subject they are dealing with before they take upon themselves the responsibility of aspersing the public conduct of local authorities, who seem to know what they are about, and who are doing all they can to perform satisfactorily the duties imposed upon them. Because a certain number of deaths occurred in a parish extending so far as from Kensal Green in the north, to the Fulham Road in the south, and because South Kensington is a part of this large parish, therefore, argues Sir Henry Cole, deaths from fever have occurred in South Kensington. This is certainly a curious syllogism, but it appears, moreover, that Sir Henry Cole's facts are as defective as his logic; for Dr. Dudfield shows that the number of deaths from fever in the Kensington Town and Brompton district for the thirty-three weeks ending August 15th is much less than that given by Sir H. Cole; and that the death rate from typhoid fever in South Kensington was actually below the average rate in all London, being only 1·4 to 10,000 persons living, the rate in all London being 2·4 per 10,000. It is even plain that not one death from "fever" occurred in South Kensington, while the statement that "deaths have been occurring without the knowledge of the vestry or its medical officer" is also shown to be without foundation. With respect to the general healthiness of the large district above-mentioned, statistical facts show that its sanitary condition is the very reverse of that described by Sir H. Cole, for whereas the death rate in all London last year was 22·5 per 1,000 persons living, the rate in the parish was 19·4 per 1,000 (or 18·5, after deducting the deaths of non-parishioners in the Consumption Hospital), while the rate in the Brompton registration sub-district, including South Kensington, was only 16·6 per 1,000.

It was stated in a leading contemporary journal that "the zymotic death rate of the South Kensington district is steadily increasing, and that a death rate from zymotic diseases of more than two per 1,000 persons living is absurdly high for such a suburb as South Kensington." To this "I would reply that the zymotic death rate quoted is not that of 'South Kensington,' but of the Brompton registration sub-district; and that in order to form a just notion of the proper or usual zymotic death rate of any district, it is necessary to take into the calculation a sufficient number of years. The reason is obvious, and is so well expressed by a recent writer, that I cannot do better than quote his words: 'In attaching importance to an increased death rate from zymotic diseases during any period reference must be made to prior conditions. A prolonged immunity from measles, whooping-cough, or scarlet fever is sooner or later certain to be compensated by an increase proportionately great, because during the years of immunity the population susceptible to such diseases has continued to increase.' This fact should have been borne in mind in considering the present case; for though it is true that the zymotic death rate was higher last year, and is higher this year than in the year 1874 (with which the comparison is made to the disadvantage of the district) this higher rate, which is still not above the decennial rate, 'has,' to again quote the same writer, 'been caused rather by an increase of population susceptible from prior immunity than' (as assumed) 'from insanitary conditions.'"

It further appears from a table of death rates from seven principal zymotic diseases in 1875, and for eight different districts or parishes, that the respective death rates of Kensington and Brompton are lower than that of any other parish, the parish of St. George, Hanover Square, excepted, a fact which shows that South Kensington is not open to the reproach levelled against it.

When Dr. Dudfield published his reply in the *Times* to Sir H. Cole's letter, he forwarded to that gentleman documentary proofs of the statement he had made in refuting Sir Henry's assertions. Sir H. Cole has not returned to challenge this reply, and we have no doubt he had very good reasons for not doing so. It is more easy to get into difficulties than to get out of them.

Medical Education in Ceylon.

On the 12th ult. the Ceylon Medical School commenced its sessional work with the distribution of prizes to the successful students. At the same time, and in the presence of the Governor of the colony, the new buildings opposite the General Hospital were opened. His Excellency, accompanied by his aide-de-camp and other officers, was received by the medical staff, and his entrance was the signal for an enthusiastic reception by the students. Dr. Kynsey, addressing the Governor, said: "I have, in welcoming you among us, to offer you the hearty and grateful thanks, not only of the Civil Medical Department, but of the profession to which I belong, for the unceasing efforts you have made since your arrival in the colony to advance the cause of medicine by sanctioning the building of hospitals, and the opening of out-door dispensaries, so as to afford ample medical and surgical relief to the poor; and also for erecting at considerable cost the building in which I have now the honour of addressing you." Dr. Kynsey then entered into the history of the formation of the school of medicine, which, it appears, was founded in 1870, with twenty-five students, and at the present time there are thirty-eight pursuing their studies. During the present year the session has been divided into two parts, a winter session, with a couple of months interval between the second. Briefly to recapitulate the work of the school from its beginning in 1870 to the present time, ninety-five students were enrolled; of this number thirty-nine, or little over 41 per cent. left or retired for various reasons; forty-one, or 20 per cent. obtained diplomas, and thirty-eight are at present pursuing their studies. The numbers turned out as sub-assistant surgeons are not large, but it must be borne in mind that the school is still young, the standard has been raised, and that the class is now composed of an intelligent and hardworking set of young men, who are fully determined to work and eventually do credit to the teachers who take so much trouble in their education, and to the Government that has gone to so much expense in providing the means for their acquiring a useful and honourable profession. The Ceylon Medical School is designed to impart to the native youths a practical, sound, and safe knowledge of medicine and surgery, such as will enable them to engage in private practice, or fill subordinate posts in the public service. It was in reality founded with a view of introducing the blessings of European medicine in place of the grossest and most superstitious practices of the Vederales, or native medicine men of Ceylon, who possess no medical system at all, and who live on the credulity and ignorance of the people. The absence of all scientific knowledge of disease amongst the people of this country is the more surprising when we consider the very advanced information possessed by them on many other subjects far less important. Medicine in Ceylon, as practised by the native Vederale of the present day, holds the same position as it did in Europe during the middle ages, when it began, like most other callings, as an art based on purely empirical data, not founded on rational principles derived from the facts, but simply consisting in the facts. And it may here be asked what would be the present condition of European medicine if the purely empirical method had been followed? It would have been in the condition native medicine is now, or as it was in England centuries ago, but owing to the inculcation of principles it has become an art (imperfect, indeed, owing to its manifold difficulties), but which, to those who know the wonders of modern diagnosis, is simply marvellous by its completeness.

We heartily wish Dr. Kynsey and his colleagues the success their efforts deserve in so laudable an undertaking.

Bequests for Hospital Wards.

Sir William Fergusson, Bart., as one of the executors of the late Mrs. Nasmyth, has just proved the will in a personalty of £30,000, the whole of which is left to London charities. The most notable bequests are those to St. George's Hospital, £6,000; and to University College Hospital, £5,000; and in doing so she trusts that it will not be inconsistent with the rules and regulations of the governing bodies of such hospitals to establish with these sums in their respective hospitals a ward to be called "Mrs. Marian Nasmyth's Ward." Whether the authorities at these institutions will be able to build new wards with the money, or whether they may find themselves driven to the expedient of re-christening, or appropriating existing rooms to the purpose of the bequest remains to be seen. In any case the gifts are not likely to be "white elephants," nor need the executors to the will fear that the money will be thrown on their hands for disposition elsewhere. Whilst on the subject of charitable gifts, we may add that an anonymous donor, "F. C. J.," has sent £500 to the Seaford Convalescent Hospital, and "A Suffolk Rector" has forwarded £500 each to the Hospital for Sick Children, Great Ormond Street, London, the Seaman's Hospital, Greenwich, and the Margate Sea-Bathing Infirmary.

The Irish Registrarship-General.

The appointment of Dr. Malachy Burke to the office of Registrar-General for Ireland, which we announced in contemplation a couple of months since, has been gazetted, and we congratulate the profession and Dr. Burke on the placing of this important office under the guardianship of a medical man, which will not only guarantee efficiency of working of the department, but will save the country £700 a year.

As the office of Medical Superintendent—which was held by Dr. Burke—has been abolished, and as, manifestly, the department of Birth and Death Registration cannot be worked successfully, except by a medical man, who will be acquainted with the nature and nomenclature of disease, we look anxiously for some alteration in the law, which will make the Registrarship-General an essentially medical office. We presume it is the intention of the present Government that it shall be so, but Ministers are mortal, and the next occupants of the Treasury Bench may perhaps find in some half-pay officer or electioneering lawyer a special capacity for the classification of deaths and their causes. We therefore submit to Sir M. H. Beach—whose sole object, we are assured, is the effective and economical working of the department—the propriety of inserting a clause in the Irish Registration Bill just introduced by Lord Donoughmore, under the auspices of the Irish Medical Association, a clause to provide for the permanent occupancy of the office by a medical man.

The American International Medical Congress.

The formal opening of the sessions of the International Medical Congress took place on September 4th, in the hall of the University of Pennsylvania.

At noon precisely the session began with prayer. Professor Samuel D. Gross of this city then delivered the address of welcome to the delegates.

The address of Dr. Gross was followed by an address on medicine by Dr. Flint, Professor of Medicine in Bellevue Hospital Medical College, New York. The committee on nominations previously appointed presented a report recommending as President Dr. S. D. Gross, Philadelphia.

Amongst the names of the Vice-Presidents appear those of Dr. Joliffe Tufnell, of Dublin, Mr. William Adams, of London, and Professor Simpson, of Edinburgh.

The Chairmen of Sections were as follows:—Medicine, Professor Stillé; Biology. Professor J. C. Dalton; Surgery, Professor Joseph Lister; Dermatology and Syphilology, Dr. J. C. White: Obstetrics, Professor Barnes, of London; Ophthalmology, Dr. R. Brudenell Carter; Otology, Dr. L. Turnbull; Sanitary Science, Dr. Stephen Smith; Mental Diseases, Dr. J. P. Gray.

In the evening there was a public reception by the medical professors of this city in the Judges' Hall on the Exhibition grounds.

The Army Medical Department again.

The military correspondent of the *Irish Times* says that the greatest annoyance has been caused among medical officers in consequence of the steps which were lately taken for filling the appointment of surgeon of the 2nd Life Guards. "To say," he remarks, "that the appointment of Surgeon-Major Hensman was a 'wretched job' would be to speak of it in mild terms. It has been condemned on all sides, and it is one more nail in the coffin of Sir William Muir, who is assuredly earning for himself a most unenviable reputation. The doctors complained of the administration of Sir Thomas Logan; but I fancy they would give their head and ears could they see that gentleman again filling the seat which he vacated in April, 1874, in favour of the present Director-General. Personally, I respect Sir William Muir, as I believe him to be a man eminently conscientious, and most anxious to do that which he thinks will tend to promote the well-being of his department. I cannot conceive, though, how an officer of his experience can possibly be in favour of a system so utterly at variance with every principle of common sense as that known as the 'Unification,' which has now been in operation for three and a-half years, and which every officer one comes across condemns in the most unmeasured terms."

At the Antipodes the army medical powers that be do not seem to have achieved a much higher popularity than our own Director-General. The *Madras Times* notices the retirement of Surgeon-General Balfour in the following terms:—"We might 'improve the occasion' by reviewing Dr. Balfour's career, but we refrain. We have criticised him sharply while he held a position to which he ought never to have been appointed; and now that he is a private individual we are willing to let him depart in peace. At the same time, we cannot, knowing as we do what is the general departmental and professional estimate of him, express regret that in the course of nature he has become officially a thing of the past. Time may perhaps soften the asperity of the present criticism, and assist those who are now rejoicing at his departure as a great personal relief, to discover that there were compensations in even Dr. Balfour's administration."

In reference to a proposal to testimonialise Dr. Balfour, the same journal says—"Dr. Balfour is probably as well aware as ourselves that a public demonstration to a retiring head of a department which is conspicuous by the holding aloof of almost every officer of such department is not very valuable, but it is better than nothing, and as the strenuous endeavours of one of Dr. Balfour's subordinates to get up a testimonial or farewell dinner among his brother medical officers have met with hardly any encouragement, we do not deny his right to adopt another means of gratifying his late chief. If the committee succeed in writing an address that will not insult the understanding of the officers of the Medical Department, or send the rest of the community into fits of laughter at their expense, they will all deserve to be made Companions of the Star of Balfour for their pains."

The Late Dr. Laycock.

INTELLIGENCE has just reached us of the death of another eminent member of our profession in the person of Dr. Thomas Laycock, physician to Her Majesty the Queen in Scotland, which took place last Thursday at his residence in Edinburgh. Deceased, although apparently older, had only reached the age of sixty-four. Unflagging zeal in whatever he undertook, uncompromising in his views, and a resolute determination to carry opinions he had honestly formed at any risk, were amongst his most prominent characteristics, and which gained for him the respect alike of friends and foes. As a writer he is well and favourably known. "Mind and Brain; or, the Correlations of Consciousness and Organisation," was his best known contribution to medical literature. He translated for the New Sydenham Society, "Unzer's First Principles of Physiology," and "Prochaska's Dissertation on the Nervous System;" and was the author of "The Nervous Diseases of Women," "The Physiognomy of Disease," "Lectures on the Principles and Methods of Medical Observation and Research," besides numerous small treatises and papers in medical journals. Dr. Laycock's diplomas were F.R.C.P. Edin., L.R.C.P. Lond., M.R.C.S. Eng., and at the time of his death he was Professor of Physic in the University of Edinburgh.

Revision of the United States Pharmacopœia.

THE Committee of the American Pharmaceutical Association, who have in charge the revision of the United States Pharmacopœia for the next edition, recommend the following changes:—

1. That all measures of capacity be abandoned.
2. That all substances be weighed, and that the quantities be given in parts.
3. That all substances in the United States Pharmacopœia be arranged alphabetically.
4. That the botanical descriptions be made more exact and complete.
5. That the formula for the manufacture of chemicals which are recognised as produced entirely by manufacturing chemists be omitted, and that a description of the chemical be substituted, with such tests as shall be conclusive as to its identity and purity.

An Irish Fever Nest.

AT the meeting of the Castletown Board of Guardians last week, the relieving officer reported that a man named Michael Connor and his family lay in fever. They wanted relief and refused to come to hospital.

The medical officer said the barn in which they lay was only 9ft. wide. They suffered from typhus fever, but the place where they lay was so filthy and dark, being only 9ft. square, that it was hard to tell. A cow was in the house when he went there with the sewage flooding. He used all kinds of persuasion and unless he used force they would not come into hospital. The law would not permit them to use force unless a second family were living in the house as in the case of lodgers. The friends of the family feared to nurse them. There being no fever nurse an inmate volunteered to go as nurse.

After some discussion the care of the family was entrusted to the relieving officer, the doctor being in attendance already.

The case thus reported is but one of very many and it will be evident that a change in the law is absolutely requisite. It is obvious that medical treatment has no chance with a disease attended under such circumstances, but it is still more important that the disease is most likely to be communicated to the neighbours and thus beget an epidemic.

PROFESSOR SCHIFF, of Florence, has demonstrated that the non-edible mushrooms have a common poison, muscarina, and that its effects are counteracted either by atropine or daturine.

Parliamentary Representation of the Scotch Universities.

A CONTEMPORARY says that a vacancy must shortly be announced in the representation in Parliament of the Universities of Glasgow and Aberdeen, and believes that numerically, the medical element is sufficiently strong to turn the scale of the election; and if the medical electors will, sinking party feeling, combine to support a candidate belonging to their own profession, they will constitute a force far greater than any other candidate can hope to obtain outside purely political influcnce. Our contemporary names Dr. Farquharson, lecturer on Materia Medica at St. Mary's Hospital, as likely to come forward. Dr. Andrew Clark, who is one of the most distinguished sons of the University of Aberdeen, has declined to stand. The *British Med. Journal* gives a rumour that Dr. B. W. Richardson, F.R.S., is disposed to offer himself as a candidate, if formally invited by persons of sufficient influence. Dr. Richardson has no local or other connection with the counties or with the Universities, nor is he a Scotchman by birth; but his general claims are well known, and we imagine that his influence in Parliament would make itself felt advantageously.

The Poor Medical Student.

OUR readers may recollect that some few months ago we alluded to the hard case of a medical student who had for some years past completed his studies, including hospital attendance, as well as the necessary curriculum in one of the Dublin medical schools, and that owing to want of funds he was obliged to accept a situation in a respectable apothecary's establishment, the emoluments from such, small as they were, afforded him only the opportunity of assisting his aged and delicate mother and sickly brother. This poor medical student is, we can vouch, a member of a most respectable family, who owned considerable land and house property in Connaught, but like many others, lost all in the famine of '47 and '48. As he is now ready to present himself for the examination for the Letters Testimonial in Surgery, he only requires the necessary funds to pay up the balances due for lectures and hospital attendance. A few of his medical friends met last week to confer as to the best means to be adopted to advance the interests of this deserving young man, whom we can confidently recommend to our professional brethren as being thoroughly deserving of their pecuniary support; Dr. Davys, of Swords, has kindly consented to act as secretary and treasurer. We shall cheerfully acknowledge all subscriptions in our columns.

Of the deserving character of the poor medical student whose cause we plead, reference can be made to Dr. Lyons, Merrion Square; Dr. Mapother, Merrion Square; Dr. Jacob, Harcourt Street; Dr. Craeg, Harcourt Street; Dr. J. A. Byrne, Westland Row; Dr. Davys, Swords; Dr. McSwiney, Hume Street; Dr. Finnegan, Glasnenin, &c.

A MILK SALESMAN in Glasgow was fined last week £10, or forty days' imprisonment, for adulterating cream to the modest extent of 80 per cent. This is the highest fine we remember to have been inflicted for this offence.

Dr. Slade and Spiritualism.

IN our issue of the 13th inst. we endeavoured to expose the trickery being practised in London upon the credulous by a person styling himself "Dr. Slade." Since then this individual has attracted considerable attention; large audiences, drawn chiefly from the upper and middle classes, having attended his *séances*. The lay press has now taken the matter up, and notably *The Times* has opened its columns to a correspondence on the pretensions of "Dr. Slade." It will be remembered that during the recent discussion before the British Association, Dr. Carpenter stated that he had arranged for a sitting at his own house, as the result of his visit to Dr. Slade's had left him in doubt as to the *bona fides* of the so-called "manifestations" exhibited on that occasion. At this arranged sitting, Dr. Carpenter undertakes to subject Dr. Slade to such tests as he believes will either confirm the genuineness of the phenomena, or show that they are merely the tricks of the conjuror. In the meanwhile Mr. Ray Lankester, of University College, London; Dr. Donkin, assistant physician to the Westminster Hospital; and Mr. John Algernon Clarke, the joint inventor with Mr. Maskelyne of the automaton "Psycho," have given the public the benefit of their personal observations. These gentlemen, who may really be considered as experts, concur in declaring their conviction that the manifestations to be witnessed at Slade's are purely mechanical tricks combined with sleight of hand such as any clever conjuror could perform. If this conviction be as well founded, as it appears to be from the separate accounts given by the writers, it is not improbable that the medium will shrink from the tests which Dr. Carpenter will apply in his own house, or that there will be no "manifestations." The spirits have the knack of being dumb at critical moments, and mediums always fall back upon the explanation that the disturbing elements introduced have prevented the exhibition of the desired phenomena. It is to be hoped that the investigation upon which Dr. Carpenter has entered will be sufficiently exhaustive to remove all doubt from the minds of thoughtful people, and if we may be allowed to make a suggestion, it is that this *soi-doisant* medium be prosecuted for obtaining money under false pretences; a successful case would doubtless have a deterrent effect upon the assumption of future impostors.

Wine-Colouring.

THE "silent-spirit" fraud by which the worst sort of Scotch whiskey is sold under Custom House patronage, as the best Dublin whiskey, came before Parliament, as our readers remember, last session, at the instance of the distillers, who are defrauded. It seems that the wine merchants of Paris have been obliged to make similar representations to the French Government as to the colouring of wines.

Since the vintage of 1875 this proceeding has attained such a development as to raise fears not only for the good name of French wines, but also for the public health. The Syndicate of wine merchants of Paris has taken the matter up and urged it upon the attention of the French Government in a vigorously written memorial, in which it is roundly asserted that the sole object of the colouring is so to treat a wine, at an insignificant cost, that it may be sold considerably above its real value. Formerly colouring was only done to a small extent and with vegetable and comparatively inoffensive matters, but now, it is stated, hundreds of kilograms of arsenical fuchsine and other equally poisonous substances are used for the purpose, and the sale of such preparations is openly advertised. The Syndicate urges that it is useless to discuss in chemical laboratories whether fuchsine itself, or arsenical fuchsine when diluted to a certain extent, is poisonous or not, there being no guarantee against the greediness of the wine colourer. One result of the agitation has been that the officers of octroi have been ordered to take samples, for analysis, of all red wines coming into Paris.

Verdicts by Intuition.

Last week an inquest was held in Kilkenny, before the coroner, into the circumstances attending the sudden death on Saturday evening of a butcher.

After the hearing of certain evidence, the foreman of the jury asked if there was a medical gentleman to give testimony. The constable who was in charge said that it was for the coroner to say if a doctor was required, but the foreman said that unless the juror had taken out the degree of M.D. he did not think the jury were competent to form such an opinion.

The coroner said it was not necessary to go to the expense of a doctor, and

The jury thereupon returned a verdict, "Died from natural causes."

Referring to these proceedings, the *Kilkenny Moderator* asks: "Has a coroner the option of calling in the services of a medical witness at an inquest or not, according as his own sense of duty to the public may dictate? It is for the advantage of the administration of justice that even in the case of sudden death, under the most unsuspicious circumstances, the only person who could place the cause of death beyond reasonable doubt in the minds of a jury, should be called in, although it would entail the expense of a guinea on the public if his services were brought into requisition. Economy of the public money is a virtue, but economy in this, as in most cases, may be pushed to an extremity. There are higher considerations than those of public economy to be regarded here, and we trust that a desire to effect a paltry saving will not stand in the way of a coroner's jury again in coming to a satisfactory conclusion whenever the painful necessity should arise to call them together."

As corollary to this report we note a similar investigation by Dr. Hardwicke, as to the death of a man who had eaten a quantity of cheap pickles. In this case medical evidence was had, and gastric inflammation was proved, but no analysis of the pickles was obtained, and no one knew, or could possibly know, whether they were or were not deleterious. Nevertheless, we have the usual slap-dash verdict formally recorded and advertised through the papers, and a conclusion arrived at for which there is very little scientific ground, and which may be misleading to the public, and most unjust to innocent traders.

It is really quite time that the inquest system throughout the United Kingdom was reconstructed. Every detail of the present system is bad, and the pretension of coroner's courts to investigate the causes of death not only produce, in difficult cases, no good result, but produce positive harm to the community. Lord Francis Harvey has turned the first sod of a Parliamentary agitation on the subject, which we hope to see followed up, until some reliable court for the investigation of suspicious deaths is established.

By latest telegram we learn that yellow fever has appeared in an epidemic form at the seaport of Brunswick, in Georgia, United States. 600 persons are reported to have been attacked, and a frightful condition of affairs exists in the town.

The South London School of Chemistry and Pharmacy, under the principalship of Dr. Muter, opened its winter session last week with a hundred students on its books. We hope the Medical Schools which recommence on Monday next will be equally fortunate.

The London Hospital, the Surrey Ophthalmic Hospital, and the Earlswood Asylum, have each received a bequest of £200, from the will of Mr. W. Howell, late of Lambeth; and the Suffolk Hospital, Ipswich, receives £1,000 by the will of the Rev. C. B. Elliott, late rector of Lattingstone.

A certain doctor named Cleary, formerly of Collon, in the county Louth, now of Nenagh, in the county Tipperary, has long struggled for distinction as a politician and an administrator. At length he has succeeded, because he has occupied himself with dirty work which no one else would undertake—to wit, the clipping of the emoluments of his medical brethren. This gentleman was the mover of a proposition in the Local Board of Guardians to reduce the salaries of all the medical officers to £60 a-year, and in a large, and—as we suppose—not too liberal Board, he could not obtain a seconder for his motion. We cannot but entertain some regret that a medical man should occupy so discreditable a position, for if the ex-Mayor of Nenagh has not achieved a more reputable notoriety than that which his last move can give him, we advise him to rest content with his obscurity, and not attempt to make himself famous by be-fouling his own nest.

A discovery which reminds us of the Wainwright murder case has been made at Rome. A box forwarded to the railway station there from Naples lay for such a length of time without being claimed that the officials of the company began to suspect that something was wrong, and they proceeded to open it, and were shocked to find that it contained the remains of a young woman, but the body had been embalmed in such a manner that, although death had taken place long before, there were no signs of decomposition. Diligent inquiry led to the discovery that the corpse had been preserved and packed by a master baker occupying a good position in Naples, who had maintained the girl as his mistress. Traces of poison had been found in the body of the deceased, and little doubt is entertained that she met with her death by foul means. Great sensation has been created at Naples by the disclosure of these facts, and the trial is looked forward to with anxiety.

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Literature.

DR. TILBURY FOX'S ATLAS OF SKIN DISEASES. (a).

Of the various departments into which medicine is divided, there is perhaps none the study of which is so much facilitated by the pencil of the artist, and by the graphic description of a skilful writer, as that which deals with diseases of the skin. To the student or young practitioner, dermatology is often a medical *pons asinorum*, over which he has much difficulty in passing, and which is usually as much a bugbear to the student in practical medicine as the structure of the internal ear is to the student in anatomy. The many and conflicting methods of classification that have been adopted by different authors, the fine shading off of the characters of one disease into another, the complications that are met, and the frequency with which a skin disease is modified by treatment, by its chronicity, or by the habits and diathesis of the patient, are only some of the circumstances which puzzle the inexperienced practitioner, and make it difficult for him to form a correct diagnosis. But whilst the diagnosis of diseases of the skin by students is attended with difficulties, yet that class of affections necessarily admits much more of demonstration by means of coloured drawings than those which embrace diseases of the internal organs. It is indeed surprising how much may be learnt from graphic descriptions and correct illustrations of cutaneous diseases. We have a vivid recollection of the great assistance we got from works of this kind, when as a student we not only went direct from college to the hospital, but to a hospital where we had not much opportunity of studying the subject practically ; and we remember how easily we recognised the nature of the more common cases of skin disease which we afterwards met with at a special dispensary merely from the descriptions which we had read. There are many practitioners who, either from want of opportunity, or from having devoted their attention wholly to the other department of medicine, go into practice with a very meagre knowledge of dermatology. To such practitioners a work like this is invaluable. It is a true *vade-mecum*, a very fair guide upon which, if they make allowance for the little exaggerations and slight errors incidental to all coloured illustrations, they can implicitly rely. Such works are also very useful for the purpose of reference, especially to those who are practising in the country, who cannot call in the assistance of a specialist. The diagnosis of a doubtful case of skin disease may be often cleared up by a reference to an Atlas in which the illustrations and the accompanying descriptions are alike truthful and natural. At the same time it must be admitted that there are several forms of eruption the pathognomonic appearances of which can be more correctly described than illustrated, while in all cases the student must remember that more is to be learnt by studying a disease of the skin in the living subject, than from the most accurate description or most faithful illustration.

The Atlas to which we are now drawing attention is the more welcome, considering that no similar work has been published in this country for many years. It is based upon Willan's and Bateman's well known "Delineations of Cutaneous Diseases," but remodelled so as to represent the Dermatology of the present day. Of the seventy-two plates which this work will contain, more than half will be original, and have been made from original drawings satisfactorily executed from life. The work will consist of about eighteen parts, each of which contains four plates with descriptive letterpress and notes of treatment, and no small recommendation to it is its comparatively small and handy size, for the atlases of skin diseases that have been hitherto published are so large and unwieldy as to render their perusal troublesome and inconvenient. One of the faults which have usually characterised works of this kind, whether on dermatology or general pathology, is that the drawings are too highly coloured, and sometimes even a caricature of the affection delineated. From this error we are glad to see that the Atlas now under review is free, and that the drawings are for the most part a very faithful representation of what we see in the living subject. For example, we might point to the very excellent delineations of Strophulus albidus, Roseola æstiva, Lichen urticatus, Lichen planus, and several other eruptions which it is very difficult to illustrate in such a manner as will convey to the reader a correct impression of the real character of the disease.

The order in which the plates are published is a very practical one, proceeding from the more simple and more common forms of cutaneous disease to those which are more rare or complicated. The first eight plates, forming Parts 1 and 2 of the Atlas, represent the chief forms of the Erythematous eruptions, namely, Erythema, Urticaria, Strophulus, and Roseola. Of erythema there are five illustrations, corresponding to as many varieties of that disease, and all of which are well executed.

On the other hand, the two illustrations of Urticaria (*U. febrilis et chronica*) are not so successful as the appearance of the wheals in the plates is very different to that which obtains in nature. But to show how well even insignificant eruptions can be represented we would draw particular attention to the small figure by which Strophulus albidus is illustrated, and in which the eruption, although merely consisting of minute, slightly elevated and whitish specs, is delineated with photographic accuracy. Strophulus is not a serious disease, but here we are furnished with four varieties of it. Roseola æstiva is also very well done, but this disease is so often mistaken by beginners for measles and the latter for roseola, that we should like to have seen illustrations of these eruptions contrasted together side by side. The varieties of Roseola described are R. *æstiva autumnalis annulata*, and *infantilis*. In Parts 3 and 4 we have illustrations of nine varieties of Lichen, (Lichen *urticatus*, *simplex*, *agrius*, *circumscriptus*, *pilaris*, *lividus*, *planus*, *ruber*, and *scrofulosorum*,) and three varieties of Eczema. In the figures which illustrate Lichen urticatus, and which are original, we have another example of the admirable manner in which the artist may be able to represent an eruption which is by nature faint and comparatively invisible. Lichen lividus (a modification of purpura) and Lichen pilaris are equally well portrayed, while in the two figures of Lichen plaaris we have an illustration of an eruption which has only been recently recognised as a distinct disease, and which is scarcely yet known to the bulk of practitioners.

(To be continued.)

(a) "Atlas of Skin Diseases," a series of Coloured Illustrations, with Descriptive Text and Notes on Treatment. By Tilbury Fox, M.D. F.R.C.P., &c. London: J. A. Churchill, 1876.

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Correspondence.

INDIAN MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I know that your influential columns are never closed to any matter that concerns professional or public welfare. I may therefore ask you to insert a few remarks upon the Indian Medical Service which is gradually, and, I grieve to say, justly losing its *prestige*. In the Southern Presidency ("benighted" Madras) is this especially the case. The head of the Medical Department of this Presidency (who this day retires after a very successful administration), a man of untiring, though too often misdirected, energy, has succeeded during the five years of his official tenure in producing universal discontent in his department without even earning the confidence of Government. On the contrary, it is well known that the local Government frequently disregarded his advice. When the larger wheels of the official machine cannot move without jarring, it cannot be expected that minor ones will revolve smoothly. I shall here notice but two of many causes of discontent in the service—firstly, deficient supply of medical stores, and, secondly, "jobbing."

All the civil and military hospitals derive their supplies from the principal medical stores at Madras, but it is a fact—noticed on many occasions in the local press—that hospitals are habitually under-supplied, and frequenly run short of medicines, sometimes very important ones, and that the most common and necessary instruments cannot be obtained because there are none in store at the principal medical stores! "None in store" is the stereotyped reply to all inconvenient requests. *Why are there none in store?* This is a question not purely professional, but one of public importance, for most people in India are entirely dependent on Government for their supplies of medicines. It is hard to expect medical officers not to flag in their zeal when they find their work impeded at every step by a niggardly supply of hospital requisites, and are obliged to shape their prescriptions not according to the requirements of their patients, but according to the state of their hospital stores. Too often do they find their hands, which they would fain extend for the relief of suffering humanity, rendered powerless and bound down by the intricate knots of ubiquitous red tape.

This cheeseparing in the Madras Presidency is the more inexcusable because the hospitals which derive their stock from the Bombay stores are liberally supplied.

Another cause of discontent and heart-burning in the service is the manner in which officers are sometimes "pitchforked" into appointments. I do not mean to indicate that very eminent merit is not appreciated; it will assert itself anywhere; but the grievance is that men are too often placed in responsible positions, not because of professional merit or suitability, or of their standing in the service, but because they happen to be gifted with certain social accomplishments, have slipped into "the presidency clique," or have "a friend in Council," and nowhere is petticoat influence so powerful as in India. A notable instance has lately occurred in which a very young medical officer, whose professional merit is far from high if judged by the result of his examinations at Somerset House and at Netley, was gazetted to the civil surgeoncy of one of the most important military stations and largest towns in Southern India—a responsible and lucrative position—over the heads of many officers senior to him who were without any permanent appointments. This is a most unusual step even in the case of individuals of extraordinary merit. The wonder is explained by the fact that the gentleman in question had a very good opportunity of dancing into favour at the local court. His Grace of Buckingham did not see fit to appoint this officer to his personal staff, which would have done no injustice to the service, but he places him in a much more responsible, if not socially so good a position, and appoints a member of the *British* Medical Service to the "Surgeoncy to the Governor," which has always been looked upon as one of the few remaining prizes of the Indian Service. So much for the honour of a duke at the helm.

It is sometimes ludicrous to watch the changes of professors at the Madras Medical College. The system is this, an acting professorship becomes vacant, and may be filled up by an individual who is well, perhaps particularly, qualified to hold it. He becomes a member of the "presidency clique," and is considered to possess all the qualifications necessary to hold any appointment at the presidency, and any other professional chair, and it is not improbable that he may at different times be called upon to fill each professorship in turn. The sacred circle is thus saved from the intrusion of a better qualified outsider. This is alike unfair to the College and to the Service. It is at least unlikely that a man who is in the first place selected for his peculiar fitness to teach anatomy or surgery, is equally qualified to hold the professorship of chemistry, botany, hygiene, or materia medica. Yet this is constantly assumed to be the case.

I may here allude to a decided injustice which is now being done to the Madras Medical Service. British Burmah is entirely garrisoned by Madras troops, who have not shown the same mutinous objections as their Bengal brethren to cross the "black water." The civil appointments in that province, therefore, rightly and obviously belong to the Madras Service. Of late, however, Bengal men are being introduced. This is only one of many instances in which Madras has to play the part of Cinderella without the hope of relief by any benevolent fairy, unless the Marquis of Salisbury should assume that rôle.

Now, Sir, permit me to address a few words of advice to intending candidates for the Indian Medical Service. I shall put to them three questions—1. Are you possessed of extraordinary ability? Then don't come to India. You will, no doubt, do well here provided you keep your health; but you are certain to do better at home. 2. Are you a hard-working man of moderate ability? Still I say stay and work at home, where you will find abundant soil for work and a certain harvest. 3. Are you an indolent student, careless of your profession, but a man of pleasure? Are you an accomplished singer, dancer, actor, and anecdotist? And last, not least, are you the happy spouse of a beautiful, fashionable, and worldly wife? Then by all means seek out the best "crammer," and "cram" for the Indian Medical Service. You will be a light in the East, and one of the ornaments of Anglo-Indian society, and will be planted in almost any appointment it may be your pleasure to desire.

I fear, Sir, I have spun this letter to an undue length, but I cannot conclude without quoting the *Indian Medical Gazette* on an address by Dr. (now Sir Joseph) Fayrer to the "medical candidates" at Netley last year:—"The address dwells exclusively on the bright side of an Indian career, and the prizes of the service are promptly exhibited. A curtain is drawn on the dark side, unemployed poverty, officiating appointments, frequent and expensive moves, not a little favouritism and jobbing, confused administration, depreciation of the value of salaries" (now amounting to nearly 25 per cent.), "increasing expenses of living, bad health, separation from wife and children, domestic troubles and trials."

I am, Sir, your obedient servant,

TAMIL.

Madras, 15th August, 1876.

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HEALTH AND SEWAGE OF TOWNS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the general interest of public health, the Council of the Society of Arts appeal to the public generally to send to the Society evidence of cases showing the various evils which have occurred from the present imperfect system of the drainage of houses. At the Conference on the Health and Sewage of Towns, lately held at the Society, and attended by numerous representatives from various towns and localities in the kingdom, the importance of greater attention to the house drainage as distinct from the sewerage was especially brought to the notice of the Society.

It was pointed out that however good the general sewerage might be, unless the drainage proper of the house and its connection with the sewers were carefully planned, executed under due supervision, and maintained in proper order, there was imminent danger of typhoid and other diseases from the imperfect exclusion of sewer gas.

The Council are well aware of the extensive powers which are given by Act of Parliament to vestries in the metropolitan district to deal with this matter. As regards buildings erected and in course of erection since 1855, the date of the Metropolis Local Management Acts, no doubt a large amount of supervision is exercised; plans of the house drainage are frequently deposited, and are open for inspection to the ratepayers. But the powers of the local authorities are rather remedial than preventive of disease, and are more or less imperfectly exercised. The evidence already collected shows that in most of the metropolitan parishes, a small proportion of the total number of the houses in them has been properly dealt with, and consequently the plans of house drainage are, on the whole, comparatively few even in parishes on the outskirts, where a considerable extension of building has taken place in the last few years. Neither owner nor lessee, nor intending purchaser, as regards houses built previous to 1855, unless in some few exceptional and accidental cases, has any means of ascertaining whether the house is or is not well drained or properly connected with the sewers, and, if defective, how or in what direction amendment is to be sought. It is with a view to remedy this admitted evil, which reduces the usefulness of the main sewers on which millions have been spent, that the Council of the Society of Arts, in the interests of improved public health, have taken up this question. They have already memorialised the Metropolitan Board of Works on the subject, and they propose to address the President of the Local Government Board in reference both to the metropolis and to localities in other parts of the kingdom. The Council have sought for information and suggestions from the various metropolitan authorities having such matters in charge. They appreciate the valuable labours of these bodies, but they desire to draw public attention to what it appears to the Council needs further action on their parts, and they suggest that Parliament should be moved, if need be, to confer additional powers and responsibility on local authorities.

Under these circumstances, the Council invite communications both as to cases of evil arising under the present state of things in the metropolis and in the country generally, as well as any suggestions for remedy, and they will be glad to receive any such communications before the 20th October next.—I am, &c.,

P. Le Neve Foster, Secretary.

Society of Arts, Adelphi, London, W.C.
September, 1876.

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DR. BLACK ON THE FUNCTIONAL DISEASES OF THE URINARY ORGANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The question raised by Dr. Black in your issue of September 13 is one which has always deeply interested me. I may say that I agree with every word of the following which emanates from Dr. Black:—"What I have maintained, and what I still maintain, in common with so many others, is that the normal exercise of all the functions of the body must be conducive to the health of the organs themselves and the system generally, and I cannot by any logical or reasonable possibility escape from the conclusion in the case of the generative organs. In what manner or under what contract the end is to be accomplished is a question on which I have never presumed to dictate, and I must therefore repudiate the libel that I have ever given countenance to or recommended fornication."

Dr. Black is here merely saying what all medical men of experience will endorse, that human beings are so constituted that in many cases (not in all by any means) they *cannot* remain in health unless they are united to the other sex. Some medical men, and Sir J. Paget among others, would have us believe that such is not the case, and that a life of celibacy is always healthful and possible. The records of our lunatic asylums, however, let us see too clearly what happens to very many celibate persons. Too often masturbation and mania are their lot.

For my part, as I had the honour of stating in a letter in your issue of September 6, it seems to me that as Mr. Hutchinson cojently remarks, the question of early marriage is the most important point of social well-being in this country of our day. Without early marriage we are sure to have prostitution (with gonorrhœa and syphilis), masturbation, and impotence prevailing.

I would like to ask Dr. Black whether he does not agree with me that it might be just possible to have marriage more universal were parents taught to be more solicitous (as they are generally in that great country, France) as to the numbers of their offspring? This, I confess, is almost my only humble contribution to the debate. I have been occasionally asked by young gentlemen with frequent seminal emissions whether they ought to marry, and have sometimes replied, "Yes, if you can be prudent and take care to proportion the number of your family to your income—not otherwise."

Hoping that these few hints may be taken as meant, in all gentleness and charity,

I remain, Sir, your obedient servant,

Charles Drysdale, M.D.

17 Woburn Place, London, W.C.,
September 13, 1876.

PHARMACEUTICAL SOCIETY OF IRELAND.

According to the Irish Pharmacy Act, seven of the Council of twenty-one selected by Government retire in October. They are, however, eligible for re-election. The retiring members are: Dr. A. Smith, Vice-President; the Right Hon. the Lord Mayor, Dr. Bourke (Limerick), Dr. Frazer, Mr. Wm. Goulding, M.P. (Cork); Mr. J. T. Holmes, and Dr. Whitaker (Belfast). All these gentlemen have taken great interest in the Society, and will probably be re-elected. To Mr. Holmes' exertions the pharmaceutical chemists are indebted for exemption from service on juries.

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Medical News.

Vital Statistics.—From the Registrar-General's report we learn that during last week 5486 births and 2944 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 19 deaths annually in every 1000 persons living. The annual death-rate was 18 per 1000 in Edinburgh, 23 in Dublin, 21 in Glasgow, and 18 in London. The rates of mortality during the same period in the other large towns were—Bradford 17, Norwich 18, Brighton 16, Wolverhampton 22, Birmingham 20, Sunderland 17, Portsmouth 26, Sheffield 20, Plymouth 13 Nottingham 18, Liverpool 21, Bristol 21, Leicester 20, Oldham 22, Newcastle-upon-Tyne 23, Hull 22, Manchester 24, Salford 26, and Leeds 23. The annual death-rate from the seven principal zymotic diseases averaged 3·7 per 1000 in these towns, and ranged from 2·1 and 2·5 in Brighton and Norwich, to 8·3 and 11·7 in Salford and Portsmouth. In Portsmouth 20 deaths from scarlet fever were returned (equal to an annual rate of 8·4 per 1000), raising the number of fatal cases in this borough since the beginning of the year to 304. Small-pox caused 14 deaths in Manchester and Salford, 4 in Liverpool, and 16 in London.

The Death-rate in Foreign Cities.—The annual rates of mortality, according to the official return of the Registrar-General, like those of Great Britain and Ireland, show a marked improvement. Calcutta shows a mortality of only 25 per cent., Bombay 31, Madras 36, Paris 26, Brussels 19, Amsterdam 20, Rotterdam 24, The Hague 36, Copenhagen, 34, Stockholm 33, Christiania 18, Berlin 41, Hamburg 33, Breslau 34. Munich 34, Vienna 21, Buda-Pesth 37, Rome 20, Alexandria 51, New York 28, Brooklyn 28, Philadelphia 23, and Boston 28. Typhoid fever caused 72 deaths in Paris, against 78 in each of the two preceding weeks. Typhoid fever and diphtheria each caused 22 deaths in Berlin, and 37 deaths resulted from small-pox in Vienna. The rates in Berlin and Alexandria are still excessive, but in most of the other cities, notably New York, the statistics are highly satisfactory.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the *former* directions, they are held responsible.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 4, 1876.

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THE PROGRESS OF CUTANEOUS MEDICINE DURING THE PRESENT CENTURY. (a)

By Erasmus Wilson, F.R.C.S., F.R.S.,

Professor of Dermatology in the Royal College of Surgeons of England.

(Continued from page 253.)

If we inquire into the present state of dermatology, it may be said that we have outlived leaders, that we can no longer range ourselves on one or on the other side: we accept all; for we find that truth converges to a single and very narrow point. Willan is not the less great because he followed and perfected the plan laid down by Plenck. Hebra is not the less great because he so brilliantly applied the teachings of Rokitansky and his school. Neither need we compare the unborn with the born: Willan flourished successfully before Hebra saw the light; and without concerning ourselves with the special excellences or defects of these good and great men; without discussing the relative value of objective and subjective, but rather inclining to prefer both, we are ready and willing to accept the instruction of all who have gone before us, and endeavour to profit, and even to improve on our instruction. It was said of Cuvier that he harvested and co-ordinated the labours of his contemporaries; that every diligent worker of his time became the husbandman of Cuvier. Let us honestly endeavour to do the same, and glean and co-ordinate the labours of those who have gone before us, for the instruction and benefit of those who must be our successors.

We cannot too much admire the careful and diligent work prevailing in the rising school of objectivity at present in operation at Vienna; the seemingly exhaustive subordination of the microscope to pathological histology. Already we experience its beneficial tendency as contributing to exactness of research; and in course of time its results will, no doubt, take a prominent place amongst those data which are the essential foundation of our therapeutical practice.

If we wish further to ascertain in what dermatology has advanced, at the present day, beyond the limits known to our predecessors, I would in the first instance, answer —in the recognition of the importance of the skin as an individual organ closely allied with the rest of the organs of the economy; subject to similar laws of health and disease, and requiring to be treated therapeutically on similar principles. Inflammation, irritation, and debility of the skin must be controlled in a manner similar to that adopted for the treatment of those same conditions in other parts of the economy. We must recognise the local wants of the part as well as the general implication of the whole system; and we must be careful to distinguish affections of a decidedly local nature from those which primarily or secondarily are identified with the general constitution. For, even in some local affections, constitutional treatment is almost as essential as local treatment itself. A striking example of this kind is presented to us by the lepra of the Greeks, or lepra vulgaris, the psoriasis of the foreign schools. Now, lepra is especially a local affection, a manifestation of a congenital debility of the skin, to be cured by local remedies alone, when properly applied; and yet we should be neglectful of our duty if we failed to administer a constitutional remedy—namely, arsenic—for its treatment. Lepra is supposed to be consistent with a perfect state of health of the individual; that is, as far as the rest of the organs of the body are concerned: for it admits of doubt, whether a whole can be considered sound, when a part, and so essential a part as the skin, is defective. Again, in its normal state, lepra gives so little notice of its presence, that it would remain undiscovered if it existed on a hidden part instead of one exposed to view; but its relation to the rest of the economy is manifested by its symmetrical distribution, which must be due to an inward vital force; by its frequent outbreak like an ordinary exanthema, and by its aggravation in states of disorder of the economy due to malassimilation, and particularly to the lithic acid malassimilation denominated gout.

(a) The Annual Oration delivered at the Medical Society of London.

Another example of a local affection of the skin is met with in the epiphytic diseases, ringworm and versicolor: both of these affections are removable, if not curable, by local treatment; and one of them, like lepra vulgaris, is symmetrical in its distribution. Nevertheless, it cannot for a moment be doubted that a general feebleness must be present with the local affection, and that it would be imprudent to neglect a constitutional as well as a local treatment. This is rendered more evident by the recognition that the soil which receives the seed must be favourable for its development and growth; while it is clear that a soil favourable for the development of a disease, under these circumstances, must be a morbid soil; the practical corollary being—improve the soil, and the disease will cease.

A strong evidence of the progress of dermatology is manifested by the precise differentiation of the principal cutaneous diseases, and their elevation as landmarks by which other affections are to be recognised and distinguished. Let me take, as an illustration of the most prominent of these affections, the giant of the skin diseases of this country—eczema, the great leprosy of modern society, adopting the term leprosy in its original signification of a disease of roughness or irregularity of surface, and not as one of vastness and universality of pathological destruction like the leprosy of exotic origin; neither as a sudden achroma of the skin like that which pervaded the leper of the Scriptures. To the Fathers of medicine, eczema was known by a name indicative of one of its symptoms, a symptom common to every stage and modification of its progress—namely, *psora*, from ψωειν, to scratch, in allusion to its itching property; whilst its chronic and squamous stage was denominated *psoriasis*.

Now, in eczema we recognise an inflammation of the skin; I might almost say, from its universality, *the* inflammation of the skin, generally consequent on internal causes, and sometimes on external causes. The manifestations of that inflammation vary very considerably, vary in obedience to the violence of the predisposing and exciting causes, and the constitution of the patient; but their limits are well known and familiar to us all. There may be redness, with more or less infiltration, congested and prominent follicles, minute vesicles, extensive vesication, serous and sero-purulent exudation, incrustation, desquamation and condensation, and thickening, with cracks or fissures of the skin.

Now, in this series of symptoms, which we can produce artificially upon the skin by any irritant, we recognise eczema; but eczema, like other diseases, has its degrees, and the whole of the symptoms here enumerated may not be present at the same time; indeed, several may be absent; but the case is none the less one of eczema, of greater or less severity. And here it is that I claim progress for dermatology, in showing that one and the same disease may put on a considerable number of forms without losing its identity.

In the picture I have just sketched, Willan, in pursuance of his classification, would have found material for five of his seven genera; there would have been examples of exanthema, papulæ, vesiculæ, pustulæ, and squamæ. For him, that part alone of the eruption in which vesicles were discoverable would have been a genuine eczema; the prominent follicles would have been termed lichen, and the squamous exfoliation of its chronic stage, psoriasis. Indeed, in his group of squamæ, he has so mingled together lepra and eczema, that, as I have already had occasion to deplore, the term psoriasis has been torn from its parent psora, and unwarrantably given to lepra. Here, also, you will perceive more clearly the point of my observations with regard to Dr. Marcet's case of eczema, which he denominated erythema ichorosum; but for which, when Willan was called in to see the case, as he was unable to find vesicles, he could not suggest any other name than impetigo, with a reference to an ambiguous description of that disease by our ancient Roman colleague, Celsus.

To the pathologist, it is naturally very interesting to observe the modifications of one and the same disease when spread more or less extensively over the surface of the body; its modification by age, constitution, and duration, and its modification in the different regions of the body—for example, the joints, the scalp, the face, the axillæ, the pudendum, the hands, and the feet; but whatever amount of variation may be discoverable, the disease is identically and everywhere the same. And to the practitioner, the inference is equally forcible, that a similar principle of treatment must be applicable in every instance; or, as Wilkinson ingenuously expressed it, we must submit ourselves unresistingly to a very "*sameness of method and remedies.*"

To a good general knowledge of the landmarks of dermatology, must necessarily succeed a progressive and more exact understanding of other cutaneous diseases. Let us take for illustration an important and very interesting anatomical component of the skin, its follicular or gland-system. Physiologically, the follicles of the integument are known to us as the sources of the sebaceous and sudatory secretions, and the seat of development and growth of the hairs. Pathologically, we recognise in them a vast expanse of highly organised vascular and epithelial structure, peculiarly susceptible of pathological change, and in fact, taking a share, to a greater or less extent, in the morbid processes of almost every disease of the skin. Having disposed of the whole, we are privileged to take cognizance of the parts; and there is no part more interesting and important than the one under consideration at present, nor one which would better reward the labours of investigation and research. The phenomena of congestion and inflammation of the follicles, the aberrations of secretion and transmission of secretions, and the degenerative and plastic transformations occurring in their component structures, constitute a subject of most attractive interest.

When the skin is emptied of its blood by the stimulant action of cold, and a state of spasmus periphericus is induced, we find the follicles projected beyond their normal level, and giving rise to the appearance known as goose-flesh, or cutis anserinus. When, on the contrary, in obedience to any cause of irritation acting from within, the blood is driven impetuously to the surface of the body, the follicles are the first to tell the tale, and redden under the inward shock: in this way they become the monitors of measles, scarlatina, small-pox, and syphilis. It was they that first suggested to the poetic mind of our forefathers the idea of bursting into bloom like a flower, the exanthem of the Greeks, the efflorescence of the Latins, and so also, but more recently, the bubbling up and bursting forth of eczema.

When, in addition to mere punctation, the blush of the follicle, the capillaries of their walls become dilated and distended with blood, we have not mere congestion alone, but a real swelling of the summit of the follicle, and the production of a conical pimple of greater or less magnitude. In every instance of congestion of the integument there is a tendency to papulation, for which the follicles are solely responsible: hence the papulæ of rubeola, scarlatina, variola, syphilis, eczema, and scabies, and the more independent and permanent papulæ which, since the time of Willan, have been denominated lichen.

When congestion of the follicles ceases to be transient, and assumes a permanent character, we then have established a state which may be termed folliculitis; and a quasi-specific character is, in some instances, given to folliculitis by the nature of its cause: thus, I may enumerate the folliculitis of acne, of gutta rosea, of certain remedies, such as iodine, bromine, and tar; and proceeding onwards, we may take in variola, syphilis, ecthyma, hordeolum, furunculus, and even anthrax. These are all examples of inflammation of the follicles of the skin; and the material difference between them relates simply to cause and degree.

Let me say a few words with regard to acne, as being a common and well known affection, and presenting several striking points of curious physiological and even historical interest. Acne is the acme, or rather the acmai, of the Fathers of medicine. How, in the course of transmission from them to ourselves, it lost its *m*, and received the unmeaning substitution of an *n*, I need not here discuss. Now, acne obtained its name from its occurrence at the acme of life, and the Latins represent it by the words *flos ætatis*, the flower of age; or, more correctly, the opening blossom of youth or manhood. The study of anatomy by dissection had not then come into use, and we therefore find our early Fathers intent observers of that which alone was within their reach—the external form and appearance of the body, and its varied modifications; and we are led to admire their justness and accuracy of observation, as represented by the names of cutaneous disease handed down from them to ourselves. When internal anatomy became the fashion, the old learning fell into the shade according to the custom of fashions in all ages; and hence the nomenclature of the ancients will still bear the test of the most rigorous criticism, and is deserving of our study and respect.

But the ancient Greeks had another name for acmai; they termed it "ionthos," which signifies the root of the hair; and we are thereby led to infer that they intended to imply a relationship between the papule of acne and the development of the hair—a fact which modern knowledge has fully confirmed; for the eruption of acne is essentially one of puberty, of the period when the hair of manhood is in course of development and growth. In this sense we recognise a resemblance between the congestion which accompanies the cutting of the teeth and that of the production of the mature hair—a resemblance which is curiously corroborated by the discovery, in modern times of the analogy subsisting between the tooth and the hair.

Now, that an enfeebled follicle, possibly the offspring of an enfeebled organ, should fall into a state of congestion when called upon to perform the elaborate function of new hair development and more powerful growth, is exactly what might have been predicted; and we are also thereby enabled to comprehend why the function of the entire follicle, as well as its sebaceous gland, should be disordered, and that the epithelia lexuviæ of the follicle, as well as the inspissated secretion of the gland, should become condensed and impacted. The accumulation of the contents of the follicle being, in this view of the case, the effect and not the cause of the folliculitis, as, at the present day, is very generally believed.

In later times, and as a consequence of what, in my devotion to this branch of medical research, I must denounce as a heedless and slovenly nomenclature, the word *acne* has been bestowed on nearly every papular folliculitis of the skin that comes under our observation; thus the gutta rosea of the Latins, the product of a reflex irritation of the gastric-nerves, and an eruption of the mid-period of life, when no association of flos ætatis and acme would be possible, has been denominated acme; as also have the instances of folliculitis produced by iodine, bromine, and tar.

As a type of folliculitis we can have no better example than acne, which may be simply congestive, or it may be pustular. Similar pathological forms are met with in gutta rosea, in mentagra or sycosis, and in the kerion or pustular folliculitis of the hairy scalp; while in certain other forms of folliculitis, there may likewise occur necrobiosis and gangrene, as in the instance of furunculus and carbuncle.

Ringworm, again, is a folliculitis, but with a low degree both of congestion and inflammation—a hyperæmia, with nutritive growth and development taking the form of a phytiform production, which has been regarded as a parasitic fungus. My views with regard to this matter are known to be opposed to those of the majority of dermatologists, and our practice is mutually at variance; for whilst I treat the chronic inflammation which is the cause of the phytiform growth, my opponents treat the phytiform growth as being the cause of the inflammation. Time, no doubt, will settle this question, and some others at some future day.

To this long but interesting series of affections of the follicles of the skin I must add two more examples. One of these is lupus erythematosus, which, beginning as a chronic folliculitis, ends in the destruction of the more highly organised tissues of the neighbouring skin, and leaves nothing behind it but cicatrix tissue and atrophied glands.

The other disease possesses a plastic character, beginning as a hyperplasia of epithelial cells, and ending in ulceration of various extent; sometimes creeping along the surface in the form of a rodent ulcer, and sometimes sinking into the tissues and destroying everything in its way, and constituting a real epitheliomatous cancer.

Gentlemen,—I feel a conscious warning that I have occupied your attention for more than the full time allotted to your orator of the year; and I will conclude by observing that every step taken by science may be made progressive if we be careful to select and grasp its points of real instruction, and accumulate them as progress advances. As medical men, we are devoted to a cause which is essentially one of humanity, and we must endeavour to subordinate our knowledge to the proper treatment of disease, and thereby to the relief of human suffering. Such are the objects which I have endeavoured feebly to bring under your notice this evening: such are the objects to which the discussions within these walls, on our pleasant Monday evenings, are devoted: and of such, for a period of upwards of a century, (a) the London Medical Society has been the faithful and steadfast patron.

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THE ADDRESS IN OBSTETRIC MEDICINE. (b)

By Lombe Atthill, M.D.,

Master of the Rotunda Hospital, Dublin; President of the Section.

I think, gentlemen, I may safely assert that the proceedings of this section of the British Medical Association, which is devoted to the consideration of the subjects comprised in the term "Obstetric Medicine," attract, on the whole, more general attention from the great body of our profession, than do those of any other section. The reason for this is sufficiently obvious, for while the busy practitioner may be wholly unable to devote time or attention to the study of the important subjects included under such heads as those of "Physiology" and "State Medicine," or find that in practice cases of operative surgery are comparatively rare, he is certain to discover that the conditions and affections brought under discussion here, are of daily occurrence amongst his patients; hence he seeks to improve his acquaintance with the nature of the conditions, and to learn the best means of successfully treating those affections, which are peculiar to women; more so, as the study of these diseases has probably been neglected, possibly entirely overlooked by him, during his student's career.

Another reason for the interest evinced in the proceedings of this section is this, that marked and rapid progress has of late years been, and still is being, made in the department of obstetric medicine. The very name of the section proves this. A few years ago the term "obstetric medicine," if used at all, would hardly have been understood. This section of the British Medical Association was until very recently termed that of "midwifery." Consider for a moment what this change of nomenclature implies—it implies this, that the study of the process and phenomena of parturition, important though they be, is by no means all that is now required of the obstetric practitioner; that is, not of those alone who make obstetrics their special study; but of all, and their name is lesion, who are called upon to treat the diseases of women.

(a) The Society was founded 1773.

(b) An Address delivered at the opening of the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Sheffield, August, 1876. By Lombe Atthill, M.D., Master of the Rotunda Hospital, Dublin; President of the Section.

This section then includes subjects of a most varied and extended nature; it includes midwifery proper, the diseases of the puerperal state, and those incidental to pregnancy, the considerations of disease of the vagina, bladder, and uterus, of the breasts, and last and not surely least, of the ovaries. Diseases of these latter organs are doubtless, in one of their aspects, within the domain of surgery proper; but that condition which demands the performance of the capital operation of ovariotomy, is by no means the most common of those requiring treatment, and, moreover, not a few able and successful ovariotomists are to be found amongst the ranks of obstetric surgeons. Some such I have the pleasure of seeing around me here to-day.

Gentlemen, we deem the practice of midwifery to be in no way derogatory. It is our honourable function to succour woman in her hour of trial, to shorten or relieve her sufferings, often to save her life or that of her offspring; to meet with promptness and decision the numerous dangers and difficulties which frequently and unexpectedly occur during labour, and which tax to the utmost our courage and endurance and skill; but these duties, though most important, form but a small portion of those which now devolve on us daily. The affections I have already indicated as coming within the province of obstetric medicine are so numerous and of such constant occurrence, that the right treatment of them is all important, as well for the sake of the sufferers as for the reputation of the practitioner.

The truth of this is now on all sides admitted, and the study of uterine disease, in its protean forms, is consequently steadily becoming more general; but unfortunately our knowledge of the pathology of these important affections is as yet imperfect, and our treatment consequently in many respects empiric and unsatisfactory. Still, great strides in advance are steadily being made, and we may look forward hopefully to a time not far distant when phenomena and symptoms at present overlooked or misinterpreted will be explained, and our treatment consequently become more scientific and efficient.

To the late Sir James Simpson, without doubt, is due the credit of inaugurating an era which has been marked by great and rapid progress in the department of obstetric medicine. His master mind perceived how vast an amount of unrecognised disease, and what an extensive field for pathological investigation existed with reference to the reproductive organs of women; before his day little was known of uterine disease, and as to treatment, it consisted of little more than in exposing the cervix uteri, and applying to its vaginal surface, if it happened to be abraded, a solution of nitrate of silver, or of some other mild caustic. Of disease of the body of the uterus almost nothing, of its interior absolutely nothing was known. A morbid, and as we now know, an unfounded dread existed of attempting to interfere with, or to investigate the condition of the cavity of the uterus. All this is now changed. We know that disease of the cervix uteri is of less frequent occurrence, and of less serious import than that of the body, and that its cavity may with impunity be trespassed on, and disease occurring within it successfully combated. Without doubt the most important practical result of the teachings of Sir James Simpson is this, that we do not now hesitate to dilate the uterus and investigate the condition of its interior, when symptoms indicative of serious mischief within the organ require us to do so.

I am well aware that by some practitioners the dilatation of the uterus is still looked on with dread, and that the attempt, if made at all, is undertaken with the greatest hesitation. I can only say that I believe these fears to be groundless, and that, if due care be taken to select suitable cases, and proper methods of carrying out the process be adopted, the treatment is a safe as well as a justifiable one. My own experience in the dilatation of the uterus has been great. I have practised it very frequently indeed during the last ten years, and as yet in no single instance has a bad symptom followed, nor have I even once been compelled to abandon the attempt. But I am far from throwing doubt on the accuracy of the statements made by others, who have recorded the occurrence of alarming symptoms, or even of death, as consequent on the attempt to dilate the cervix uteri; and I am quite prepared for the possible occurrence of such, for all are aware that cases must occur in which the most trifling exciting cause will be followed by serious symptoms, though no grounds existed beforehand for anticipating the occurrence of such. But these are exceptional, and I believe, as a rule, that when serious symptoms arise, either during the process or in consequence of dilatation of the cervix uteri, they do so either because an unsuitable subject has been selected in whom to practise the treatment, or an unwise method adopted for carrying it out. On examining the records of the cases in which serious or unpleasant symptoms followed the attempt to dilate the uterus, I find they have generally occurred when practised.

1st. Either for the relief of dysmenorrhœa depending on the existence of a narrow cervical canal;

2nd. When the cervical canal is encroached on by a fibroid of large size and unyielding structure;

3rd. When the process has been attempted to be carried out rapidly by means of metallic dilators; or,

4th. When it has been protracted over several days.

I have, therefore, in order to guard as far as possible against the serious results recorded by others as following attempts to dilate the uterus, laid down for myself the following rules, which I can recommend with confidence to others.

1. Never to dilate the cervix uteri for the cure of dysmenorrhœa or sterility depending on a narrow cervical canal or conical cervix.

2. Never to dilate in cases in which a large and dense intramural fibroid presses on and partially obliterates the cervical canal.

3. Never to use metallic dilators of any kind, but to choose for the purpose either sponge, or sea-tangle tents, which expand slowly and gradually.

4. Never to continue the process of dilatation for more than forty-eight hours. I prefer, in the few cases I have met with in which, after the lapse of that time, the cervix was not sufficiently open to suit the purposes I had in view, to postpone all operative interference for some weeks, rather than risk the result by prolonging the dilating process.

With respect to the first of these rules, I look upon the treatment of what is termed "mechanical dysmenorrhœa" by dilatation as being altogether a mistake. I doubt if any permanent benefit has ever resulted from it; while in several cases grave symptoms, and in one death, has to my knowledge followed the attempt. Equally, it is of importance not to prolong the dilating process. My own experience in the treatment of uterine disease requiring dilatation leads me to this conclusion, that unpleasant symptoms are likely to occur in a direct ratio to the length of time over which the process of dilatation extends. Again, I have known death to follow the attempt to dilate the uterus in a case where a large fibroid of dense structure, giving rise to menorrhagia and causing intense pain, was developed in the uterus, and encroached on the cervical canal. In such cases, dilatation is doubly objectionable, because the process is useless as well as dangerous: useless, because you will generally find that any attempt at operative interference from the interior of the uterus will be impossible; and dangerous, because inflammation is liable to follow, and that too in patients in the worst possible condition for resisting the attack.

Hardly second in importance to the knowledge that the uterus may be with safety dilated to an extent sufficient to enable us to remove large tumours, is the fact of which we are now certain, that remedies of even a powerful nature may, not alone with impunity, but with the greatest advantage, be applied to its interior. But at this point our knowledge becomes defective. Some practitioners prefer one, some another agent, for intra-uterine application. It may be carbolic, chromic, or nitric acid, or iodine, or the solid nitrate of silver; but as yet there has not been, it seems to me, sufficient care exercised in watching the action of these various agents, or in recording the effects they severally produce. Hence we are without data on which to base our treatment, or to guide us as to the agent to be selected in the treatment of the various forms of disease requiring intra-uterine medication. It is evident that no one of them can be suitable to all cases. For myself, I prefer carbolic acid in mild, and nitric acid in severe ones; but I freely admit I have much to learn on this point, and I look to others to aid me with their experience in deciding this important question. But it seems to me that, as with the dilatation of the uterus, so it is with respect to the application of agents to the interior of the uterus: that a groundless dread prevails as to their use. Here, too, as in the former case, the treatment is safe if carefully conducted, and if only practised in suitable cases and at the right time. Thus, if a caustic be applied through a narrow cervical canal, trouble is likely to occur. Equally will it probably follow if the fundus be tender to the touch, and chronic inflammation present; but, if the tenderness be first mitigated, and the inflammation lessened or removed, the application will, in all probability, prove beneficial.

In the treatment of uterine fibroids, too, we have made progress, but not as yet to a satisfactory extent. This much we know for certain, that many such cases, if menorrhagia be not excessive or pain intense, are best left alone; and it is astonishing in how many instances, even where menstruation is profuse, this course proves to be a wise one, treatment being restricted merely to what is absolutely necessary to prevent the flow being excessive. But, unfortunately, exceptions are of but too frequent occurrence; and how are we to treat these? The removal of large fibroids by abdominal section has been successfully practised, but the risk of life involved in the operation is great; and the attempt to remove smaller ones by means of the *écraseur*, after dilatation of the cervix is, I can vouch from personal experience, a difficult and eminently hazardous process. Again, enucleation is tedious, unsatisfactory, and often dangerous.

We have, however, at our command a resource which, if not all that we desire, is still generally efficient in controlling hæmorrhage, often sufficient to arrest the growth of the tumour, and sometimes apparently capable of reducing its size. I allude to the hypodermic injection of ergot, which, if it has failed in this country to produce the almost marvellous results ascribed to it by Hildebrand, is, if properly carried out, a safe as well as an efficient remedy. In my first cases, the results obtained were not only uncertain, but unsatisfactory, for troublesome sores sooner or later formed at the seat of the injection. Of late, however, I have obtained much better results. In not one of ten cases recently under my care, in which I fairly tested this treatment, has the hypodermic injection of ergot been followed by the formation of an abscess or sore; in all it had more or less effect in restraining hæmorrhage; in one, the injection was repeated almost daily for five months, with the effect of absolutely restraining excessive menstruation, but with no other beneficial result, for the bulk of the tumour remained unaltered, and the pain was as intense as ever. Still it was no small matter to have transformed a profuse and exhausting flow, which formerly lasted for twelve or fourteen days, into one of moderate character and of but two or three days' duration. It is evident, then, that in ergot, employed hypodermically, we have a powerful agent, one capable of exerting a marked influence on uterine fibroids, but still uncertain in its action, and not altogether to be relied on.

Again, with reference to displacements and flexions of the uterus, much still remains unknown, and authorities seem to be as far as ever from agreement as to the important question of cause and effect. It is much to be desired, that the pathology of these conditions should be carefully investigated, and the obscurity which surrounds some of them at least, if possible, cleared up. In fact, to whatever subject we turn, we see that, great as are the grounds for satisfaction at the advancement made in the knowledge of uterine disease, much remains to be done, and much careful observation is still needed, if this department is to hold its position as one eminently progressive. The great obstacle which retards the investigation and consequent elucidation of many points of interest and importance connected with the study of obstetric medicine is doubtless this, that comparatively few patients afflicted with chronic uterine disease die actually of these affections. They may be doomed to a life of constant suffering, and existence itself may become an actual burthen; but most probably they will be carried off by some intercurrent disease; and, if a *post-mortem* examination be made at all, the investigation will be directed to other organs than those of the reproductive system. It would be of the greatest advantage to us, if those gentlemen who have the good fortune of being attached to large general hospitals in the capacity of obstetric physicians would direct their clinical clerks to attend all *post-mortem* examinations made in the hospital on the bodies of females, and record the condition of the uterus and its appendages, and especially of the ovaries; for though doubtless, in the absence of clinical records of the history of the patient with reference to her uterine functions, much of value will be lost, still from time to time facts of great importance will be ascertained, and valuable information gained.

Information is specially needed with respect to some forms of ovarian disease. Some patients suffer for years from pain and tenderness of the ovary, from mammary pain and nausea of a most distressing character. Such I have seen reduced to a condition of actual despair; for all treatment seems useless, so utterly inefficient does it prove. In these cases, the ovaries are in general plainly enlarged, but the exact pathological condition of them is in many cases unknown. Here is an affection most deserving of investigation, both as to its causation, pathology, and treatment. I know of no form of disease which produces more real suffering, equally of mind and body. An American surgeon, Dr. Battey, of Georgia, convinced of the inadequate results produced by ordinary treatment, has recommended the extirpation of the ovaries in such cases, arguing that, from the results on animals, the operation would be safe as well as justifiable in the human female. I confess that to my mind his views contain much of truth, and that, were I satisfied that I did not endanger life, I would in some cases sanction the operation; and I think we may possibly yet see it practised even amongst ourselves, as I believe it has been in America. But such a practice would, after all, be a lamentable confession of the inadequacy of medicine to cope with what should be a curable disease. Let us hope that, as light is let in on these obscure questions, this reproach will be removed.

Gentlemen, I have I fear exceeded the limits of the time allotted to each paper, and it would ill become one who has to enforce a rule, to break it himself; but I cannot conclude without some allusion to what has been termed "the burning question" of the day. I have no intention here of discussing the advisability or otherwise of the admission of women into the profession of medicine; but I must refer to the course proposed to be adopted by the College of Surgeons of England, which on granting their midwifery diploma to persons but partially and most imperfectly educated; a step than which I cannot conceive one more retrograde, or so calculated to lower the profession in public estimation, or to inflict injury on the poorer classes among whom such persons would necessarily practise. I am happy to say that the example set by the College of Surgeons in England has not been imitated by any other licensing body, though more than one had the power of doing so; and to the credit of the University of Dublin, be it said, that it has recently been decided to grant a special degree in midwifery to persons who have previously obtained one in medicine or surgery, being thus the first British University which has recognised the position gained by obstetric medicine, an example which I trust will yet be imitated by the sister universities.

Gentlemen, I believe I am but expressing your unanimous opinion, when I say that the best thanks of this section are due to those eminent men, Drs. Barnes, Alfred Farre, and Priestley, who by their courageous conduct have compelled the Council of the College of Surgeons to reconsider, if not to retract, the rash step they were about to take.

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ABSTRACT OF
INTRODUCTORY LECTURE
DELIVERED OCT. 2 AT
UNIVERSITY COLLEGE.

By Henry Maudsley, M.D., F.R.C.P.Lond.,
Professor of Medical Jurisprudence in University College.

The lecturer commenced by stating that he thought he might most fitly use the occasion to endeavour to satisfy his hearers that they had made a good choice of a profession for their life's work. This he would do by pointing out the intrinsic nobility of their direct function as healers of disease, the excellence of the method of medical study as a means of intellectual and moral training, and its fruitfulness in benefits to mankind, and the grandeur and the reach of its aspirations for the future. There was no profession which, looking to the higher aims of it, afforded so many and constant opportunities of doing good in the hourly routine of its work, and no profession, therefore, which so little needed extraneous titles of honour to give it dignity and respect. So far from regretting, as some did, that peerages were not conferred upon it, he was glad that they were not, for he feared that there would not be the strength of mind to reject them; that a pitiful social ambition might cause the simple nobility of the vocation to be spoilt by decorations which had their origin in, and belonged properly to, a childish stage of human progress.

He went on next to show how well the training through which the student must go was adapted to make the most of his intellect. He was brought into direct contact with the facts of Nature from the first, had to advance step by step in the practice of observation and reflection from more simple to more complex phenomena, using the lower as a ladder by which to mount up to the higher, and so learned to make the order of his ideas conform to the order of Nature. That was real instruction; moreover, it was instruction at first hand. Coming to his work with a fair knowledge of mathematics and physics, he proceeded to the study of chemistry, and passed on thence to the study of physiology; so he laid deep and firm the groundwork for the study of the disorders of the structure and functions of the body and mind, which was his ultimate special work. A knowledge of the simpler and more general science was an essential pre-requisite to the study of the more complex and special science. It was impossible to enter the chamber of the mind without going through the antechamber of the body; impossible to understand the body without understanding the physico-chemical processes which lay at the foundation of physiology. To proceed in this way was to train the mind systematically in conformity with the order of Nature through patient observation and careful induction, to know Nature by becoming her servant and interpreter. And to know man finally through Nature, of which he was the present culmination, the thorough knowledge of his environment and of those his relations to it which constitute his life, must be the foundation of a scientific medicine. Prevision for the purpose of action was our aim here as in other sciences; and observe in order to foresee, and foreseeing, to modify and direct; gaining a knowledge of the phenomena of life in order to make ourselves master of them, just as we gain a mastery over physical nature through a knowledge of physics and chemistry. Formerly it was the practice to treat the body as if it were an entirely independent kingdom, without regard to its essential relations with what was outside it, and to try to drive out the enemy which was supposed to have taken possession of it by pills and potions, as barbarous nations do by charms and ceremonies. Now, however, all this was changed. Through recognition of the relations of the organism to its environment we had risen to a conception of the prevention of disease—the great purpose of medicine, which it was earnestly prosecuting at the present time. It was probable we should attain earlier and larger success in preventing the diseases of communities than in curing the diseases of the individual. To show what encouraging success had already been gained, several diseases were enumerated which, very fatal 200 years ago, were now harmless, or extinct, and others which would probably soon be almost extinct. One might, without being absurdly hopeful, foresee a time when the occurrence of epidemic disease would be felt as a gross reproach to the community, and there would be comparatively little for the practitioner to do in the treatment of particular diseases.

To some this prospect might appear fancifully bright, and it might be said that from the beginning men had, through the unrestrained indulgence of their passions, engendered disease, and, however pure their surroundings, would go on doing so; that were a clean sweep made of all disease from the face of the earth to-morrow they would breed it afresh before to-morrow's to-morrow. No doubt, as constituted and trained at present, they would. But it must be the aim of the medical science of the future to give them such an exact knowledge of their own nature and relations as will teach them to know and conform to the laws governing health and development, which they now violate habitually in ignorance and indifference. This was to be done by the patient and steadfast application of the method of observation and induction which had been so successful in the subordinate sciences, to the highest phenomena of man's nature—his thoughts, feelings, and conduct. The problem was the same here as in the lower sciences, to observe in order to foresee, and to foresee in order to modify and direct, and the method was the same. It could not be doubted scientifically that a process of evolution had gone on in Nature, and that man, as he now is, is a product of the past carrying on this process in his progress to a higher purpose in the future; he must, as a part of the order of Nature, be studied by the same positive method as the rest of Nature. When the origin and development of his higher nature was investigated by observation and induction, it was seen that the highest faculties of his mind had not been implanted ready made in his nature at any period of its history, but had been the slowly won results of the accumulated experiences of the race transmitted by hereditary action. The problem to-day was no longer the schoolman's vexed question of the origin of evil, but a question of the origin and growth of good. And our plain duty was to search and find out the laws which have been at work in this process of human evolution and to continue it—to carry on by deliberate method, with conscious purpose, what has been going on through past ages irregularly and blindly. It was truly amazing what recklessness men exhibited in regard to the power which they had over their own destiny, acting entirely as if they had no responsibility in the matter. In face of constant observation of the important modifications in the constitution and character of animals which were effected by selective breeding and training, and of positive knowledge of hereditary action in human development and retrogression, it was the rarest thing in the world to take the least thought in marriage of the ills which might be entailed upon children. Disease was propagated as if disease were a supernatural affliction which arose and spread by no natural laws. Men behaved in relation to the laws which govern human evolution very much as primeval savages behaved in relation to the laws of physical nature, were content with superstitions where they ought to get understanding, and put up prayers where they should exert intelligent will. It was an immediate task of medical inquiry to find out exactly the laws of heredity, mental and bodily, in health and in disease, and to apply the knowledge to promote the welfare and progress of mankind. Its large function in the future was indeed to discover those laws which have been in operation through the past to make man the superior being which he is, and to determine future action in intelligent conformity with them; not only to cure disease of body and mind, as it had aimed always to do, and to prevent disease, as its larger aim was now, but to carry on the development of his nature, moral, intellectual, and physical, to its highest reach. Clearly they had chosen a profession which yielded the fullest gratification to high aims and the largest scope to good work.

In pursuing the course of scientific inquiry indicated, one cannot well help coming into collision with some of the prejudices and traditions of mankind. It is not possible, for instance, to prosecute the physiological study of mind to its furthest reach without shaking the metaphysical notions of it, and with the fall of these notions other notions closely bound up with them may totter to their fall. But if this must be, we shall do well to acknowledge it more in sorrow than in anger. Let us not rush with eager clamour to the work of destruction; it behoves us as products of the past who will one day ourselves constitute the past, to deal gently and even reverently with it; we cannot break with it if we would, nor should we if we could; the very language which we use we owe to the slow acquisitions of generations which have preceded us; we cannot pity or despise them except in words for which we are indebted to them. As he who has been the best son is in turn the best father, so the generation which guards with respect the good which there is in the past and puts gently aside that which is effete will make the most stable progress in its day and transmit the best inheritance to the generation which follows it. One may esteem science sufficiently without feeling sympathy with the aggressive delight with which some persons accentuate its hostility to expiring beliefs: a scientific discovery is only a means to an end. The cultivators of science seem oftentimes to forget that its end must be constructive; that, after analysis must come synthesis; that all the analytical work in the world will leave matter in a chaotic state until the constructive spirit shall organise the incoherent results and make them serve for a higher social development. The problem is to make straight in the future a highway over which mankind may pass to a higher life. The philosopher, the poet, and the moral teacher have not been rendered superfluous by science; on the contrary, it will have need of them to attain to its own perfect working to the bettering of man's estate; and it may well seem to some that the time has come now when its manifold scattered and somewhat anarchical results should be penetrated by the synthetic insight of the philosopher, be embodied in forms of beauty by the poet's imagination, and utilised by the moral teacher to guide and promote the progress of mankind. So long as man sees splendour in the starry heavens, beauty in the aspect of Nature, grandeur and glory in self-sacrifice, so long will he feel that his brief conscious life is but a momentary wavelet on the vast ocean of the unconscious; that there is in him something deeper than knowledge, which "cometh from afar," and which the laboured acquisitions of science will ever fail to satisfy.

ABSTRACT OF
INTRODUCTORY LECTURE
DELIVERED OCT. 2 AT
THE MIDDLESEX HOSPITAL,

By Dr. G. H. Evans.

After a few preliminary remarks, he commenced by comparing the course of the medical student to that of a traveller along a road, straight at first and easily followed, provided along its course with establishments where travellers could be furnished with merchandise of various kinds, and with instructions how best to dispose of it. This portion of the road ended in turnstiles where tolls had to be paid, which gave admission to an open country with roads more or less plainly indicated, leading in various directions, from which roads each traveller might choose that which seemed most likely to lead him to a good market for his wares. After a few words on the subject of the selection of the ultimate road, he proceeded to give some advice as to the conduct of the students during the course thus described; laying great stress on the necessity, during their hospital education, that they should take every possible opportunity of doing practical work; "there is," he said, "not one of the subjects with which you have to make yourselves acquainted, which can be learned only from books and lectures; but you must in the case of every one of them familiarise yourselves with the practical application of the principles laid down in books and lectures." He especially urged upon them the importance of making themselves well acquainted with their fellow-men. "Remember," he said, "that in the exercise of your profession you will have to treat individuals, not diseases; that in no case which you may be called upon to attend will you find a cut-and-dried method or a hard and fast rule of treatment available. You will have to exercise your own judgment on each individual case, and you will be guided by the knowledge and experience which you will have acquired of your profession and of your fellow men." Here he took occasion again to urge them most strongly to make themselves well acquainted with various descriptions of cases by frequenting the out-patient's rooms and the wards. Speaking of their actual entry on a professional career, he suggested that in all probability there was a brighter prospect for the coming members of the medical profession than had been open to those of the preceding generation; that their services were likely to become better appreciated for their value with regard to the public as well as with regard to private individuals. He quoted some observations made by the late Lord Herbert of Lea, in 1860, to the effect that it was not by any means to the interest of the medical man in civil life to prevent disease; that it was only the sick man who sent for the doctor, and not the man that was well; and he compared with this statement Dr. de Chaumont's words in 1875, that we had "the spectacle of hundreds of educated gentlemen who, as officers of health or public analysts, were profitably devoting the whole of their time to that very duty which, fifteen years ago, his lordship thought so unpromising a branch of our art." Further, he quoted recent statements of Mr. Disraeli and Mr. Gladstone to similar effect. He then shortly described some of the changes which had taken place in the direction of improving the position of the medical profession; how the State had gradually and slowly been recognising the value of medical science in the prevention as well as the cure of disease, this recognition having been first evinced in the appointment of a medical member on the General Board of Health in 1848. "Since that time," he said, "an immense amount of good work for the public has been done, initiated, and until very recently superintended by Mr. John Simon, whose masterly and noble efforts, though rather frequently hampered by what we may perhaps call unappreciative administration, has succeeded in starting the science of public health on a sound and firm basis." He then reminded his hearers that there was yet much to be done, and that all the medical profession could in one way or another contribute to the advance of sanitary knowledge. He then made some observations on the alleged (in some quarters) inferiority in social status of the medical as compared with other professions. He considered that where the opinion existed, it was partially due to unfair comparisons between individual members of different professions. He admitted, however, that there were instances of a kind of deterioration in some cases where want of means, want of opportunity of mixing in good society, and other causes, had combined to drag a medical man in general practice in a provincial town down to the social level of the tradesmen who formed the majority of his clients; "and, undoubtedly," he said, "the unwillingness of the public to appreciate properly, and to remunerate sufficiently the services of medical men, has had a good deal to do with the difficulty experienced by some members of our profession in keeping themselves clear from some of the lowering influences to which I have alluded." He, then, in support of his theory that the profession had not really to any extent deteriorated, referred to the number of its members who were working unselfishly, conscientiously, and honestly, with very little substantial reward, believing that there is no profession in which so much good unpaid work is done by men who can ill afford to give their hardly gained experience for no return but the satisfaction of knowing that they are benefiting their fellow-creatures.

He then urged that if any improvement were required in the social status of the medical profession, it must be made by increasing the number of well-educated gentlemen in that profession, defining well educated as having had a good general education, not by any means confined to the acquisition of technical professional knowledge, and with this view suggested that many medical men commenced their practice too early in life, and that an ordinary university career was an extremely useful preparation for a course of medical study, as giving, at all events, some of that knowledge of men and of things in general, which was so essential to the education of a medical man.

His further advice to the students consisted in bidding them not to consider that their education is completed when they start in practice, seeing that our education is never completed. He bade them take every opportunity of getting information from the cases they attended, and from the recorded experience of others, saying: "Give your whole undivided attention to every case that is brought before you, and do not leave it till you have really satisfied yourself that you have ascertained all that is to be ascertained about it. Give your skill and experience as freely to those who cannot afford to remunerate you, as to those who can and do. Always bear in mind that you have to keep up your own reputation and that of the noble profession to which you belong; treat every one with whom you come in contact with the courtesy and kindness with which you would like to be treated yourself; and, even supposing that you do not meet with much substantial reward, you will yet have the satisfaction of feeling that you have done your duty fearlessly, honestly, and unselfishly."

In conclusion, he made a few remarks on the loss the medical school and hospital had sustained in the death of Mr, Campbell de Morgan. "A few months ago their passed away from among us one who for some forty years had adorned, aided, and supported this hospital and its medical school; one whose skill and varied acquirements had earned for him the admiration and respect of a circle far wider than that of the medical profession, and whose kindness, whose gentle simplicity, whose intense sympathy with, and thoughtfulness for, his fellow-creatures necessarily endeared him to all who came in contact with him. He was always ready to bring his remarkably clear and accurate judgment to bear on any difficult questions which might come before him, as we who were in the habit of meeting him in the board-room of the hospital have very good reason to remember. He is gone, but his memory remains. Let us endeavour, by making use of, and following, as far as we can, the noble example he has left us, to cause his loss to be less severely felt, and his influence to be, as far as possible, perpetuated amongst us."

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ABSTRACT OF INTRODUCTORY LECTURE

DELIVERED OCT. 2 AT

ST. THOMAS'S HOSPITAL.

By Mr. Francis Mason, F.R.C.S.,

Senior Assistant-Surgeon and Lecturer on Anatomy at the Hospital.

The lecturer commenced by referring to the curious coincidence that he happened to be the only surgeon who had been selected this year to address the students at the commencement of their hospital career. He related an amusing anecdote to illustrate the kind of discord that was so rife a century ago between the physicians and surgeons, which, he added, happily does not exist at the present day. He was unwilling to draw any invidious comparison between the work done at this and at other hospitals, when there was so much evidence that all were working so nobly for the general good of mankind; but in reflecting on the antiquity of the hospital, and in contemplating the names of the many eminent physicians and surgeons who in former years laboured so gloriously in its suit and service, he had no difficulty in finding a suitable theme for consideration. He then gave a brief, but nevertheless a very interesting, account of the rise and progress of the hospital. It was one of the royal hospitals, and was established as an alms house in the eleventh century, on the site of the present Charing-cross Railway at London Bridge. He then referred to the fact that the distinguished anatomist and barber-surgeon, Cheselden, was a pupil, and afterwards was appointed surgeon to the hospital in 1719. Alluding to Cheselden as a barber-surgeon, he stated that in the eleventh century medicine was entirely in the hands of the clergy; for example, William the Conqueror was attended by a bishop and an abbot, and the surgeons to King Henry VI. were barbers, and his physicians priests. The barbers were, indeed, originally introduced to surgery by the priests, whose heads they shaved. He then referred to the relic of the barber-surgeon as seen at the present day, in the pole which is observed outside the hair-dressers' shops, where they profess "easy shaving." The pole represents the staff which the patient grasped in order to accelerate the flow of blood in the operation of venesection. The stripes, red and blue, which decorate it, are symbols of the venous and the arterial blood, and the white line indicates the bandage that was applied to arrest the hæmorrhage. He then spoke of the Act of Parliament passed in 1714, by which the barbers and surgeons became two distinct corporations. On the separation, the barbers retained the old Hall, books, paintings, and records, and thus the surgeons were left homeless, and without property. They even had to borrow money to build a hall in the Old Bailey, on the site of the present Sessions House, and subsequently they removed to their present abode in Lincoln's-inn Fields. Reverting to Cheselden, Mr. Mason stated that the celebrated John Hunter was one of Cheselden's pupils, and that Dr. Edward Jenner's grand discovery of vaccination was first performed in London, by Mr. Cline, senior, at St. Thomas's Hospital, in 1798. Mr Mason then referred to other illustrious men who had been connected with the hospital, including the names of Dr. Richard Mead, Sir Astley Cooper, Dr. Mark Akenside, the poet, the renowned Dr. John Lettsom, and others, men who have proved themselves benefactors to science and mankind, and whose self-reliance, industry, and perseverance, all might well emulate. Both Mead and Cheselden, said the lecturer, attended Sir Isaac Newton, and "won golden opinions of all sorts of people," but by none were their talents more appreciated than by Pope, the poet, who referred to them in the complimentary terms:—

> "Weak though I am in limb and short of sight,
> Far from a lynx and not a giant quite,
> I'd do what *Mead* and *Cheselden* advise,
> To save these limbs and to preserve these eyes."

Addressing himself then more especially to the pupils who were commencing their studies, he reminded them that the student should at once be imbued with the all-prevailing truth, that there is no royal road, either to learning or to success in the medical profession. Money might assist to a certain extent, but it was of little value to further the progress of science, without the closest application and persevering and sustained industry. Work was all-important in every calling. "We listen," he said. "with wrapped attention to the learned divine. We marvel at the brilliant oratory of the illustrious statesman. We gaze in wonderment on an historical picture, in which all the details, withappropriate costumes, are depicted by the artist with the utmost accuracy and precision. We admire the actor, who 'holds as 'twere the mirror up to nature,' and places before us the characters of England's mighty dramatist with vigour and truthfulness, representing the 'very age and body of the time.' But such conquests were not won, such triumphs were not achieved, without incessant labour and unflinching perseverance."

The lecturer then referred to the labours of John Hunter, of Michael Faraday, and of Harvey, the discoverer of the circulation, and impressed upon his hearers the importance of being self-reliant, and of being accurate in their work. Truthfulness and good principle, purity of motives, and prompt decision were imperatively demanded for success in any walk of life. Great wealth and high honours, although open to all, were, he said, practically given to few in our profession; yet he expressed his own honest opinion that there was no calling in which a fair competence is so speedily acquired as in the medical profession.

"Let me add, in conclusion," said Mr. Mason, with much earnestness, "to all who are now studying here, that whether your life be a success or a failure, I confidently hope you will never lose sight of the moral influence and discipline inculcated at this hospital. In life's campaign you will necessarily meet with many vicissitudes to impede your progress, and you will have to contend with and conquer numberless difficulties; yet when the fiery fight is o'er, and you bear away the emblem of your victory, you will, I feel sure, look back in your leisure moments with pride, reverence, and thankfulness to your Alma Mater, gratefully remembering the happy days you have spent here, and recognising with intense satisfaction the many lifelong friendships that you have had the opportunity of forming."

Clinical Records.

NORTHERN HOSPITAL, LIVERPOOL.

Under the care of Dr. Dickinson.

[For the Notes of the following cases we are indebted to James Barr, M.B., L.R.C.S. Ed., late House-Surgeon.]

Case I.

Case of Uræmic Intoxication.—Non-Albuminous Urine, with Numerous Hyaline and Granular Casts.—Recovery.

Capt. B., æt. 30, single, German, admitted Sept. 3rd, 1874. When carried into the hospital he was in a state of delirious excitement, tossing his limbs about, and resisting all efforts to control him, so that it required two men to hold him in bed.

The history obtained from his friends was that on his last voyage he had been at St. Thomas, where he suffered from "fever and ague," and lost two of his officers from dysentery. Since his return, about ten days ago, he has been suffering from general *malaise* and depression of spirits. This attack came on rather suddenly this morning, but previously he was confused, and transacted his business in an irregular manner.

Present condition.—There seems to have been no convulsions, but only this jactatation of the limbs, and great excitement. There is no evidence of alcoholic intoxication, and his friends say that he is a teetotaller. There is no paralysis. Pupils are rather dilated, but sensitive to light. Nothing can be detected wrong with the lungs or heart, except the rapid action of the latter. Hepatic and splenic dulness somewhat enlarged, but nothing otherwise abnormal can be discovered. The skin has a distinct yellow tinge, but there is no marked jaundice, nor any staining of the conjunctiva. His resistance to any interference was so great, that in order to draw off his water he had to be chloroformed. With the catheter I removed ten ounces of urine of a deep amber hue. Sp. gr. 1023. No albumen by the heat and nitric acid tests. The deposit wa afterwards examined microscopically, and found to contain numerous large hyaline and granular casts. Many cells of renal epithelium, some apparently healthy, and others in various stages of degeneration, from that of cloudy swelling to a highly granular condition, also amorphous urates. Breathing hurried, but not stertorous nor cerebral. Pulse quick and weak. Temperature in the groin 103 0° F. He was ordered a chloral draught and sixteen grains of calomel, to be followed by a large dose of sulphate of magnesia. A sinapism to nape of neck. He was put in the straight jacket, and as he kept his teeth firmly clenched, he had milk administered through the nostrils.

Sept. 4th.—He was rather better this morning, and passed a small quantity of urine for the first time since it was drawn off yesterday. It was an amber hue, acid; sp. gr. 1019; contained about one-sixth albumen, and the deposit presented the same microscopic appearances as before. The nurse got him to take a little milk, and he said he had "enough." This is all he spoke, and soon afterwards relapsed into the same state he had been the day previously. There was great excitement, which was quieted by an hypodermic injection of morphia. As his bowels were only moved once, he had another brisk saline purgative.

Evening.—He is greatly improved, being now able to speak, and he is quiet, so that the straight-jacket was removed. The temperature still continued very high, the thermometer registering 104·0° F. in the axilla. Pulse quick, small, and feeble.

℞ Vini antimonali, fl. ʒj.
Liq. opii sedativ., fl. ʒj.
Spiritus etheris, nit. fl. ʒvj.
Liq. ammoniæ acetat., fl. ʒxij.
Aquæ, ad. fl. ℥vj.

Misce. sumantur cochlearia magna duo, secundâ quâque horâ.

He was also ordered a teaspoonful of brandy every half-hour, but during the night he refused to take it.

Sept. 5th.—He is very much better this morning. He talks freely, and considers himself well. He has not the slightest idea of anything that transpired since, or shortly before the onset of this attack. When shown the straight-jacket, he asked what it was for, and on being told, laughed. His skin is cool, bowels loose, urine more abundant, sp. gr. 1023, acid, non-albuminous; microscopical appearances as before noted. Ordered his mixture to be given only every fourth hour, and an ounce and half of compound senna mixture at bed time.

Sept. 6th.—He feels pretty well. Bowels have been freely moved; skin is cool and moist; urine, amber; sp. gr. 1021, acid, non-albuminous. Slight deposit, which on examination was found to contain large hyaline and granular casts, renal epithelium, and crystals of the triple phosphate.

10 *p.m.*—Temperature 104·6° F., skin dry. He is perfectly conscious, but feeling much worse. Ordered his medicine to be given every two hours, also fifteen grains of quinine and another black draught.

Sept. 7th.—Feels much better. Temperature 100·2° F.; sweating profusely. Bowels have been freely moved. The diaphoretic mixture was discontinued, and the following substituted:—

℞ Quiniæ sulphatis, ʒj.
Acidi suldh. dil., fl ʒj.
Infuse gent, co., ad. fl. ℥vi.

Misce. sumantur cochlearia magna duo quantâ quâque horâ.

Sept. 8th.—In every respect better to-day. Urine yields a slight cloud of albumen, and presents the same microscopic appearances as before.

Sept. 9th.—Urine, amber; neutral sp. gr. 1022; phosphatic deposit; a cloud of albumen. The microscope showed granular and hyaline casts, granular cells, triple phosphates, and amorphous matter.

Sept. 11th.—The urine to-day is feebly acid, sp. gr. only 1008; a very slight trace of albumen. Microscopic characters same as those noted on the 9th. The patient is very anxious to leave to-day, as he wishes to get back to Fatherland, and accordingly he is discharged.

In this case there was nothing like complete suppression of urine, and that secreted was of a deep colour, high specific gravity, contained abundant urates, and was free from albumen, so that in the first instance the case appeared very unlike one of uræmia, but then the urine was much diminished in quantity, gave evidence, in the form of very granular casts, of advanced kidney disease, and was occasionally albuminous. Also the progress of the case, and the absence of any other cause to account for the symptoms, left us no doubt as to the renal origin of the affection.

Your readers will find a valuable paper "On the Occurrence of Renal Tube Casts in Non-albuminous Urine," by Dr. James Finlayson, in the *British and Foreign Medico-Chirurgical Review* for January, 1876.

Case II.

Tubercular Disease of the Kidneys, Bladder, Prostate, Bowels, and Lungs.—Death.—Autopsy.

E. H., æt. 20, office-boy, admitted Oct. 26th, 1874, complaining of "swelling of the feet and general debility." He has always been a very weakly boy, but he has never suffered from any complaint prior to the present one, which he reckons of only four months' duration. The first symptoms noticed by him were severe pains in the ankles, especially in the right, which soon extended up to the knees, and were often on movement of an excruciating character. In the course of two or three weeks these pains ware replaced by œdema of the feet and ankles. About two months ago he began to be troubled with cough, which, however, has never been very annoying, and the expectoration has been always scanty. For the last month he has suffered from diarrhœa, and the emaciation has progressed rapidly. During the last fortnight he has had a frequent desire to micturate, and the urine has been "scanty and scalding."

Family History.—One of his brothers died of the "evil," and another has suffered from suppurating sores in the parotid region. His father died a short time since, after an illness of six months, from disease of the lungs, but prior to this he had been always healthy. His mother and four sisters are alive and healthy. This boy was kept close at his employment, and his habitation was in the lower part of the town.

There is extreme emaciation of his body and limbs, the outlines of nearly every bone being well-defined. Tongue slightly coated, appetite fair. Bowels very loose, fæces liquid and of a pale clay colour. Urine, acid; sp. gr. 1011, slightly albuminous, and contains a deposit of pus. Pulse 90, small and feeble. Perspiration 22. There is scarcely any cough, and no expectoration. He never spat blood.

Physical Examination.—The movements of the right side of the chest are defective. The percussion note is deficient in tone throughout, and the comparative dulness is specially marked over the right back, and at both apices, especially the right. Right lung: Over the upper lobe the breathing is very tubular, and inspiration is attended with very coarse crepitant, or gurgling râles. The whispered V.R. is very distinct; over the lower and middle lobes there are numerous coarse crepitant râles and snoring rhonchus. Left lung: Over the upper lobe there is fine crepitus, and considerable rhonchus. On October 30th his voice became very feeble, and on November 5th his pulse was 120, very weak. Pupils much contracted, and there was a tendency to stupor. From this state he gradually passed into a comatose condition, and expired on Nov. 10th.

Post-mortem Examination Twenty-four Hours after Death.—There is great emaciation, fat is almost absent. Both lungs are affected with caseous degeneration, though in different degrees. The right lung is affected in its entirety, and that in a pretty advanced stage, and at its apex there are some small vomicæ. The left upper lobe contains a great quantity of caseous deposit, and some small cavities at the apex. The left lower lobe is congested, and studded with numerous small grey granulations.

Heart small, soft, pale, and flabby. Semilunar valves competent but very thin and thready.

Liver large, pale, and infiltrated, with a considerable amount of fat. There are a few small tubercles on its under surface. Spleen, normal. Both kidneys are very large. Capsules are easily torn off, surfaces at many points, are studded with cheesy tubercles. Nearly all the pyramids are almost entirely destroyed by caseous degeneration. Some of these masses were in a more advanced stage than others, and breaking down into pus. It seemed to be primary disease of the kidneys, as the degeneration was here in the most advanced stage, and the pelves were not specially affected. Ureters large. Bladder deeply congested, and presented some ulcerated patches, one of which communicated with an ulcer at the lower part of the bowel. Nearly tho whole of the prostate was eaten away. Near the lower part of the bowel there was a patch of deep ulceration, which communicated with the base of the bladder. There were several small ulcers in the large bowel, one on the ilio-cæcal valve, and another near the lower end of the ilium.

Vital Statistics.—From the Registrar-General's report we learn that during last week 5668 births and 3146 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 20 deaths annually in every 1000 persons living. The annual death-rate was 21 per 1000 in Edinburgh, 25 in Dublin, 20 in Glasgow, and 19 in London. The rates of mortality during the same period in the other large towns were—Bradford 19, Norwich 21, Brighton 19, Wolverhampton 27, Birmingham 21, Sunderland 15, Portsmouth 21, Sheffield 23, Plymouth 19 Nottingham 18, Liverpool 24, Bristol 21, Leicester 17, Oldham 30, Newcastle-upon-Tyne 15, Hull 16, Manchester 23, Salford 29, and Leeds 10. The annual death-rate from the seven principal zymotic diseases averaged 3·6 per 1000 in these towns, and ranged from 0·7 and 1·1 in Plymouth and Hull, to 8·1 and 9·4 in Salford and Woiverhampton. In Portsmouth 13 more fatal cases of scarlet fever were recorded, raising the number since the beginning of the year to 317, 48 are recorded in London. Small-pox caused 14 deaths in Manchester and Salford (including 5 in the Monsall Hospital), 8 in Liverpool, and 11 in London.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 4, 1876.

LEGISLATIVE RESTRICTIONS FOR HABITUAL DRUNKARDS.—II.

THE recent inauguration of a society for the purpose of promoting legislation for the control and cure of habitual drunkards, and an account of which will be found in our last issue, reminds us that in a former article on this subject, we were obliged to postpone the consideration of several important questions.

In that article our remarks were only of a general nature, and were confined to the consideration as to whether there is really any *raison d'etre* for this movement, or for the society, whose object is to promote it, but we shall now, and on a future occasion, endeavour to see what advantage may be reasonably expected to result from the legislation proposed, and how far the scheme is practicable.

At the outset, however, we must bear in mind that we have to deal with two very different classes of cases, and two very different classes of people. On the one hand, we have the low, ignorant, and almost savage bricklayer or navvy, who revels in his drunkenness, and who repeatedly comes before the police courts for disturbing the public peace, or for some brutal assault upon his wife, or something worse. On the other hand, we have to deal with cases which the public seldom hear of, and which never come before the magistrates. It is now the refined, educated, and perhaps high-born lady to whom our attention is called. She does not revel in drink, but is a slave to it. She commits no crime; she does not break the law, nor does she commit any offence against decency; and the misery she causes is known to her family alone. Now, some of the gentlemen who have taken a prominent part in this movement seem to have had chiefly the former class in view, while the attention of others appear to be directed to the latter. There is also a third party which refers sometimes to the one, sometimes to the other, according to the suggestions of the moment. Dr. Alfred Carpenter, and other gentlemen whose magisterial duties bring them into contact with the working classes have in view the reclamation of a very different sort of drunkard to that which elicits the sympathy of the medical practitioners, who practice among the middle and higher classes of society. We do not, however, have one law for the rich and another for the poor, and the question will arise whether any legislative restrictions can be placed upon the conduct of the poor drunkard which will not hold good in the case of the rich dipsomaniac. Nevertheless, in discussing the subject, it will be more convenient and practical to take these cases separately, and to see how far the advantages and disadvantages, the practicability and impracticability of the proposed scheme are affected by the class of people to be dealt with.

And, first with regard to the working classes, we shall find that while the results of establishing reformatories for the compulsory care of the habitual drunkard would probably not be so satisfactory as those which would obtain among the middle and higher ranks of life, the obstacles in the way of carrying out the provisions of such an Act as that proposed would be very great indeed. We must bear in mind that most of the habitual drunkenness among the lower orders of society is not of that secret and uncontrollable nature which characterises the drunkenness as observed among the educated classes. In one case it is more public, in the other more private. In one case it arises from a habit of low depravity, from a sort of voluntary giving up of the evening hours to the pleasure of indulging in intoxicating liquors in the presence of a lot of boon companions, and amid the gaudy attraction of the gin-palace. In the other it is a secret drink craving, indulged in out of an infatuation for the drink itself, and quite irrespective of the convivial circumstances with which drinking is usually associated. Lastly, in one case it is more a crime, or a vicious habit, in the others more a disease. Consequently, the inebriate workman, or his wife, as the case may be, would probably return to his former habits very soon after he was surrounded by his old associations, or was exposed to his old temptations. It may be said that this would not often be the case if he were detained in a reformatory for some considerable time, inasmuch as the fear of being again confined for some years in such an institution might act as a very wholesome deterrent, and might at least make him for the future keep his drinking propensities out of reach of the law. But then it is very doubtful how far the detention of the habitual drunkard for two or three years in a reformatory would be practicable. This class of people is, among our working population, unfortunately a very numerous one, and independently of the enormous expense their maintenance would entail upon the Government, it would be difficult to find room for them all. Besides, what is to become of the wife and family of the drunkard who is, for a period of one or two years deprived of the opportunity of supporting them. This perhaps is a difficulty which might be surmounted by the inmates of a reformatory being obliged to follow, as far as possible, their usual occupation, and by Government making the family an allowance out of the proceeds of their labour. But still it is a difficulty which will have to be met in any future legislation on the subject. For it must be borne in mind that the pauper, drunkard, or drunken labourers, would not have the *entrée* into the well conducted and attractive establishment of the private proprietor, but would be consigned to public reformatories to be kept up at the public expense.

It is, moreover, by no means certain that the system of treating this class of adult inebriates in reformatories in the same manner as criminal children are dealt with, would be so successful as some suppose. Statistical evidence has been brought forward to show that a large percentage of the inmates of inebriate asylums are cured, but we must remember that nearly all the persons referred to belong to the middle and not to the lower ranks of life. The reformatory treatment of the habitual drunkards furnished by the masses has never yet been tried, for the simple reason that the law is, as it at present stands, merely punitive, and only sanctions very short and useless terms of imprisonment, and because there are social reasons why such persons could not, even were they willing, voluntarily enter such institutions. We have, moreover, to look at this contingency, namely, that after a Bill has been passed for the compulsory control of this class of habitual drunkards, and after board, lodging, and supervision, &c., have been provided for them at a very great expense to the country, the system would after all turn out to be a failure. Then there is another aspect in which, and another reason why we should, in considering this question, regard this class as requiring special consideration. It has often been asked: What is habitual drunkenness? Is it a vice, a habit, a crime, or a disease? On this point there is great difference of opinion, a difference which particularly obtains between the legal and medical professions respectively; and it is also one of the points in which many of the principal promoters of the present movement have mixed up in their minds one class with another. At the inaugural meeting of the Society abovementioned, Mr. Safford, referring particularly to this class, remarked that the law regarded habitual drunkenness as a crime and not as a disease, and there can be no doubt that serious results would follow if the law ever came to look upon it as a disease, inasmuch as the drunkard would be continually making his drunken habits a plea for all sorts of crimes. Indeed, by whatever name we may call it when occurring amongst a class of people which will, on another occasion, receive our consideration, we must admit that nine-tenths of the cases that occur among the masses, drunkenness is nothing more nor less than a depraved and vicious habit, a vice, and not a disease—although in some cases of long standing it may run into disease.

Another important circumstance to be taken into consideration is, that while in one class of cases habitual drunkenness is so largely associated with crime, in the other, criminal offences are of very rare occurrence. In fact, such a fruitful source of crime is drunkenness among the working class, that a large percentage of the murders, brutal assaults, and other minor offences which occur, have been very generally attributed to this cause. And while this circumstance alone is sufficient to justify some further and more successful interference on the part of the Legislature than that which now exists, it must necessarily embarrass any action that may be taken in the matter, and must at all events make the Government hesitate before it adopts any measures that may have the least tendency to lighten the responsibility of the criminal classes.

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THE IRISH LUNACY PROGRAMME.

In the *Limerick Reporter* we find the following:—

> "The Resident Medical Superintendent, Dr. Courtenay, informed the board of governors that, being indisposed, he should ask the board to appoint an assistant for a short period; but he apprehended that, from the large numbers in the house and heavy duties to be discharged, it would become necessary to have a permanent assistant employed. There was only one asylum—Omagh—in Ireland having as large a number of inmates where an assistant medical superintendent was not employed.
>
> "Mr. M'Donnell said that some time since the question of appointing an assistant superintendent was mooted, but the feeling was unanimously against it, as there was an efficient visiting physician, who was always ready to give his assistance.
>
> "Dr. Courtenay said he would ask them to appoint a temporary assistant for two months. He knew an Irishman *in an English asylum who would come over.* He would give him his board and lodgings if the governors agreed to pay him at the rate of £100 a-year.
>
> "Archdeacon Hare asked Dr. Courtenay whether visiting physicians were employed in other asylums?
>
> "Dr. Courtenay: Not in England, but they are in some Irish asylums. *However, after some time I believe the office will be abolished.*
>
> "Mr. M'Donnell said he saw they could appoint a medical pupil at a salary not to exceed £60 a-year.
>
> "After some desultory discussion, it was agreed to appoint a temporary assistant."

We have italicised two phrases in this report, which we look upon as significant, and worthy of the cautious attention of the profession in Ireland, and especially of the Visiting Physicians of Lunatic Asylums. Dr. Courtenay, some time the assistant in an English asylum, is so obliging as to recommend to the governors another assistant in an English asylum, to the exclusion of Irish professional men, who not only have, we venture to observe, as strong claims as any of that gentleman's friends, but who, being probably acquainted with the Irish Lunacy regulations, and certainly not prejudiced in favour of the opposite system, are much more likely to make efficient officers than any gentlemen pitchforked into office from the other side of the Channel.

The Resident Medical Superintendent of the Limerick Asylum gained his experience of the administration of Irish lunacy by a three years' apprenticeship in the Derby and the West Riding Asylums, where the principle and system of management is entirely different from that in Ireland. Under the patronage of the Castle office—whose instinct it seems to be to destroy the system which it is entrusted to administer—he was selected, in preference to many equally deserving candidates, to rule over the Limerick Asylum. We use the word "rule" because we do not doubt that he was placed in office advisedly for the purpose of carrying out in that asylum the long-tried policy of annihilating the board of governors and ousting the inconvenient inquisitiveness of visiting physicians, because in that very asylum the independence of the governors in reference to the murder of the lunatic Danford by a keeper, which the inspector's office attempted to hush up, but which the governors insisted on ventilating, had made them very unpleasant to the Castle.

True to this policy, Dr. Courtenay "manages" the importation of another English assistant; and we are surprised to find the governors, hitherto so watchful, caught napping, especially as the Resident Medical Superintendent's purpose escaped him in the course of the conversation. Dr. Courtenay evidently thinks the visiting physician an incubus, because he is not employed in English asylums, and he "believes that after some time the office will be abolished." Does he? "The wish is no doubt father to the thought;" but this part of his programme shall certainly not be carried out if protest and energetic opposition on the part of the public and the profession can prevent it, nor if our influence can make public the nature of the job.

It may be considered that we have attached undue emphasis to the strong utterance of an obscure Resident Superintendent; and it is, therefore, necessary for us to explain that Dr. Courtenay's straw is the indication of a very dangerous wind. That gentleman is the Secretary of the Committee of Resident Superintendents, he is the *protegé* of the inspector who dictates the Castle policy, he is the colleague of officials whose anxiety to emasculate boards of governors and visiting physicians is well known—and, lastly, he is the oracle which inspired a recent very notable editorial in the *British Medical Journal.* This enunciation may be taken as the proclamation of Dr. Courtenay's party, and we are therefore not surprised to find that it pooh-poohs the claim of the visiting physicians to a contingent increase of salary—represents the Resident Medical Superintendent as the supreme ruler and animating mind of asylums—demands for them a wholesale appointment of well-subordinated and humble medical assistants, and winds up by an audacious protest against newspaper publicity respecting the doings within the walls of such institutions. This is the programme of Dr. Nugent and the Resident Medical Superintendent, but it is by no means the programme of a vigilant public or a cautious Government; and a hint of the Resident's policy more ruinous to their cause could not have been given than the proposal to shut the doors of Government asylums against external inspection and public watchfulness. A semi-responsible control of a mysterious institution, with an obedient assistant, a deaf and dumb board of governors, and the door locked against inquirers, whether they be physicians or reporters, would suit the Castle office and the autocrat of the institution very nicely, but would by no means satisfy the public, Parliament, or the pauper lunatic.

We warn the profession, the board of governors, the visiting physicians, and the people that such is the object aimed at, and that it will not be attained by a sudden *coup d'état,* but by a silent and insidious change of a word here and there in the law and the regulations. By these means Dr. Nugent has steadily and gradually, but certainly ruined the Irish Lunacy system, and has accomplished half his work; and the moment has, we think, arrived when the interference of Parliament should be invoked to declare whether it prefers the well-proved Irish system or the inspectional idea of asylum administration. If an appeal to the House of Commons be longer delayed, we shall have further changes effected, and the "Nugent" system will appear before the bar of public opinion as the established usage, when it may be too late to reverse the policy.

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Notes on Current Topics.

International Hygiene.

There is a universal language which lends itself to our aspirations and to our relations with each other; it is the language of the heart. National barriers are lowered before our fraternal legions, for the work of hygienic life saving, and social economy extend to a federation of peoples, which is called humanity, and humanity recognises no frontiers.

These were the words with which the opening of the International Congress at Brussels on Thursday last were ushered in by its President, and assuredly no greater or more fitting aphorism could have been propounded to the civilised world at the present moment. Most opportune, indeed, is this meeting, when the war in the East is fraught with anxiety to every thinking man, and great powers and great statesmen are quivering for fear of a European conflagration. International hygiene, like international war, will then possess a terrible significance, and the red cross become almost the only consolation for suffering humanity.

The Congress now sitting has a variety of topics to discuss, and as one of immediate importance, the position and action of civil surgeons and volunteer helpers on the battle-field was discussed at its first meeting, when it was decided that their proper position was not on the battle-field, but with the second line, or reserve, in order to render more effectual aid to the wounded. Quarantine regulations were also discussed, and many valuable suggestions and amendments in the present mode of administration decided on. Amongst those present, the well-known names of Professors Esmarch and Virchow, Drs. Appia, Langenbeck, and Merchie as foreign representatives appear, whilst Great Britain is represented by Sir Harry Verney, Mr. Chadwick, C.B., Captain Douglas Galton, Major Burgess and Mr. J. Furley, Members of the Council of the British National Aid Society; Surgeon-Major Porter, M. Phené, Mr. Collins, delegates of the Association for the Promotion of Social Science; Dr. Richardson, F.R.S.; Dr. Hardwicke, &c.

Verdicts by Intuition.

The two cases in which, last week, we noticed that coroners' verdicts had been returned without any reliable evidence whatever respecting the cause of death, the cases being, in each instance, both obscure and suspicious, are but examples of a most objectionable practice, which has crept into the inquest system. In many investigations it would seem that, either from confidence in his own omniscience, or from a desire not to trouble the relatives of the deceased with impertinent inquiries, the coroner takes upon himself to give the jury his own views of the probable cause of death, which he puts in such a way as to amount to a direction to them to find a verdict upon his opinion; and they, being for the most part, obfuscated by the novelty of their position, and almost always, of the most ignorant and illiterate class of the people, are glad to get out of the responsibility of forming an opinion for themselves, and, accordingly, without more ado, register the decree of the coroner without asking a question, or troubling themselves with the evidence. It is, in fact, in most instances, the coroner who gives the verdict, not the jurors, and it is not unjust to these gentlemen to say that the legislature by no means contemplated entrusting such a power to them. Another such case crops up this week. The apothecary of the Roscommon Infirmary was found dead in his bed-room at one o'clock in the day. It was known that he was addicted to drink—that he was expecting dismissal in a few days—that he was under vexation and irritation at some alleged want of attention to him by the infirmary sub-officers—that he distinctly told the nursemaid that "she would find him dead on her return"—that a bottle of prussic acid was found beside him—and, lastly, that he must have died within an interval of one hour and a-half. In spite of this evidence, the jury returned a verdict that his death was caused by an attack of spasms of the heart, in accordance with the medical testimony." The medical testimony consisted in the evidence of one witness, who swore positively that he believed the cause of death was prussic acid, and another who thought he had died of spasms of the heart, and a third who expressed no opinion, except that he believed he "acted under the influence of some drug." No post-mortem examination was made, and, of course, no examination of the contents of the stomach, and the only ground upon which the verdict could have been found, was an examination of the outside of the body. If the published reports of the inquest are to be credited, the probability is overwhelming that the deceased poisoned himself, and a verdict arrived at without proper examination is only a disreputable farce, to which professional men—not to say coroners—ought not to lend themselves. It is nonsensical to say that in plain cases, such examination is unnecessary, for if the causes of death be evident, no inquest need be held, and if they are not, the jury ought to be in possession of the means of forming a judgment. A verdict contrary to the sworn facts is worse than foolish.

The Forthcoming Dairy Show at the Agricultural Hall.

A dairy show will be opened on the 24th of next month at the Agricultural Hall. There is one thing, remarks the *Farmer*, which the promoters of the show might do, but which we suppose they wont; they might make collection of the false butters of trade, and exhibit the processes of their manufacture. As a rider to the above very good suggestion, and which, by the way, we heartily endorse, we append the following extract from the *Iron* newspaper, containing a description of a process for manufacturing butter adopted in a well-known manufactory in Glasgow. There seems to be no secret about the process, which is as follows:—Good beef suet, carefully picked, which is torn to pieces in a machine, a sort of devil, heated by steam, with the view of removing the membranous parts of the suet, which, with the heavier fat, fall to the bottom, the rest passing off as fine rich oil. This is churned with milk, in the proportion of about eleven gallons to thirty or thirty-three gallons of the fat. The whey is next driven out, and the residue kneaded by hand, cured with the usual proportions of salt and saltpetre, coloured with annatto, packed into tubs, and branded as best cork or fine Jersey, is ready for the market.

A New Test Paper.

A NEW test paper, invented by Waller, is, says the *Chemical News*, prepared by soaking strips of white paper in a solution of coralline. It is exceedingly sensitive to the action of alkalies ; very dilute alkaline liquids instantly turn it a beautiful red colour. Acids turn it yellow ; but, as the reaction is less striking, Dr. Waller proposes to use it only for alkalies, as a substitute for red litmus.

Large Doses of Opium v. a Large Gall-Stone.

IN a recent volume of Virchow's *Archives*, and quoted by the *Glasgow Medical Journal*, there is an interesting account of the passing of a very large gall-stone. There was first great pain and enlargement of the gall-bladder and liver, followed by relief, and the passing of a gall-stone. This stone was so facetted that it had evidently existed along with another, and so the medical attendant anticipated a return of the symptoms. This did occur, and on the occurrence of relief the other gall-stone was passed. Together they form an oval body the size of a small hen's egg, their circumference being three and three-quarter inches round the short axis, and six round the long. The case was treated chiefly with opium, and during the intense agonising colic he got as much as 6·5 grammes (102 grains) in the twenty-four hours without signs of poisoning.

Irish Sanitary Administration.

THE character of the conclaves to which Parliament has been foolish enough to entrust the custody of Irish public health may be judged by a note of the proceedings of the Drogheda guardians last week anent the putting down of a pump recommended by the sanitary officers for the purpose of giving the people an alternative from sewage drinking. One of the precious administrators of the sanitary law burst out into a tirade in which he protested against the board putting down "Saxon" pumps into the Drogheda wells, on the ground that these receptacles were holy, having been blessed by the saints, and should not be polluted by anything "Saxon." In our experience one lunatic is to be found at every board, and may be regarded as an inevitable nuisance, but the strangest fact is, that the chairman—the elect Nestor of the Drogheda guardians—quite sympathised with the anti-Saxon on this occasion, and thought that pumps, in the abstract, were an unnecessary refinement which Drogheda had done without long enough and *well* enough. Such are the persons whom Parliament expects to know all about zymotic-antiseptics and the germ theory.

The Working of the Sanitary Acts in Ireland.

THE Irish Local Government Board, who evince so much anxiety to convey the belief that the Irish Public Health Act is everything to be desired, and that Ireland is undergoing rapid expurgation of foul smells and zymotic disease, will learn something from a perusal of the evidence given by the sanitary officers and other medical men before the Irish Municipal Bodies Commission, which sat at Ennis last week, to investigate the corporate management of that town. Be it remembered that Ennis is an urban district, under a Town Council, with abundant taxing powers, and, therefore, it may be presumed, exceptionally well placed for sanitary improvement. Here is what the L.G.B. considers sanitary progress :—

Dr. Green, sanitary officer, sworn, stated that in his official report on the sanitary state of the town, he called special attention to the want of privies, but no action was taken by the commissioners to remedy the great defect; many of the houses have no yards, and very few have water-closets ; the excrement and other filthy matter are thrown into the streets at night, and removed by the carters in the morning ; it can not be seen, for there is no light, but the horrible effluvia can be felt, and in his opinion such a state of things is detrimental to the public health ; the sewerage is very defective ; he considered it would be very desirable to have a supply of pure and wholesome water.

Dr. P. N. Cullinan, swore that since the Act of 1874 he saw no improvement in the sanitary state of the town. It was discreditable to the commissioners, and especially detrimental to the health of the poor. There can be no second opinion as to the requirement of a water supply, which should be of good quality and abundant.

Dr. William Cullinan, surgeon of the County Infirmary, gave corroborative testimony as to the defective scavenging of the poorer districts of the town, the inefficiency of the staff, and the general neglect of the sanitary requirements by the commissioners. They allowed for selfish ends monthly fairs in the town, although having a splendid green in the immediate vicinity. For days after the accumulations of filth were allowed to remain on the thoroughfares.

The Midwifery Chair at Galway College,

vacated by the sudden death of Professor Doherty, has been in abeyance for many months, in consequence of the postponement of the election of the Senate. The day of meeting to fill the vacancy was, however, fixed for Monday last, the 2nd. We understand that there are no less than 62 candidates.

Death from Ear-piercing.

IN the county Tyrone the death took place last week of a strong healthy girl, of 22 years of age, from erysipelas, consequent upon the piercing of her ears by an amateur.

Dog's Milk in Rickets.

THE *Gazette Hebdomadaire* states that it is the custom among the women of Monttrun, in Dauphiné, to continue suckling for two years and a half to three years, with the idea of preventing another pregnancy ; and if the infant dies, the mother either adopts another, or takes a puppy into her family to carry on the process. All these puppies suffer from rickets, which resembles exactly the rickets of children, except that the deformity is never afterwards remedied. These observations, and the fact that the dogs always recovered under the influence of their own mother's milk, induced M. Bernard to submit a rickety female child of twenty-six months to the dog's-milk cure. A powerful bitch was provided to act as wet-nurse for the child, and after from two to three months of this method of imbibing nourishment, the swelling of the epiphyses and the bending of the bones had notably diminished, the muscles were stronger, and at the end of the time the child could stand and take a few steps. The health of the patient was, at the end of 100 days, extremely good; a slight curve of the femur and sternum being the only remains of the deformity, and the cure was permanent. He has adopted the treatment successfully in six other cases, and he expresses the belief that it will give encouraging results.

Vaginal Poultices.

At a late meeting of the Société de Therapeutique, Paris, M. Bucquoy related that while an *interne* of Louis he had seen true cataplasms applied to the vagina. They were made thin and rolled around a small stick, which, having served as a means of introducing them, was withdrawn. This practice, which was an excellent one, seems to have entirely fallen into neglect, M. Fournier, of the Lourcine, being the only person who now employs vaginal cataplasms. M. Fournier makes use of voluminous cataplasms which quite distend the vagina; and he states that he was first induced to resort to this practice by having observed the effects which had several times resulted from his pupils having forgotten to remove large wadding plugs that had been introduced. In each instance these, so far from having acted prejudicially, had proved of service in treating vaginitis.

First Conviction under the Vivisection Act.

We learn from one of our contemporaries that there has been a conviction under the Cruelty to Animals Act, 39 and 40 Vic., c. 77, which came into operation on August 15th. Three days later Dr. Abrath, of Sunderland, issued a large placard headed "The Balham Mystery," announcing his intention to deliver a lecture at Sunderland on "Antimony," when he would perform experiments on animals to show the effects of poisons, and to demonstrate his theory that Mr. Bravo was not killed by that drug. The branch of the Royal Society for the Prevention of Cruelty to Animals at Sunderland immediately reported the matter to the Secretary in London, and prompt measures were taken to prevent the learned gentleman from performing his experiments. According to the sixth section of the statute named above an offence had already been committed by the announcement of a public exhibition of experiments on animals; and Dr. Abrath having spoken contemptuously of the new statute at his lecture, instead of apologising for his projected defiance of the Act, was summoned to appear before the Sunderland Borough Bench at the instance of the London society, when he was fined 1s. and costs for publishing the illegal placard alluded to, the society asking only for a nominal penalty in vindication of the law.

The above conviction seems to be as ludicrous as was the agitation which led to the passing of the Act. We have no doubt this first conviction will be very disappointing to the anti-vivisectionists, inasmuch as they would wish that much better game had come under the clutches of the law than the comparatively obscure Dr. Abrath, of Sunderland. If they could have seen some well-known physiologist caught in the meshes of the net which they have so industriously woven, they doubtless would have been more pleased. At the same time the conduct of Dr. Abrath is highly censurable, and cannot be too strongly denounced. It is evident that the real motive of this gentleman was to throw ridicule upon and to openly defy the Act, which no one who had any respect for the law—even the most enthusiastic physiologist—would ever think of doing. Besides, although we joined with others in opposing the absurd and unjust outcry there has been on this subject, we always deprecated the wanton performance of experiments on animals, either for the sake of demonstration or merely to gratify the curiosity of the public. But we are much mistaken if the movement that created such a sensation previous to the passing of the Act, has not rather aroused the public curiosity, and if we shall not still hear of many infringements of the new statute which would never have occurred had vivisection and similar experiments been left quietly alone in the hands of true physiologists and of men who were really desirous of adding to our stock of physiological science.

Quacks, and their Indecent Pamphlets.

The other day a man who calls himself "Dr." Godfrey, brought an action for assault against one of his patients—or victims we should say—at the Bow Street Police Court. While the case was going on, Mr. Abrams put in a little pamphlet, entitled "Vices of the Age, by Dr. W. R. Godfrey." This pamphlet, said Mr. Abrams, had been handed about the streets, although it was of a most indecent nature. A copy of it had got into the hands of the defendant, who, unfortunately for himself, was induced to place himself under the treatment of this quack. Instead of getting better, the defendant found his case getting more and more serious, and that he had been taking antimony. (Some of this was produced in court. He grew enraged, and asked that some of the money (£3 15s.) that he had paid should be returned to him.—Mr. Flowers observed that he might almost as well ask a lawyer to return his fee.—Mr. Abrams said no doubt a lawyer dipped deep into the pocket, but still he did not ruin the system and shatter the health of his client. He had told the defendant that, although he had been shamefully treated, still that did not justify the assault. It could merely be urged in extenuation. Mr. Abrams concluded by asking his worship to deal as lightly as possible with the defendant.—Mr. Flowers said he noticed that the defendant was 26 years old. He should have thought that anyone of that age reading the pamphlet produced would have known very well what sort of man "Dr." Godfrey was, and would not have been so imprudent as to go to such a place to be cured. It was a scandalous thing that men like this Godfrey, with no degree at all in this country, should be allowed to practice. These men ruined, for aught that was known, the constitutions of many young men, who, in order to keep such things secret from their families and friends, would not go to the family practitioner.

We feel sure our readers will heartily appreciate the very just and indignant remarks of the magistrate. To practice without any qualification whatever is bad enough, but to scatter broad-cast indecent publications in order to catch hold of those whom disease and fear have deprived of ordinary discretion and common sense is so vile that it is difficult to understand how such things can be tolerated. Unfortunately, the great aversion which, for obvious reasons, the victims of these harpies have to prosecute, the uncertainty of being able to prove their case, and the great disproportion of the punishment inflicted to the heniousness of the offence, are quite enough to deter those who have been unfortunate enough to fall into the hands of the quack from publishing their grievances, and from thus losing their character, as well as their money and their health.

And then with regard to the virtuous indignation of the magistrate at men being allowed to practice without any diploma whatever, we feel somewhat ashamed at reading his remarks, inasmuch as we are ourselves a good deal to blame in the matter. Our great medical corporation have been very lax in this respect, and for the sake of the public health, it would be as well if some steps were taken to do away with this anomaly in our social system. Perhaps a "society for the suppression of illegal practitioners" would not be amiss. At all events, its *raison d'etre* would be as reasonable, its object as commendable, and its work as useful as many that now exist

Supposed Remedy for Hydrophobia.

Whether or no dogs "go mad to serve their private ends" more frequently in spring than in winter is a disputed point. Talk about hydrophobia, however, generally begins in May, and thus it is interesting to learn from the *Journal des Débats*, which reserves its own opinion, that a specific for this terrible disease has been discovered. M. Gubler, Professor of Therapeutics in the Faculty of Medicine of Paris, has been favoured with a letter from Dr. Grzymala, of Krivoe Ozero, in Podolia, whose name and address will interest the topographer and the friends of phonetic spelling. Dr. Grzymala announces that "the sovranest thing on earth for dog-bites is not, as has been thought, a red-hot poker, but the leaves of the *xanthium spinosum*." These may be administered immediately after the bite, or at least as soon as may be. The doctor has cured over 100 cases with these alone, never uses cautery, and never fails. A grown person's dose is sixty centigrammes of the powdered leaf, to be taken thrice a day for three weeks. As a proof of his theory, the doctor mentions the following case: A dog of his went mad, and bit a bull, a pig, a cat, another dog, and a tame crane. The bull, the pig, and the dog were treated with xanthium, and suffered no evil effects. The crane and the cat were left to nature, and died of hydrophobia—the one after four, the other eleven days' illness. Moreover, out of twelve persons bitten by a mad wolf during the Crimean war, the six who were attended by the doctor recovered; the other six in spite of cauterisation, cantharides, and faba tonco died. These are only a few out of many instances of the marvellous effects of xanthium. The plant is common in Southern France: it is a mild sudorific; and it will be the greatest boon to humanity if it proves to be a specific for the most terrible of known diseases. It may be added, as a proof of the doctor's good faith, that he has sent a packet of his preparation to his friend in Paris.

Spiritualism in the Dock.

We are well satisfied that spiritualism will at length be brought within the judgment of the world, if not before the scientific tribunal which would be most capable of deciding upon it, at least under circumstances which cannot fail to elicit a distinct declaration of rival opinions, and a full record of personal observations. Professor Lankester, it is plain, has confidence that he can prove before the public that he has detected a nefarious trick, and the fact of his forcing an investigation will give the public confidence in what he states. The presiding magistrate is the actor in the transaction most deserving of pity, for it will be indeed difficult for him to form a judgment upon the spiritualistic phenomena to the reality of which an army of willing dupes will be ready to swear. Meanwhile, it seems to us from his letters in the *Times*, that Slade has already lost his cause, for he admits that he can do nothing with locked slates or any others which are not open to his own manipulations, and can give no better reason for this incapacity than that he does not choose to be tried by such tests as if he were an impostor. If he were, as he claims to be, only a scientific inquirer and not a manipulator, he would be anxious to submit his phenomena to every or any experiment. His virtuous indignation is not consistent with his character as a student of spiritualism. If we gain no more decisive advantage from the prosecution of Slade, we shall at least be able to judge whether spiritualism is a transparent swindle, or something worth looking deeper into.

Small-pox at Islington.

The outbreak of small-pox in the neighbourhood of Caledonian Road is assuming a serious character. No less than fifty-two cases have occurred, and already six deaths are reported. Yesterday the Islington guardians at their usual weekly meeting had under consideration a report by the vaccination officer, Mr. J. Broome, stating that during the past week twenty-nine fresh cases had occurred, all, with one exception, being in the same locality. The majority of them had been sent to Homerton Hospital, and some were being treated privately. Mr. Broome submitted two specimen handbills calling attention to the epidemic, and the necessity for vaccination; one for circulation in the infected district, and the other for the remainder of the parish. Mr. Furlong said that small-pox was not, unfortunately, confined to the neighbourhood of Caledonian Road—a case had occurred in Windsor Street, Essex Road, and another in Halton Road, Canonbury. Mr. Young hoped the bills would not be published, as it was not necessary to alarm people. After some further discussion, it was resolved not to publish any handbills or notices on the subject at present.

The Maturity of Domestic Animals.

An interesting discussion is going on in the *Veterinary Journal* respecting the period when live stock ought to be considered as having reached the adult state. This period, it is asserted, commences when the animal has achieved its dentition—that is, when the milk incisors in the lower jaw have been replaced by permanent teeth. But at what age, with the horse and ox for example, do all the teeth become replaced? Before races of animals were improved, development was slower, and dentition consequently took longer time for completion. But since cattle, sheep, and swine have been ameliorated, the result has been to hasten the arrival of the adult state, considered as precocity. At agricultural shows prizes are awarded to cattle twenty-five months old, to sheep ten or fifteen, and to pigs twelve months of age. It is alleged that the meat at these ages not only possesses all the maturity equal to that of animals arrived at double the age, but also that dentition is advanced, and even the perfect knitting of the bones. On the other hand, it is maintained this precocity cannot take place in the case of horses, whose vitality is concentrated in locomotion, energy, and the power of endurance.

We were the first, and we believe the only, journal to protest against the "testimonial craze" some few weeks since; it gives us, therefore, much pleasure to be able to announce that Mr. Simon, late medical officer to her Majesty's Privy Council, has declined the testimonial which some well-meaning but indiscreet gentlemen were anxious to raise for him.

It is reported that terrible and most disastrous floods have just occurred in India, with the loss of 1,500 lives. We fear that the source from which the information is derived leaves no hope that the case is exaggerated. The cause of this melancholy loss of life appears to have originated in the sudden and rapid rise of the great river Nerbudda twenty-five feet in one day, almost precluding the possibility of those in the immediate vicinity to escape.

A "PECULIAR" people, or rather person, has gone to gaol for three months, with hard labour, for the manslaughter, by neglect, of his daughter. The elder, who was called as a witness, had also "served his time" for a similar crime. Is it not a great waste of time trying such cases in detail? If an amalgamation could be effected between the anti-Vaccinationists, the Contagious Diseases fanatics, the contra-Vivisectionists, the Spiritualists, the Infinitesimalists and the Peculiar People, an infinitude of trouble and discrimination would be saved.

The Dublin Corporation have, after many postponements arising from the carelessness and unpunctuality of members, voted to promote a bill to take St. Stephen's Green from the Commissioners, and open it at the taxpayers' expense. The matter is in a peculiar position. The Commissioners who have custody of this square are anxious to have it thrown open to the public—so are the citizens, with few exceptions—so is the city member, Sir Arthur Guinness, who has offered a contribution of £4,000 for the purpose—so is the Board of Works and the Government, who are ready to vote £600 a-year towards its maintenance, if opened. But with unanimity every voice declares that the Corporation shall not be allowed to lay a finger on the funds, or to extend their jobbing propensities to its management. Their maladministration of every department under their control is so notorious, that all concur in preferring exclusion from the park to admission under the *regimé* of the Town Council, and the Green must therefore remain closed until the Corporation is expurgated, or until the Government throws open the gates under the control of the Board of Works.

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THE PIONEER OF DEEP-SEA EXPLORATIONS.

The recent return of the *Challenger* from her three years' cruise has, natually enough, excited a good deal of interest among *savans*, and, as was expected, became a prominent feature at the Glasgow meeting of the British Association. We learn also, through the pages of a contemporary, *Nature*, that congratulatory addresses have been pouring in upon the chief of the exploring party, Sir Wyville Thomson. All honour be to him to whom honour is due. But amidst congratulations and rejoicings we are unpleasantly reminded of our neglect of duty; that the pioneer of deep-sea explorations has for many long years been allowed to remain in cold obscurity, unacknowledged and unrewarded, and almost forgotten by the scientific band who at one time must fain have acknowledged the scientific skill and acumen which "revealed a new world of biological science, and opened a new and most important field for physical research."

In the history of deep-sea explorations, Dr. Wallich stands out beyond all competitors. From the time of his dredging operations on board *The Bulldog*, in the North Atlantic, 1860, were made known, and which, as Sir Roderick Murchison truly said, "extended the limits of animal life in the ocean to a depth of a mile and a-half, and worked out accurate data as to the varied conditions of the sea bottom at different depths;" and throughout his subsequent labours to bring the subject into notice and public favour, it was recognised that "new" fields of research would be opened up to science. In 1863 Dr. Wallich laid before the Council of the Royal Geographical Society a perfect scheme for the systematic survey of the sea and the sea-bed, embodying all the most important propositions contained in the report drawn up by Dr. Carpenter and others, for the information of the Council of the Royal Society in 1869, and which was subsequently submitted to the Government for adoption. In this scheme Dr. Wallich laid down definite rules and conditions under which deep-sea explorations should be conducted. He also insisted that before telegraphic cables were lowered into unknown depths, and laid across submarine hills and gorges, and the irregularities of whose forms might enormously vary, a much closer search should be made than had heretofore been made. He argued that a full and proper survey is an essential preliminary to a rational scheme of laying down telegraphic wires, as much so, as a survey of the outlines of land is requisite and essential for the engineer before he can accurately define the best and safest line to be followed for a railroad. This, and much more not before thought of, was insisted upon as an important element in submarine investigations. Dr. Wallich projected a number of ingenious dredging appliances, which he exhibited at one of the meetings of the Geographical Society in 1863, and which met with general approval. The complete scheme devised by him was for a time put aside, because the Government alleged *two* steamers would be required for its effectual prosecution, and *two* vessels could not be spared from the naval reserve force! Subsequently the undertaking was more forcibly pressed upon Government by the Council of the Royal Geographical Society, and it was urged that such an inquiry was one which, for many reasons, might be attended with considerable advantage to the country, since it was intimately associated with physical geography, meteorology, and the various departments of natural science.

The plea of utilitarianism was wisely raised in connection with the scheme; for by so doing, Dr. Wallich saw he should enlist public opinion in his favour: and his suggestions have been the means of conferring, indirectly, an incalculable amount of benefit upon oceanic telegraphy and the commercial intercourse of nations.

It would occupy more space than we have at command to enumerate all the advantages that have accrued from Dr. Wallich's devotion to this branch of scientific observation. The facts gathered by him as to the temperature of the ocean, from the surface downwards, have thrown light on the mutual operations of terrestrial heat and surface radiation, and have certainly added to the permanent safety of submerged cables. It also settled a question of importance—that of the effect of pressure upon animal life, and about which up to the period of Dr. Wallich's investigations, considerable misapprehension prevailed. Nothing of any importance has been added to his observations of 1860, and which were fully discussed in the "North Atlantic Sea Bed," published two years afterwards.

It is perfectly clear upon an impartial examination of the question as it stands, that subsequently deep-sea researches in no way greatly added to the facts gathered in the North Atlantic; they certainly show more clearly the wide distribution of Globigerna, under what laws these and other organic deposits were being laid down, and what the relations of modern deposits might be to those ancient deposits forming the solid crust of the earth.

The *Challenger* cruise has undoubtedly brought out in stronger relief the value and originality of Wallich's researches, and has verified what he believed, that "instead of being barren, the sea bottom contains a very wonderful and beautiful fauna." It is with feelings of shame we add, that men of science have refused Dr. Wallich justice in this matter. The Fellowship of the Royal Society was denied him because at one time, and smarting under the wrong committed by certain wire-pullers, who persistently determined to deprive him of his hard-earned scientific reputation, he wrote of them in a somewhat bitter spirit. As to the Admiralty, proverbially unjust to the members of our profession, my lords accepted his scheme, and having determined to act upon it refused his proffered services, and awarded him, as a recompense! a hundred pounds towards the expense of publishing "The North Atlantic Sea Bed." This sum Dr. Wallich generously handed over to the publisher to meet the extra outlay incurred in producing the engravings which adorn the volume. From that moment he was relegated to the bitterness of neglect, cut off from all active service, and from all participation in subsequent deep-sea explorations.

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Literature.

THE NATURAL HISTORY AND RELATIONS OF PNEUMONIA. (*a*)

Pneumonia has ever been rather a favourite disease with physicians—definite physical signs to be demonstrated to students—a fairly clear prognosis to be given to the patient and his friends. But the writer of the present work materially lessens the number of cases which are to be considered "Acute Pneumonia"—devoting his ninth chapter to eliminating the forms of lung consolidation which are not truly pneumonic.

Thoughtful students of medicine will read this book with much pleasure, especially as Dr. Sturges has written honestly, clearing away such matters as have been puzzling to thinking minds. A good instance of this is given in the second chapter, which treats of the forms of pneumonia. "First we are told at length of a disease which is characterised by certain well-defined symptoms. It is next intimated that these symptoms undergo modifications under various circumstances; that, in fact, the modified disease is far more common than the simple one." "All these forms of lung consolidation alike are called pneumonia; the description applies only to the least common." And again the author objects to a classification (lobar and lobular, inter-alveolar and intra-alveolar), "which is hardly possible till the death of the patient."

When medicine is taught in this last style, the student soon learns that text-book medicine and clinical medicine are different things, and his faith in the science is shaken.

The general arrangement of the work is as follows:—Chapter the first gives a history of pneumonia; the earlier accounts of the disease, and the forms under which it has occurred in epidemics.

The second chapter, dealing with the forms of pneumonia, is full of original ideas—some of which have been quoted above.

In the third and fourth chapters there is a careful clinical description of the symptoms, including the microscopical character of the sputa, and the physical signs." "The minute crepitation of pneumonia may be closely imitated. A piece of quite dry tissue paper, pressed up into a ball and squeezed into the hand, will represent the character of fine crepitation exactly." As to the value of this sign, the author says—"it is a sign-proper not so much of pneumonia, as of capillary bronchitis, or of the œdema preliminary to pneumonia."

It is interesting to remark indications of a reaction from relying on instrumental aid in medical diagnosis, in such a sentence as the following—"The first asserted value of the thermometer, as applied to pneumonia, is hardly maintained," and lately in a work on "Diseases of the Heart," Dr. Balfour showed the fallacy of *relying* on the stethoscope for the most serious cardiac lesions.

This part of the work ends by describing the disease as "both a local inflammation and a special form of fever."

The varieties of pneumonia form the subject of the next two chapters. The first is the disease at the apex, which is attended with much lowering of vitality, which Dr. Sturges regards as an accompaniment of any "pneumonia that spreads." Cerebral pneumonia—pneumonia occurring with acute rheumatism, or with pericarditis, with renal disease (in which case it is not to be confounded with hypostatic consolidation), with alcoholism, with starvation, with specific flows, and lastly, as a pythogenic disease—all these forms are shown in their relations to the genuine affection. Speaking of those causes in which lung consolidation arises in connection with acute rheumatism, the author says—"They are instances of a sudden transudation of fibrin into the vesicular structure of the lung: the result, it may be, of a slight exciting cause acting upon ready material—a weakened patient, with blood in a highly fibrinous condition, and a damaged organ with which to propel it." This affection and pericarditis "represent the same material result; the particular locality is determined by the genius of the disease."

The prevalent idea that pneumonia frequently complicates continued fever is at variance with the statement that "the sequence is less spoken of and less known in the post-mortem room than in the wards. My belief would exclude pneumonia altogether from the history of these affections." The condition generally found in typhoid is "pythogenic lung congestion," "sometimes hypostatic," "sometimes with collapse, or in detached nodules."

The morbid anatomy occupies two chapters, and in introducing this part of the subject, the writer remarks that the disease, pure and simple, is not so fatal as to afford large opportunities for pathological examination. The wood-cuts, few in number, are good, and well illustrate the most important points in these clearly and fully written chapters.

Acute alveolar catarrh, lobular collapse (with or with-

(*a*) "Natural History and Relations of Pneumonia." By Octavius Sturges, M.D., Physician to the Westminster Hospital. London: Smith, Elder and Co. 1876.

[illegible] inflammation), cardiac induration of lung, consolidation from imperfect elimination, and hypostatic congestion, are all considered anatomically, and the points indicated by which they are to be distinguished from pneumonia. The general belief that pneumonia has originated in "a chill" is in opposition to the evidence of the chapter on climate influence (Chapter XI.), which goes to show that "neither extremes of temperature, nor damp, nor moisture," *of themselves*, are favourable to the disease in question.

The main interest of the work seems to come in the next chapters, which are devoted to the pathology of pneumonia, and its relation to phthisis. "Increasing hyperinosis, and a special tendency of its own for some particular seat of inflammation," points to an analogy between it and rheumatic fever." With relation to phthisis, Dr. Sturges objects to admitting pneumonia as one feature or stage in the disease; they may exist together, but a patient suffering from the former, may pass through an attack of the latter "without affecting the chronic element." Now this is a finely drawn pathology to which, many practical physicians will find difficulty in subscribing.

After showing the errors which may arise in comparing different plans of treatment, the author (in Chapter XIV.) summarises the numerical results of the most important assaults by medical art which pneumonia has undergone. The conclusion is, that the less physic pneumonics take out of the bottle, and the less blood is taken out of pneumonics, the more likely they are to recover. And in the last chapter a line of treatment is indicated which is in accordance with these views.

"Stomach tonics," "the pill and colocynth," to combat the liver symptoms which often appear early in the disease, alcohol as may be necessary, warm applications for pleuritic stitch, opium to promote sleep, but not in constant small doses—are the chief suggestions which the author gives for the treatment of pneumonia. Bleeding is to be resorted to about the third or fourth day, if "a large area of the lung is now solid, and the dyspnœa which the patient has had from the beginning is still extreme"—the amount of blood taken being eighteen ounces—and if the relief is marked, the operation may be repeated upon a recurrence of the dyspnœa.

The appendices are very full, containing temperature tables, illustrative cases, statistics of treatment, and short notes of ninety-four classified autopsies of cases ascribed to pneumonia.

It is difficult in a short review to give a just representation of a careful and philosophic study, such as this book is. Not the least recommendation of the work is, that it is *written for the profession.*

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LECON SUR LES LARYNGOPATHIES SYPHILITIQUES GRAVES COMPLIQUEES DE PHLEGMON PERI-LARYNGIEN. (a)

This is a very interesting clinical lecture delivered at the Hôpital du Midi, of Paris, by Dr. Charles Mauriac, a gentleman who is rapidly becoming one of the greatest European authorities on the subject of that important disease, syphilis. At the commencement of the lecture our author notices that very many syphilitic affections of the larynx came into the wards of the Midi Hospital whilst the patients are in the early period of syphilis, and that these, whether treated or not, got well without leaving any trace after them. The redness and thickening, with circumscribed or diffused hypertrophy, the sero-hyperhasiac beneath the mucous membrane, the erosions, ulceration, opaline mucous patches, whether ulcerating or vegetating, which are seen on the epiglottis, on the ary-epiglottidian folds, or on almost all the parts of the mucous membrane of the larynx, but principally on the superior vocal cords, may keep on persistently for several months; may disappear, return, and combine in every possible way; evolve simultaneously or by successive outbreaks; yield more quickly or slowly, or obstinately resist all internal and local therapeutics. These lesions do not alter irremediably the constituent parts of the larynx, they attack only the most superficial layers of the mucous membrane, and have no tendency to attack the subjacent tissues. The sphere of their morbid activity is always of feeble extent, and as to their process, it remains habitually confined within the limits of a simple congestive vascular movement, or cellular proliferation, which never goes the length of necrobiosis.

Hence, says Dr. Mauriac, complications which may endanger life directly—such as œdema of the glottis, for example—are excessively rare in these kinds of affection of the larynx. He has never met with such a case. In all the cases noticed by him, the respiratory functions have been left untouched. The circulation of air through the larynx has always been sufficient to furnish amply all requirements of the blood making in the lungs. As to functional disturbances, the only symptom produced has been hoarseness and roughness of the voice, all varieties of aphonia, intermittent or cutaneous, primitive or consecutive.

After thus showing that the larynx is so slightly affected in secondary syphilis, Dr. Mauriac proceeds to relate a severe case of tertiary disease of the larynx recently under his care in the hospital wards.

In page 11 he has the following interesting remarks: "You see, gentlemen, that if this case of syphilis was not malignant from the first, it offered at its very commencement, and in its successive manifestations, a gravity which, far from diminishing, as we sometimes observe, only increased with time. What do we, indeed, remark? After a primary sore, which was ulcerated, but was rapidly cured, there arose a generalised eruption, which simulated small-pox—that is, which was pustular: at the same time the throat, and especially the larynx, were gravely affected. Then, almost without interruption, a new eruption arose. It was circumscribed, but ulcerated the skin deeply and attacked the testicles. I put myself in the position of giving a prognosis in judging of such a process as this. Well, I tell you that syphilitic determinations of an ulcerative nature, which attack time after time the skin and mucous membranes, ought to make us generally foretell a long future of deep lesions and grave accidents, even when they may have been rapidly amended, or cured by specific treatment; even when, as is the case here, the general strength of the organism have been respected.

"You will object, perhaps, that medication by means of mercury and iodine commenced from the beginning of the disease would have doubtless put to flight these accidents. I agree to this to a certain degree, but I have so often seen cases of syphilis treated in the best manner only be superficially cured, and pursuing these evolutions in spite of all our therapeutic tentatives, that I believe in the fatality of the eruptions in the benign forms, as well as in the grave forms of the disease. This is a way of looking at affairs which is, I confess, but little reassuring; but, at the risk of passing for a pessimist, I frankly confess to you, because I am convinced that this is the expression of the reality. Our patient will furnish a proof of this. As he had done so well under treatment during his stay in hospital, he did not fail to continue it after his departure. If his syphilis had been ill-treated, and even rather abandoned to its natural evolution during the thirty first months, it had been attacked since that time on all its manifestations by mercury, and especially by considerable doses of iodide of potassium. The use of this latter remedy had not been abandoned for the last year. Our patient has only abandoned it from giving up the war in despair, and when he saw he could not regain his voice and right testicle in their normal condition."

(a) "Leçon sur les Laryngopathies Syphilitiques Graves Compliquées de Phlegmon Peri-Laryngien." Par Charles Mauriac, Médecin de l'Hôpital du Midi. Paris: Masson. 1876. Pp. 30.

This pessimist view of Dr. Mauriac is, unfortunately, but too often the real view which experience teaches; for, notwithstanding it may be true what is so strenuously taught by Dr. Alfred Fournier, that the main cause of tertiary syphilis is the omission of long courses of mercury in the early period of the disease, it is yet also true many most carefully treated cases seem to go on from bad to worse in spite of all treatment, and to cause the patient to "lose his health for ever," as Professor Bœck once truly remarked to us.

On page 19, Dr. Mauriac combats the assertion that in tertiary afflictions of the tongue the peri-maxillary glands never enlarge. This is, he remarks, far too absolute a law. "Some authors attribute to the presence or absence of maxillary adenopathy in stomatitis and in afflictions of the tongue, a considerable and even absolute diagnostic value. Enlarged glands would, according to such authors, indicate always the existence of an epithelial transformation of the tongue. I recognise that, when the glands indurate in certain cases of psoriasis of the tongue, that is an important event, and have insisted on the fact in my work, and given examples of it. But that does not imply that the glands must always remain untouched in syphilitic disease of the tongue. It is undoubted that they sometimes become hard, but this induration has no character of gravity, and however little we attend to it, we shall easily distinguish it, especially in a few days, from malignant induration. However this may be, our patient, although his tongue was syphilitic and not epithelial, had a specific engorgement of the peri-maxillary glands."

It is clear from these remarks of Dr. Mauriac that he is a keen observer, and that he does not hesitate to overthrow all general laws, however useful these may sometimes prove as aids to mercury, whenever they run counter to experience. Like all that emanates from Dr. Mauriac, this pamphlet is most instructive.

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HOW TO USE THE OPHTHALMOSCOPE. (a)

A LAUDABLE and in some respects successful effort has been made by the author of "How to Use the Ophthalmoscope," to bring together, in the shape of a moderate-sized manual, a number of elementary facts for the student in ophthalmology. Of the first five-and-twenty pages we would simply remark, that, as medical students are now expected to be well grounded in something more than an elementary knowledge of physics, when they enter upon the more arduous nature of their professional studies, the author has somewhat unnecessarily circumscribed his work by entering so fully as he has done into the consideration of the nature of light, its reflection, refraction, the formation of images by lenses, &c. This to the student will sure to be a matter of regret when he comes to the practical application of the instrument and finds but few pages devoted to this most essential part of the subject, the particular form of ophthalmoscope is a matter of no great moment, and we observe, on turning over the pages of a more recent work by Galezowski, wherein he figures and describes no less than thirty modifications of the instrument, no mention is made of the form Mr. Browne strongly recommends, and wrongly ascribes to Leibriech. If we were to venture to offer advice on the choice of an instrument, we should say to the student get Oldham's, which is arranged with a set of movable discs, to enable him to compare an uninterrupted succession of images of the fundus oculi. With it he can also detect anomalies of refraction, and compute the exact amount of ametropia in cases of either hypermetropia or myopia. A slight modification of this ophthalmoscope, proposed we believe by Mr. W. L. Purves, has an additional series of lenses, which enables the ophthalmic surgeon to readily determine the degree of astigmatism. Cretes, of Paris, also offers a modified Stokes' lens for the same purpose. An indicator is made to rotate on its axis, and in this a clue is obtained of the amount of ametropia, and the meridians of greatest and least curvature. As to the examination itself, we consider the *direct* method to be in every way the best; the virtual enlarged image of the fundus is seen in its true colours and position, and the changes are rendered more striking and conclusive; indeed, no diagnosis can be considered complete, unless it has been determined by this method of investigation. A darkened room is not so necessary as the author seems to think; any consulting-room can be readily darkened for the purpose by the simple addition of a dark-green window blind in place of the ordinary white-holland. The plan of examination recommended will materially assist the student in learning "the shape of the letters before it is possible for him to understand their combined powers of forming words," and which can only be fully accomplished by resorting to a teacher, who is at the trouble of employing a demonstrating-ophthalmoscope. Mr. Browne's Manual, however, supplies a want much felt among students, since Mr. Hogg's Manual of Ophthalmoscopic Surgery has been out of print.

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Testimonial to Dr. Ryder.—Having occupied the post of medical officer to the large number of *employés* of the London General Gas Light and Coke Company at the Shoreditch Station Branch for eleven years, Dr. Ryder was presented with the following testimonial, handsomely illuminated on vellum, on resigning his appointment on Thursday last:—The Gas Light and Coke Company, Shoreditch Station, Great Cambridge Street, Hackney Road, E. The committee and members of the above fund desire to hereby convey to Richard Ryder, M.D., their regret at losing his able services. They also tender him their sincere thanks for the assiduous and kindly manner in which he for eleven years has discharged to themselves and families the duties of medical officer to the above fund. Signed on behalf of 300 members, T. H. Cowe, Chairman, JOSEPH JACKSON, Secretary.

The Death-rate in Foreign Cities.— The annual rates of mortality, according to the official return of the Registrar-General, like those of Great Britain and Ireland, show a marked improvement. Calcutta shows a mortality of only 23 per cent., Bombay 32, Madras 30, Paris 24, Brussels 22, Amsterdam 20, Rotterdam 26, The Hague 24, Copenhagen, 26, Stockholm 29, Christiania 20, Berlin 33, Hamburg 27, Breslau 27, Munich 40, Vienna 24, Buda-Pesth 33, Rome 25, Naples 25; New York 30, Brooklyn 23, Philadelphia 22, and Boston 27. Enteric fever caused 61 deaths in Paris, against 78 and 72 in the two preceding weeks; and 27 deaths were referred to small-pox in Vienna.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

SUBSCRIBERS who have not yet sent in their subscriptions for last year are respectfully reminded of the omission.

DR. BLAKE.—We entirely disapprove of the doctrines propounded by the correspondent referred to in your note. In our opinion his views are wrong, both in theory and practice, and wrong morally also. We have stated this on more than one occasion.

SALE OF POISONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you be kind enough to inform me in your next issue whether or not I am entitled to hold in my possession, for sale or prescription, hydrocyanic acid, strychnine, nux vomica, and such medicines as are included within the Act recently passed for the better regulation of the sale of poisons? My father, who was a surgeon, died recently, and by his death such medicines as he was in possession of (and amongst others, though more securely placed, I see the above) become my property. I am studying medicine myself in the veterinary department, whilst I have a brother residing with me who has passed his first professional examination, and who in the course of a short time expects to be in possession of the M.D. M.Ch. qualification. Under such circumstances, together with the fact that certain officious members of the community in which I reside threaten me with prosecution in case I either sell or prescribe, do I ask you the above question.

Yours, &c.,

X Y Z

(a) "How to Use the Ophthalmoscope." By Edgar A Browne, Surgeon to the Liverpool Eye and Ear Infirmary, &c. Trübner

IRISH POOR-LAW INTELLIGENCE.

DROGHEDA UNION.

MEDICAL FEES.

In reference to an application for payment of a fee to Dr. Adrien for attending with the medical officer of the district, a serious midwifery case in St. Peter's West.

Mr. Mangan was opposed to the payment on the grounds that he believed an order was made that the doctors of the town districts should assist each other, when required in these cases without incurring further cost to the ratepayer.

The Chairman said he recollected that the matter had been discussed on a claim coming up for fees to some of the doctors of the town districts. As the result it was understood that they should assist each other in the town districts in such cases without further expense to the board.

Mr. Dowdall said there was no resolution come to on the point.

Mr. Coddington said he had objected to certify for paying a doctor for only looking at a lunatic. The doctor had no trouble whatever only to look at the party, and for doing so that a man should get a guinea or two, if he could, he thought was rather too much of a good thing and unjust, and he therefore refused to certify.

Mr. Dowdall—That was in reference to a lunatic case, but before that there was a discussion in reference to doctors being called in in midwifery cases. It was considered that the doctor of one district should call in the other. The doctors sent in a strong statement against that. It appeared to be the view of the board that they should assist each other free of cost to the union. There was no resolution passed by the board.

Mr. Mangan—Only in town districts where the doctors are close at hand. In the country districts it would be a different case. Was the woman very bad, doctor?

Dr. Adrien—The woman had been in labour three days. Dr. Kelly called me to go up with him to see the case. I assisted in consultation with him. It was a most difficult and serious case that no man could undertake without qualified assistance. The woman's life was in imminent danger. It was a most critical case of cross birth. I generally get 5 or 6 guineas for the same attendance. These are cases that no man would attempt by himself.

An order for payment of fee to Dr. Adrien was made.

CORRESPONDENCE.

THE EXAMINATION OF DANGEROUS LUNATICS IN IRELAND.

TO THE EDITOR.

Sir,—The Medical Press and Circular so rarely contains an inaccurate statement, that I venture to hope you will allow me to point out a mistake in which you have inadvertently fallen in your excellent article upon the examination of dangerous lunatics in Ireland.

The Act 30 and 31 Vict., c. 118, which caused dispensary medical officers to examine dangerous lunatics "without fee or reward" was introduced into the House of Commons and passed by the late Earl of Mayo when Chief Secretary for Ireland, and not by Lord O'Hagan.

I am, Sir, yours, &c.,
AN EX-MEDICAL SUPERINTENDENT.

18th September, 1876.

VITAL STATISTICS OF IRELAND.

Quarterly Return.

During the quarter ended 30th June last, there wer *registered* in the 794 Registrars' Districts in Irelan 37,398 births—28·1 in every 1,000 of the estimated population—and 25,602 deaths, 19·2 per 1,000.

In England, during the same quarter, the birth-rate was 37·4, and the mortality 20·9.

In Ireland, tte birth-rate was somewhat under, and the death-rate slightly over, the average for the second quarter of the preceding five years. The mortality from the principal zymotic diseases was considerably under the average, and only equalled an annual rate of 1·6 per 1,000 of the population. There was a further decline in the mortality from scarlet fever, and an almost complete immunity from small-pox.

From returns furnished by the L. G. B., it is seen that there was a considerable decline in the average number of workhouse inmates, and an increase in the number of persons receiving out-door relief, last quarter, compared with the corresponding quarter of 1875.

Births.—The ratio of births registered during the quarter in Leinster was 27·1 per 1000; in Munster 30·5; in Ulster 28·0; and in Connaught 25·9.

The rate was highest in the following counties:—Kerry, 35·9; Antrim, 32·3; Limerick, 31·1; Waterford, 30·6; Cork, 30·1; Cavan. 29·6; Kilkenny, 29·2; and King's County, 29·0 per 1000. The counties having the lowest birth-rates were—Mayo, 23·4; Queen's County, 23·7; Monaghan, 24·6; Wicklow and Donegal each 25·0; Fermanagh, 25·2; Meath, 25·3; Tyrone, 25·4; and Roscommon, 25·9 per 1000.

Deaths.—The deaths registered in Ireland during the quarter ended 30th June last amounted to 25,602—19·2 per 1000 of the population.

The deaths registered in Leinster were 21·9 in every 1000; in Munster 19·1; in Ulster 19·2, and in Connaught 15·5.

The counties having the highest death-rates were:—Dublin, 24·3; Wexford, 23·5; Waterford, 23·4; Kilkenny, 23·3; Down, 22·0; Louth and Westmeath each 21·4; Meath, 21·2; and Armagh, 21·0 per 1,000. Those having the lowest death-rates were:—Mayo, 13·6; Leitrim, 14·1; Fermanagh. 15·3; Roscommon, 15·4; Sligo, 15·6; Clare, 16·1; and Kerry 16·9 per 1000.

Ages.—The number of deaths returned as having resulted from old age was very remarkable. Thirteen persons were stated to have attained the age of 100 and upwards; of the latter, 1 death was registered at the age of 113, in the Anascaul District, Dingle Union; 1 at Roscrea, No. 1., 109; the Registrar of Broadford, Newcastle Union, reports the death of a woman at Glanduff, "a widow of the labouring class, at the advanced age of 108 years; she was of temperate habits—neither smoked nor snuffed; she maintained her intellect unclouded to the last, and walked a mile in perfect health a week before her death." Of the 11 deaths registered in the Tuosist District, Kenmare Union, the ages of 5 ranged from 80 to 90 years. In Belfast, where the deaths of children under 1 year of age registered during the quarter amounted to 223, and of persons 60 years of age and upwards to 199, the registrar of No. 10 District states that "the action of the burial societies makes the *return of the ages of the old* untrustworthy to a very serious extent. In order to obtain insurance at a low rate the age of the party insured is, I believe, in many cases grossly misrepresented."

Health of the People.

The state of the public health during the past quarter may be considered satisfactory. There has been a considerable diminution (764) in the number of deaths from the principal zymotic or so-called preventable diseases, compared with the corresponding quarter of last year, and this decrease may, to some extent, be attributed to the improvement in the sanitary condition of the country.

Small-pox.—Two deaths from small-pox occurred in Castlebar. The registrar of Waringstown District, Lurgan Union, reports 1 case of small-pox imported from Salford, near Manchester :—"The patient, a girl 13 years of age, had been vaccinated when young, but I could not find any scars. She came over in the Friday night's boat from Liverpool, and the eruption was out on her on the following Tuesday. The case has gone on favourably, and there has been no new case yet." The registrar of Maryborough District, Mountmellick Union, refers to a case of small-pox imported from Manchester, which was sent to the infirmary; no fresh case in the district. The number of deaths from small-pox registered during the corresponding quarter of last year was 225; of these deaths 204 took place in the province of Connaught, where inoculation had been practised. Four deaths from small-pox were registered during the March quarter of the present year.

Measles.—The deaths from this disease amounted to 156, showing a decrease of 74 as compared with the March quarter, and of 46 as compared with the second quarter of last year. Eight of the deaths registered in Roundstone, No. 2 District, Clifden Union, resulted from measles.

Scarlet Fever.—Four hundred and eighty-five deaths were caused by scarlet fever, being 156 less than in the first quarter of the year, and a still further decline (428) as compared with the corresponding period of last year. Of the 43 deaths registered in Malin District, Inishowen Union, 13 were caused by scarlet fever. A like number occurred in Moville District, in the same union, 8 having taken place in two families; the registrar states that "the disease has not been very prevalent, but the cases that did occur were of a most virulent type, causing death in most cases within the first three days."

Diphtheria.—The deaths from diphtheria amounted to 76 against 105 in the March quarter, and 111 in the second quarter of last year.

Whooping-cough.—To this disease 343 deaths were ascribed, against 409 in the preceding three months, and 305 in the second quarter of last year.

Fever.—The mortality from fever was somewhat greater than in the preceding quarter, the deaths having amounted to 679 against 634; but as compared with the corresponding quarter of last year there was a decrease of 77 deaths. The distribution of the deaths from fever among the four provinces was as follows :—Munster, 238; Ulster, 188; Leinster, 164; and Connaught, 89.

Diarrhœa caused 395 deaths, and *simple cholera* 15.

The total deaths from the eight principal zymotic diseases, 2,151, contrast favourably with the corresponding quarter of last year and the first quarter of the present, when the deaths from these diseases were 2,915 and 2,434 respectively. During last quarter in 100,000 of the population 40·4 died from the principal zymotic diseases, the mortality from which formed 8·4 per cent. of the total deaths registered.

One death from hydrophobia, caused by the bite of a dog, was registered in No. 9 District, Cork Union.

In Abbeyfeale District, Newcastle Union, pneumonia or inflammation of the lungs "proved a regular epidemic during April and the beginning of May." In the Portlaw District of the Carrick-on-Suir Union the registrar reports "10 deaths from acute pneumonia, chiefly of a typhoid character, in some cases traced to special unwholesome localities.

Of the thirty registrars who have furnished reports as to the sanitary condition of their several districts, twenty have reported favourably and have also testified to the benefits resulting from the successful working of the provisions of the Sanitary Act.

Reference to a few of the favourable reports may be advantageous. For example, the registrar of Clogh District, Ballymena Union, says, "I very seldom need to report any sanitary cases; I have merely to let the people know, and the nuisance is removed sooner than the Board could have them noticed."

In Stewartstown, Cookstown Union, since the sanitary condition of the town has been improved, a new pump erected, &c., fever, which had been always present, has completely disappeared.

The registrar of Clonmel District says that "no cases of zymotic disease were registered during the quarter, and this happy state of affairs I am inclined to attribute to sanitary progress."

The registrar of Kilmacthomas District says, "Sanitary reform is extending here; the village has been well supplied with pure water. The Lodger Act, under which the village is now placed, is beginning to check overcrowding and promote domestic cleanliness in many houses which much required it."

Though the improvement in the sanitary condition of the country has been material, yet it must be a subject of regret that many districts still remain in a wretched condition as regards sanitation, and that so many of the cottages or cabins of the poor are unfit for human habitation.

As an instance of an unhealthy locality, Achill, in the Newport Union, may be cited; at page 87 may be found the registrar's graphic description.

The registrar of Roscommon District complains of the sewerage and water supply of the town, and adds, "The defective sewerage of Henry Street has been repeatedly brought under the notice of the Sanitary Commitee, verbally and by official report, yet no steps were taken to remedy the evil."

The registrar of Rathmore, Naas Union (page 66) refers to the neglect of the sanitary authority.

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EXCERPTS FROM THE REGISTRAR'S NOTES PUBLISHED IN THE REGISTRAR GENERAL'S QUARTERLY RETURNS EOR IRELAND.

No. 1.—*North-Eastern Division.*

Antrim; *Crumlin.*—Sanitary matters are fairly attended to, vaccination regularly carried out, and I do not believe there has been a case of small-pox in the district for several years.

Ballycastle.—Of the deaths, 3 were caused by scarlatina, 3 by phthisis, and 2 each by whooping-cough, enteritis, and bronchitis, and 1 by diphtheria. The latter disease has originated in a house surrounded by foul cesspools; 3 children have been attacked by the disease in a very virulent form.

There has been a very severe form of scarlatina in this district for the last 3 months, 5 cases having proved fatal, but during the last month the disease has become much milder and looks as if we were near the last of it. I very seldom need to report any sanitary cases; I have merely to let the people know, and the nuisance is removed sooner than the Board could have them noticed.

Banbridge; the people evince great willingness to carry out sanitary orders.

Belfast, No. 10.—Any sanitary defects to which I have called attention, have been promptly attended to. The action of the burial societies makes the return of the *ages of the old* untrustworthy to a very serious extent. In order to obtain insurance at a low rate, the age of the party insured is, I believe, in many cases grossly misrepresented.

Cough.—Two deaths from typhus in the same family, the house in which they occurred being in a most unsatisfactory state as regards cleanliness. The sanitary condition of the district is much improved.

Stewartstown.—One part of the town, known as the Hill Head, since I came to the district, never was without 1 or 2 cases of fever in it, but since the pump has been erected there, I have not had a single case of fever in it; formerly they used the water out of an old sewer.

Dungannon.—The sanitary condition of Dungannon is not in a satisfactory state, as there are several houses inhabited which should not be so, but this, for the present, is unavoidable, owing to the great scarcity of proper house accommodation for the poorer classes.

Ballylesson.—Scarlatina having been introduced into a farmer's family in this district, either in manure obtained from Belfast, or by the carter who brought the manure, caused the death of a young married woman, who was confined during the progress of the disease; her infant also succumbed to a like attack; perhaps also her grandfather, aged 83, whose death was uncertified. This epidemic spread, as I have since learned, into a neighbouring district. Typhoid fever proved speedily fatal to a young delicate man, who had been employed in a pawnshop in Belfast. The deaths of 2 old persons in one family, and probably of a third, "uncertified," were also due to fever—source of infection not ascertained.

Newry, No. 2.—I have great pleasure in referring to the small number of deaths, a fact which must be attributed in a great measure to the thoroughly practical effects given to the Sanitary Act throughout the district. It is a fortunate circumstance for us, and one which I, as Sanitary Officer of the district, am bound to record with pleasure, that our Local Authorities and the Press have evinced, not only willingness, but the greatest anxiety to carry out in their fullest entirety the provisions of the Act, and that I have always found them ready to accomplish any recommendation forwarded to them which had for its object the advancement of sanitary reform. And this fact is the more gratifying, when I find that in many other districts the labour of the Sanitary Officer has been rendered futile in some cases by the want of sympathy, and in others by the direct opposition of those from whom he should obtain support. There have been a few cases of fever in the district during the quarter; but owing to the facts above referred to, the number of cases has been limited as compared with similar outbreaks in neighbouring districts at the same time, although we laboured under the disadvantage of overcrowding in many of the poorer districts of the town.

Greyabbey.—The sanitary state of the district, on the whole, pretty good. The water supply here has not been improved yet.

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REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING SEPT. 23, 1876.

Total registered deaths in Dublin and suburbs *	... 150	
Ten years average of same week	... 140	
Excess of mortality above average	... 10	
Ratio of deaths, suburb of Rathmines	... 24·3	per 1,000
" " " Donnybrook †	16·7	"
" " " Blackrock	... 14·4	"
" " " Kingstown	... 39·3	"
" " Entire Dublin district	... 24·8	"
COMPARATIVE RATIOS—London ...	... 19·1	"
" " Glasgow...	... 20·0	"
" " Edinburgh	... 21·0	"

* District extends over 10,050 acres, and contains 314,666 Persons.

† This district includes City of Dublin and Incurable Hospitals.

The deaths from zymotic diseases registered during the week numbered 33, against an average of 43·6 for the corresponding week of the preceding ten years. Of these deaths 7 resulted from fever (3 typhus and 4 typhoid), 2 from whooping-cough, 1 from scarlet fever, and 16 from diarrhœa, &c.

Twelve children died from convulsions.

Four deaths each were caused by bronchitis and pneumonia, 1 by laryngitis, and 4 by lung disease unspecified, 8 by heart disease, 2 by liver disease, 1 by jaundice, 1 by ulceration of the intestines, and 1 by kidney disease unspecified.

Three deaths were referred to apoplexy, 2 to cephalitis, 1 each to paralysis and epilepsy, and 2 to brain disease unspecified.

Twenty-six deaths were ascribed to phthisis, 7 to hydrocephalus, 2 to scrofula, and 4 to cancer.

Nine violent deaths were registered—6 were accidental, 1 homicidal, and 2 suicidal.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTHS OF AUGUST AND SEPTEMBER, 1876.

AUGUST 1st.—**Ryan, Walter Henry, Scarteen, Knocklong, co. Limerick, Lic. R. Coll. Surg. Irel.**

9th.—**Lawless, Edmund, St. Patrick's Hospital, Dublin, Lic. 1875, and Lic. Mid. 1875, R. Coll. Surg. Irel. 1875, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.,**

11th.—**Dickson, John Dunbar, 74 Leinster Road, Rathmines. co. Dublin, M.D. 1876, and M.Ch. 1876, Q. Univ. Irel., Lic. R. Coll. Surg. Irel. 1876.**

11th.—**FitzGerald, Dudley Loftus, St. Ives, Cornwall, M.B. Univ. Dub. 1876.**

11th.—**Callan, Michael, Tymullen, Monasterboice, co. Louth, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel. Lic. R. Coll. Surg. Irel. 1876.**

12th.—**Finigan, Laurence Patrick Joseph, Navan, co. Meath, Lic. R. Coll. Surg. Irel. 1876.**

14th.—**Jackson, Henry Stewart, 44 Morehampton Road, co. Dublin, Lic. R. Coll. Surg. Irel. 1876.**

15th.—**Minchin, Robert William, 56 Lower Dominick Street, Dublin, Lic. R. Coll. Surg. Irel. 1876.**

21st.—**Keays, Samuel, Toreen Lodge, Louisburgh, co. Mayo, Lic. R. Coll. Surg. Irel. 1876. Lic. 1876, and Lic. Mid. 1876. K. Q. Coll. Phys. Irel.**

21st.—**Mullan, Andrew, Ballymena, co. Antrim, M.D. Q. Univ. Irel. 1866, Lic. R. Coll. Surg. Edin. 1866.**

21st.—**Fox, Charles Nugent, Killucan, co. Westmeath, M.B. and M.Ch. 1876, Univ. Dub.**

21st.—**Spearing, Andrew, junior, 123 Huidpool Road, Barrow-in-Furness, Lancashire, Lic. Apoth. Hall. Dub. 1876.**

22nd.—**Hamilton, James Alexander Greer, Drumcree Rectory, Portadown, co. Armagh, M.B. Univ. Dub. 1876.**

24th.—**Hoey, John, Drumwhinney, Kesh, co. Fermanagh, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876 and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.**

25th.—**Blacker, Edward Joseph, 3 Longwood Avenue, S. Circular Road, Dublin, M.B. Univ. Dub. 1876.**

28th—**Duff, Arthur, Castlerea, co. Roscommon, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876 and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.**

29th.—**Barrington, Henry Ernest Walter, Sedburgh, Merrion, co. Dublin, M.B. 1876, and M.Ch. 1876, Univ. Dub.**

SEPTEMBER 1st.—**Cahill, James, Church Street, Kells, co. Meath, Lic. R. Coll. Surg. Irel. 1874.**

1st.—**Fetherston, H. Charles, Grouse Lodge, Moate, co. Westmeath, M.B. 1875 and M.Ch. 1876 Univ. Dub.**

5th.—**McKeogh, Thomas, Ballinrobe, co. Mayo, Lic. and F. Phys. Surg. Glas. 1875, Lic. Apoth. Hall, Dub. 1876.**

7th.—**McCarthy, Michael Joseph, St. George's Terrace, North Road, Plymouth, M.D. 1876 and M.Ch. 1876 Q. Univ. Irel.**

8th.—**Wright, W. McDowel Aikin, Braganza, Dalkey, co. Dublin, M.B. Univ. Dub. 1876, Lic. 1876 and Lic. Mid. 1876 R. Coll. Surg. Irel.**

14th.—**Shorten, James, Enniskean, co. Cork, Lic. R. Coll. Phys. Edin. 1876, Lic. R. Coll. Surg. Edin. 1876.**

20th.—**Hamilton, James, Coolaghy House, Raphoe, co Donegal, M.D. 1875, and M.Ch. 1875, Q. Univ Irel.**

20th.—**Hartigan, William, Limerick, Lic. 1876, and Lic. Mid. 1876 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1876.**

RUPTURE OF THE UTERUS; ESCAPE OF CHILD INTO THE RECTUM; DELIVERY BY FORCEPS PER ANUM.

DR. FITZEK, of Lispitz, relates the following case (*V. Med. Chirurg. Central-Blatt*, Ap. 14, 1876, and *Algem. Wien. Med. Zeit.*, No. 17). The patient, a small, weakly person, was delivered of the first child at 24, by perforation and forceps, owing to contracted pelvis. After one and-a-half years her accouchement again came round. Dr. Fitzek was summoned, and informed that on Nov. 8 the pains began, that they increased in intensity up to the 11th, and disappeared on the 15th. The waters escaped on the 12th; from that day the bowels did not act, in spite of enemas, and the urine only passed dropwise. The patient exhibited all the symptoms [illegible] being in a most critical condition. The vaginal examination was difficult, as the finger could only pass about 2 in., the space being occupied by a large round substance in the posterior part. Careful examination enabled the suture of the head to be felt, and when the finger was passed about 4 in. up the rectum it ascertained that the head lay in it, and was colder than the surrounding parts; the face being directed forwards. After drawing off a large quantity of urine, an endeavour was made to push the head back into the uterus, but as it was fast this was impossible. Ultimately the forceps were applied, and the child extracted per anum, a serious rupture occurring during the operation. The placenta was expelled after an hour by the same way. The wound was united by suture, and after twelve days seemed healed, during which time the patient improved. The lochia flowed both by vagina and anus; after an injection of arg. nitr. they lost the unhealthy colour they had assumed. In six weeks the patient was convalescent. The child was at full term, but had evidently been dead some time. Dr. Fitzek considered the case undoubtedly one of rupture of the uterus, at the place where the uterus is connected with the rectum by the peritonenm (ligt. recto-uterin.) a very rare occurrence. [It is not stated that the seat of rupture was actually ascertained, or that it did not occur through the vaginal wall into the rectum, at a high point.]

COMPRESSION OF THE ABDOMINAL AORTA IN POST-PARTUM HÆMORRHAGE.

IN the *Aerz. Intelligenzblatt*, March 21, 1876, Dr. H. Bekler relates a case in which he successfully employed compression to check violent post-partum hæmorrhage. The patient was in an extreme state of collapse (no hæmorrhage) when the child was extracted by the forceps. Hæmorrhage succeeded the expulsion of the placenta. Cold injections were useless, combined with ergot. The patient was utterly helpless and motionless when the hæmorrhage became most violent. Only some instantaneous and complete mode of arresting the bleeding could save her life. He determined to try compression of the abdominal aorta, which he had never seen resorted to. It was easily effected, and the artery could be distinctly grasped. The bleeding immediately stopped, but the compression was continued for a quarter of an hour. The other means employed were quite useless, and the compression alone stayed the bleeding.

GLYCERINE AS A THERAPEUTIC AGENT.

DR. C. H. LIDD (*Baltimore Phys. and Surg.*) recommends the administration of glycerine instead of sugar to children brought up by hand as a means of adverting many of the ills to which they are specially subject. He gives from 4 to 6 drachms daily, and states that in those cases where the bowels are irritable glycerine should always be substituted for sugar.

THE ACTIVE CONSTITUENT OF ERGOT.

THE active constituent of ergot, according to R. Buckheim (*Arch. Pharm.*), is a substance resembling gelatine. It is easily soluble in water, and hence a cold infusion of ergot contains it. He considers that it is formed by the action of the mycelium of a fungus upon the gluten of the rye, the decomposition resembling that which albumen undergoes in the process of putrefaction.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, September 23rd,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, SEPTEMBER 23RD, 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered*.	Total DEATHS *registered*.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN	10,050	314,666	25	183	150	34	26	...	...	1	...	2	7	16	9	10	41
BELFAST	20,687	182,082	21	141	74	17	11	...	...	2	...	...	4	7	2	6	12
CORK	13,816	91,965	19	46	34	7	6	...	...	...	1	...	5	1	...	...	5
LIMERICK	8,509	44,209	25	23	21	5	4	...	...	...	...	...	...	...	2	3	5
LONDONDERRY	21,865	30,884	8	8	5	...	...	...	...	...	...	...	...	...	...	...	...
WATERFORD	17,209	30,626	15	11	9	3	3	...	...	...	...	...	...	3	2	3	1
GALWAY	21,358	19,692	29	9	11	1	6	...	...	...	...	...	1	1	...	..	5
SLIGO	30,835	17,285	9	3	3	1	2	...	...	...	...	..	...	...	...	..	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 11, 1876.

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ON THE TREATMENT OF INFANTILE CONGENITAL CLUB-FOOT.

By W. J. Little, M. D.

(Continued from page 268.)

I here summarise the principles of correct treatment of congenital club-foot.

1. Whether the case promises favourably for mechanical treatment only, or needs, as the majority of cases do need, operative interference, commence the treatment as soon after birth as practicable.

2. Reduce the distortion from the state of a compound one (varus) to the simplest form (equinus), by first curing the inversion of the foot, and the tendency to involution of the sole.

3. Avoid the slightest undue pressure upon prominent points of the leg and foot, by careful padding of the hollow parts, and by using only gentle pressure with any bandage. Avoid obstruction of the returning blood from the limb.

4. Remove splint and bandage daily, practice gentle movement of the foot in the desired direction, endeavour to prevent the part remaining for an instant unsupported and liable to fall back into the deformed position, until it is found that the foot, on removal of bandage, retains a perfectly good position and flexibility.

5. Never permit the infant to be placed on the feet, or to walk until the form and movements are complete, whatever may be the age.

Be convinced that by carefully following these recommendations, the robust child will, before the age of thirteen or sixteen months, stand and walk without instrumental aid: that the muscles of the leg will be fairly developed, and a bystander have difficulty in discovering that any distortion formerly existed.

I do not forget that I am addressing members of the Association, many of whom practice in small centres of population, where, from necessity, during a long lifetime, they may not bring into the world or meet with, more than three or four cases of congenital foot deformity. It is, therefore, practically impossible that all should previously be experts in the management of these cases. I recommend such members of the Association to commence the treatment of infantile club-foot within the first day or two after birth, by means of the splints I offer to their notice, and in the manner I propose to demonstrate, acting upon the principles laid down in this paper. By means of the amount of improvement in form and mobility which may reward their exertions during a period of one or two weeks, they will be enabled to judge of the probability of success without operation. So long as almost daily improvement is visible and palpable, they may safely proceed on this method. If the case dose not adequately progress within the first month or two, if the foot, when removed from the splint, springs back actively into the inverted position, it is probable that division of one or more tendons and fasciæ is required. If the surgeon be certain on this point, he should either operate without further delay, or obtain the assistance of the most available surgical expert, and with his aid continue the splint treatment until perfect form and mobility are obtained. He should well remember that, unless he has been able, by means of splints and daily gentle manipulations, thoroughly to evert the foot and convert it almost into a vulgus, in which case the internal margin of the foot will be presented to the ground, proving entire conquest over the formerly tense structures on the inner side of the limb, the operation he will have to perform will be that of division of the anterior and posterior tibial tendons. He will extend his section to the prominent internal portion of the plantar fascia and the tendon of the long flexor of the great toe, if they be very tense. He must resist the temptation of severing at this time the apparently more easily accessible achilles tendon. Abundant experience shows that if the achilles be divided before the first stage of treatment has been thoroughly accomplished, the connection of the tuberosity of the os calcis with the leg will be weakened, this bone will be drawn towards the toes by the now preponderating influence of the plantar muscles, while the long flexor of the toes will also tend to increase the consequent tendency of the sole to contract. The ankle-joint may further be so affected, that subsequent attempts to overcome the resistance still offered by the anterior and posterior tibial muscles and of the plantar tissues, will be spent rather in elongating the severed tendon achillis than in overcoming the tendency of the inner margin of the foot to continue raised by their contraction. A much happier result follows the postponement of division of the achilles tendon to a subsequent stage.

As recommended in 1839, the straight splint to be applied to the outside of the limb in varus, may in the case of infants under the age of three or four weeks, be composed of thin card or pasteboard, or of a thin strip of flexible hat-box wood, whalebone, or shaving of a lath. Some material more resisting, gutta-percha, or any thin flexible metal may be used. At two months or upwards, the splint may consist of thin flexible sheet iron. In all cases a soft cushion should be introduced between the metal and the member, and the splint should be bent before its application, so as to be adapted almost to the full extent of the inward curvature. Every two or three days the splint may be slightly straightened. It may almost be said that the splint should be adapted to the deformed part rather than that the deformed part should be roughly forced outwardly to the splint. Those unaccustomed to such very gentle usage as I am recommending, will be surprised that no appreciable force is necessary. Before the child is a month old it may be found that the foot has acquired an everted or valgoid form, and that when the splint and roller bandage are removed the foot exhibits little or no tendency to revert to the original form. If the directions given have been properly carried out, and no hindrances have occurred, the surgeon may exchange the outside splint for one of "Dr. Little's adjusting foot-splints," adapted to the degree of extension of the actual foot. This adjusting splint may be very gradually raised to a more bent position at the ankle, in proportion as the foot progresses. In the progress of the foot upwards it may be noticed that flexion favours a preponderating action of the anterior tibial muscle and a return of a tendency to characteristic varus, elevation of the inner margin of the foot. This may best be combated by daily manipulations in the direction of valgus, and by the application for a few hours now and then of the simple straight outside splint, so as to give the foot a renewed equino-valgoid form.

It is almost unnecessary to add that if, when the child is two or three months old, the mechanical treatment having been diligently and skilfully employed, and the operation for severing the anterior and posterior tibials having been done, the foot, although capable of full eversion whilst in the splint, springs back actively into the varus position, it becomes doubtful whether the anterior and posterior tibials or the plantar structures were properly severed. In this case the surgeon should persevere with the mechanical treatment for a month longer. Should the inversion still be active—not a mere passive falling inwards of the foot, owing to want of support—he may then repeat the operation for division of the posterior tibial, the division of which at the first operation may not have been complete. This can, however, rarely happen to the competent surgeon.

Cases approaching in severity those represented, "Treatise on Deformities of the Human Frame," 1853, pp. 264 and 265, require operation as soon as it can conveniently be done.

After tenotomy the foot should, during the three or four weeks' process of union of the tendons, be only gradually everted or flexed. I am aware that some surgeons continue to advocate prompt or rapid elongation of the interval between the ends of severed tendons. Time and space will not permit of my describing the evils of this practice. (See "Treatise on Deformities of the Human Frame," p. 305.)

When the club-foot infant is only a few weeks or months old it is necessary to deny the nurse the pleasure of putting it, quite naked, into a bath of the whole body and limbs, for the reason that unless the foot, whilst in the bath, can be held by the nurse or by a splint in the best possible position, it is harmed by being allowed to revert, even for a few moments, towards its original evil position. But when the foot has been held for some weeks in the position represented, the following test as to the sufficiency of the efforts made to overcome the morbid inversion of congenital varus, or rather a test measure of the progress the child's nervo-muscular system of the foot is making towards *cure* may be resorted to:—

The infant is to be held in the sitting position in a bath of lukewarm or cold water. If during the first moments of immersion the limbs are thrust straight out in the water, without inversion of the front of the foot, we may conclude that all physical obstacles to natural play of the ankle-joint have been definitely removed—that the shock given to the cutaneous surface of the child has been carried to and reflected from the centre of the nervous system by a vigorous equal action of the adductors and abductors, so that no trace of varus is visible, as was still the case before the infant was placed in the water, and as may be the case when the child returns to the nurse's lap.

The physician is reminded by this test of an analogous phenomenon sometimes displayed by the distorted hand in the early stage of hemiplegic paralysis, in which, whilst the patient yawns, the hand returns to a natural position. The reflex function which follows upon the uneasy or languid condition of the central organs of respiration and circulation preceding the "yawn" and "stretching" of full oscitation, excites equally the extensors and supinators as well as the flexors and pronators of the wrist, and temporarily removes the distortion of the hand.

The will of the infant and the will of the hemiplegic patient have nothing to do with the temporary improved position excited by the water, or by the languor which excites the yawn.

It is scarcely necessary to remark that when the hemiplegia has long existed, and molecular, *structural*, or adapted shortening of the muscles has taken place, the reflex operation upon the hand during yawning is not observed.

The production of a blister, excoriation, or superficial slough should be considered as a reproach, and a proof of the bandage having been too tightly or too hastily applied. It is thirty years or more since I witnessed such occurrences in a patient treated by my own hands. If prominent parts be injured by overpressure, the difficulty of future treatment is greatly enhanced.

As a disposition to inversion of the knee sometimes coexists with varus, it has been recommended that any splint or apparatus should extend above the knee to the upper part of the thigh. I find this inconvenient and unnecessary except where the inversion is strongly marked. As already stated, congenital club-foot, treated in infancy, and thoroughly combated before the age at which children usually walk, needs no irons or supporting instruments to aid walking or turning out of the toes. If such appear requisite, proof is thereby afforded that the cure is incomplete. The surgeon must *rebrousser chemin* in his treatment, and permit no walking or even attempts at walking until free motion in all natural directions has been obtained. The child will then be able to stand naturally, and will speedily obtain voluntary power over his movements. It is necessary that the surgeon should insist that the child be not placed on the feet, or be allowed to move upon them before correct form and mobility have been obtained. Disobedience to this injunction has often been a stumbling block in the cure. The child should, for some months, continue to wear the splint at night time, to correct any morbid direction observable during the day. If the parent or nurse will take pains, whilst the child grows, to watch the occurrence of any tendency to relapse, and educate it by the example and movements of their own feet how to correct the tendency, it will be overcome.

Whatever be the remote or predisposing causes of ill success attending the treatment of varus, I may lay down as a matter of anatomical and physiological fact that whatever may be the tendons divided, the apparatus used, the age of the patient, and the general mode of treatment pursued, the full measure of success will not attend the surgeon's efforts unless the patient be prevented using the member until the natural form and the full range of natural movement are obtained. Proper use does not come by instinct or intuition, as in those children who were originally well formed. The patient is not secure from relapse until, in addition to proper shape and range of motion of the ankle, fair muscular development has been acquired, and a natural equilibrium on the part of the various muscles has been established. So long as this equilibrium is wanting, it will be readily understood that no guarantee against recurrence of predominant action and shortening of some muscles, and consequent relaxation and weakening of other muscles and ligaments will necessarily result. All walking irons and instruments being dispensed with, it is not an indifferent matter what kind of shoe the child shall use. In fact, the child of thirteen or fourteen months learning to walk after the thorough rectification of congenital club-foot, acquires a facility of correct walking more rapidly when moving about bare-footed, or with a worsted foot covering, furnished with a soft leather sole of a width quite equal to that of the foot. When the child moves about bare-footed on an even floor, each part of the sole normally touching the ground, is equally supported by the ground, and the foot is not exposed to any extrinsic cause of rolling or yielding to either side, as is to a varying extent the case when the child is raised from the ground by a more or less thick stiff sole, which, moreover, in a boot constructed in the ordinary way, is often less wide than the foot. Any anatomist with strong limbs, remembering his experiences when using the ordinary skates, not the modern wheel ones, and the altered leverage to which the ankle-joint then is exposed, will appreciate the correctness of the statement above made that any increase of the leverage of the ankle caused by a raised sole may in the case of the young child learning to walk after varus be a cause of instability and strain to the muscles, which are then so little subject to the influence of volition. An ordinary plain broad-soled boot without heel is all that is required.

If I shall have succeeded in conveying to my hearers the experience I have acquired of the *curability* of every degree of ordinary infantile congenital varus (*a*), by the means I have here indicated, before the age at which a sound child may be expected to walk, and that no leg irons, steel or india-rubber springs, bandages, supports or peculiar stiffened boots are needed to turn the feet out or assist in walking, my task will be ended on this occasion, and I shall have no reason to regret your attendance here, or the thought and labour I have spent in the development of the treatment of this very important class of cases.

On a future occasion I hope to offer some additional remarks on imperfectly cured, relapsed, and neglected cases, and on the surgical and mechanical measures necessary for their recovery.

PATHOLOGICAL ANATOMY OF THE BRAIN—LOCALISATION IN CEREBRAL DISEASE. (*a*)

By Prof. Charcot.

Chapter VIII.

Gentlemen,—It will suffice for the moment to state the fact that lesions of the venous system, as well as those of the arteries, have a great influence on the production of cerebral changes.

The next point is to show, by means of some examples, how far an intimate knowledge of the normal state of the cerebral circulation is necessary to a right understanding of a large proportion of lesions of the nervous centres.

You recollect how the great arterial trunks, the two carotids, and the two vertebrals join to form the arterial circle at the base of the brain. The two vertebrals placed behind, and running obliquely forwards, converge towards the median line, and unite in a single trunk, the basilar artery. Near the anterior edge of the pons varolii this divides into two branches, named the posterior cerebral arteries, which pass, as you are aware, to the posterior part of the cerebrum—the occipital and sphenoidal lobes. In front each of the internal carotids forms by division two trunks. The one going forwards, the anterior cerebral artery, ascends over the corpus callosum, and is distributed to part of the anterior lobes, to a considerable portion of the internal surface of the hemispheres, and to the subjacent white matter of the centre of the cerebrum. The other is the middle cerebral or Sylvian artery. It is distributed over the inferior frontal convolutions, the median convolutions, the parietal lobe, and in the subjacent parts of the grey matter of the centres. Lastly, it furnishes branches to the ganglionic masses, the thalami optici, and corpora striata. It is unnecessary to dwell on the anterior or posterior communicating arteries. The diagrams will show you at a glance what is important on this point.

Such is the general distribution of the arteries which supply the internal, external and inferior surfaces of the cerebrum.

In order to understand the circulation of the interior of the brain, we must refer to the sections. In a section made in the region of the Sylvian artery we find the vascular supply of the grey nuclei apparently mixed up with that of the grey cortical matter and *white* matter of the subjacent centres, but that is an illusion which we will get rid of in the next lesson.

I propose to-day to resume the subject only touched upon in our last lesson, and to go more deeply into it. If I have been successful in showing you that the arterial system "commands the situation," so to speak, in the domain of cerebral pathology—if I have done this I should have convinced you at the same time of the necessity for previous investigation into the physiological relations between this system and the different parts of the brain proper. How, indeed, is it possible to consider rationally the localisation of the centres of hæmorrhage or of softening, which form some of the most interesting matters for study in cerebral pathology, if one is not well up in the distribution of the arteries—the points of departure of these lesions?

And it must strike you at once that, even in the normal anatomy of these parts, we should be in danger of error. I will again point out to-day what I have already shown before—and I stop the more willingly on this point of the anatomy of the cerebral circulation because you will find, even in the most valued of our text-books, information on this point so vague as to be quite insufficient for the pursuit of our studies—all that is known precisely is of recent date, and is the result of inquiry called forth by the needs of pathological anatomy and physiology.

I shall borrow especially from the important labours of our compatriot, M. Duret, which labours were carried on in the laboratory of the Salpêtrière. His fellow-labourer

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(*a*) I exclude from this positive assertion cases in which some malformation of bones, *fusion*, *deficiency*, *excess*, or *absence* of parts coexists with congenital varus.

(*a*) Translated from *Le Progrès Médical.*

is Dr. Heubner, of Liepsic. These two observers have carried on their researches simultaneously, but without being aware of the fact, and have arrived at similar results on all essential points. That is, assuredly, a guarantee of the exactness of all the new details they have given us. In a recent treatise on "Syphilitic Disease of Cerebral Arteries," Heubner claims precedence of M. Duret, but this cannot be sustained. Duret's first researches on the circulation of the pons and medulla were communicated to the Société de Biologie, Dec. 7, 1872. By a remarkable coincidence, an abstract of Heubner's investigations on the cerebral circulation were published at Berlin in the *Centralblatt, on the very same day.* One month later, Duret published in the *Progrés Medical* that part of his studies which had relation to the cerebrum itself. Dr. Heubner insinuates that Duret's investigations are two years later than his, but this cannot be true, for they were exactly contemporary. Dr. Heubner might have easily learnt the exact truth from the *Archives de Physiologie* of 1874, with which he was acquainted, and which contained the question in all its details.

I have insisted on this chronology in order to expose the "mania for annexation" which has caused injustice to our compatriot.

But I must come to the peculiar object of our studies. You know how the three trunks, the anterior, middle, and posterior cerebral arteries, arising from the circle of Willis share the arterial supply of the cerebral hemisphere.

(*a*) Each of these vessels commands, so to speak, its own domain in the hemisphere, and I have already demonstrated (briefly) to you the general topography and limits of these great vascular territories. These territories must not only be considered superficially, but in their deeper relations, by the aid of sections.

We must carefully attend, in the first place, to the surface of the cerebrum, in order to take into our minds its external, superior, internal, and inferior surfaces. In the second place, we will study its frontal sections, which will prove the importance of the "Sylvian (middle cerebral) territory." We shall see, at the same time, that these arterial provinces can be subdivided into a certain number of departments corresponding to the distribution of the secondary arteries.

(*b*) We will not linger longer on this general view, but will enter into the details. Each of the three principal arteries gives rise to very different systems of secondary vessels. The *first* of these systems may be called the "system of the cortical arteries." The vessels composing it spread in the substance of the pia mater, and divide in a peculiar manner before supplying little vessels which pass into the cerebral substance, which are, strictly speaking, the nutrient vessels of the cortical grey matter, and of the subjacent medullary substance. The *second* is the central system, or that of the central ganglia. The vessels constituting it arise from each of the three principal arteries near their origin, and in the form of arterioles, dip at once into the ganglionic masses. These two systems, having a common source, yet are quite independent, and at the periphery of this domain do not anywhere communicate.

Dr. F. B. Nunneley, formerly assistant physician to St. Mary's Hospital, Paddington; the Hospital for Sick Children, &c., and author of various contributions to the medical journals, was admitted as a clergyman of the Church of England, at the Archbishop of Canterbury's last ordination.

In our last we congratulated Mr. Simon upon having declined the proferred testimonial. The committee now find themselves in a somewhat ambiguous position; they have however deferred to his wish and abandoned the intention of founding the proposed scholarship; but they have referred to a subsequent meeting the consideration whether it is advisable to present a marble bust of Mr. Simon to the Royal College of Surgeons.

ABSTRACTS
OF THE
INTRODUCTORY LECTURES
DELIVERED AT THE
OPENING OF THE MEDICAL SESSION,
Oct. 2, 1876.

LONDON HOSPITAL.

Dr. Andrew Clark, Senior Physician to the Hospital, delivered the opening address. After dwelling upon the ground covered by medicine in its relations to the individual, to society, and to the State, he said,—"Medicine not only involves vast interests—it establishes, and for its existence it must maintain, and for its progress it must continue to multiply, the most intimate relations with every other form of knowledge. There is none into which it does not lead us; none with which it does not necessitate some degree of acquaintance; none which does not lend it aid. Nor is the entire domain of the physical sciences sufficient for its needs and purposes. With the facts of the mental and of the moral worlds it seeks as close and holds as necessary a relationship. And thus throughout the whole realm of Nature medicine lays down its lines of inquiry and establishes its channels of communication. It is the metropolis of the world of knowledge, and we are the privileged denizens thereof. Here we are brought face to face with the mysteries of Nature, of life, of man, and of the Eternal which enfolds them. Here, in the light collected from every lamp of science and converged into a focus upon them, we may discuss the loftiest problems which can engage the mind of man. And here, in the seeking after truth, and in the doing of good, we may open for ourselves sources of interest and of happiness greater and more enduring than any other that the world can supply." The lecturer then treated of experimental inquiry as a necessary and, for the present, the chief means of advancing both the science and the art of medicine. After enumerating the functions of experiment and showing the necessity of checking its results by clinical observations, he adverted to the suffering inflicted upon animals, and the responsibilities which it imposed upon experimenters. Touching upon recent legislation and its probable effects upon education and science, he expressed his alarm at the prospect of a fresh crusade in which "no quarter was to be given and no peace concluded until the liberty of experimenting upon animals was unconditionally extinguished," and continued:—"It is hard to understand the reasons of such a passionate antagonism, and still harder to believe that it has no other foundation than the desire to protect inferior animals from unnecessary suffering. For, if this be so, why do our antagonists confine their warfare within such narrow limits? The infliction of suffering for ulterior ends—everywhere visible in nature, now adjusting the balance of nations, or settling the autonomies of peoples—pervades the whole structure and relations of civilised life. What are all the sufferings inflicted by all the vivisectionists of all the world in comparison with the hecatombs of suffering which political experimenters have inflicted upon mankind in their attempts to settle the question of the balance of power in Europe? Are the sufferings of men of less account than the sufferings of brutes? Or is their blood less precious? Are the countless woes of countless human hearts to be reckoned but as dust in the balance against the wounds of guinea-pigs and frogs? Why is it, then, that the assault is not co-extensive with its object? Or, if it is the plan of our assailants to defeat their enemies in detail, why are we to be made the first and bitterest objects of attack? It is not from wantonness, it is not for ease, or pleasure, or gain that we make the subjects of our experiments suffer—it is assuredly for the advancement of science, and it may be for the good of mankind. Surely the love of knowledge is as true a human desire as is the love of sport; and while the fruits of this die with the individual and his interests, the fruits of that live for ever in growing uses to the race. If this question is to be reopened, it must no longer be confined within the narrow limits which our adversaries desire. But if it be otherwise, if hostilities are to be renewed on the old lines with the old tactics—if again the freedom of experiment is to be the sole object of attack, then I trust that every member of this great profession, and every thoughtful man beyond its pale, will make this cause his own, and will offer to threatenings of fresh legislation such a united, earnest, and implacable opposition that the Statute Book of England shall never again be sullied by penal enactments against the just liberties of men. The highest heritage of humanity is in our keeping. All the past and all the future conspire to make us loyal to the sacred charge; and at whatsoever cost of whatsoever kind we must hand down the freedom of experimental inquiry unmortgaged to future generations."

The rest of the address was taken up with practical suggestions to the students as to their studies, and directions how to elevate and ennoble their professional life.

CHARING-CROSS.

The Introductory Address at this Hospital was delivered by Dr. Mitchell Bruce, and referred to the present system of medical education, preliminary and professional. With respect to the first it was urged that the standard of admission is so low that a number of young men are permitted to begin their studies totally unfit to prosecute them with any hope of being licensed. It was shown by statistics that no less than 20 per cent. of registered students never become practitioners, and that beyond the cases otherwise accounted for the majority of those who thus fail are rejected as unfit by the examiners. The chief cause of this failure, he said, was not lack of industry or want of opportunity, but simple incompetency. Such being the case, the General Medical Council were charged with the responsibility of annually admitting hundreds of young men to study medicine who were doomed to certain disappointment and its results. The obvious remedy was to raise the entrance standard, and thus diminish the whole number of students without lessening the number that would certainly pass. Dr. Bruce found the cause of rejecting really good students in the "abuse of the tutorial system." The present system of "practical cram" did not teach a man to think; and the result was the deplorable amount of hasty and ill-considered matter produced, and too frequently published by the professional papers. As a remedy for all this, Dr. Bruce urged the students to learn anatomy and physiology more in their scientific aspect; and, at the expense of part of the time at present spent in the dissecting-room, to pay more attention to lectures and sound literature, and to the practical application of these sciences in the wards. Above all, he insisted upon the necessity of the student being more independent in his work—of his using his own eyes and intellect, and keeping clear of the professional "coach." What was wanted in the medical profession was thoughtful men and thinking capacity. Sufficient education was the sole qualification necessary for admission to practice, and the country properly insisted upon this before a licence was granted; for medicine watched over all other professions, and over the whole community, and it was its glory that its members exercised their intelligence for the good of those who could not pay for it. It was no exaggeration to say that those who directed medical education in England held in their hands the health and happiness of the generations that were to come.

ST. GEORGE'S.

Dr. Blandford, after bidding in the name of the committee of the St. George's School a hearty welcome to the old and new students alike, said that when the committee did him the honour to invite him to deliver the introductory address he considered for no little time what the subject of that address should be. Should he, looking back to the shortcomings of his own student days, advise the first year's men what to do and what to avoid? Should he contrast the studies of the present day with those of the past, or address them generally on the present state of medical science? For various reasons none of those would do, for inasmuch as his connection with the school of St. George's Hospital was due to a special subject, it seemed fit that something in respect of that subject should be the theme of his discourse (cheers). Leaving, therefore, the science of medicine in general, or surgery in general, or physiology in general, he would say a few words about nervous diseases. They would all necessarily be psychologists in a certain sense as well as physiologists. There was a mental side in all diseases, and they would have to study the mental peculiarities of patients both in sickness and in health. But his subject would neither be so special as the consideration of insanity only, nor so wide as that of mind in general, its nature, composition, or growth. He would direct their attention to the circle or group of neurotic diseases which, under one form or other, afflict a great number of our fellow beings. He had heard it said that, according to the evolution and development of our organisation it was to be expected that the most highly developed portion of all, viz., the brain and nervous system, was that which in the future would give them the most trouble, and make the greatest demands upon their skill. Other diseases, it was said, would be stamped out which formerly taxed their care and treatment. Cholera was to be kept out of the country, typhus and typhoid were to flee before advancing hygiene, and retire before sanitary inspectors and cold water, whilst the nervous system was to be the weak point. There might be some truth in all that. According to the last report of the Commissioners in Lunacy there were in the asylums and workhouses, or otherwise under restraint, on the 1st January last, 64,916 patients, being an increase of 1,123 over those of the preceding year. There was also discharged and recovered during the year 4,909, and 4,592 died. So that during the year no less than 74,417 insane persons were under restraint. To those they must add a great number who were treated at home. But irrespective of these latter the number of insane persons increased at the rate of 1,500 a-year. That number represented the last result and termination of the various nervous disorders, and included idiots, imbeciles, chronic epileptics, the victims of alcohol, those suffering from paralysis and all kinds of brain diseases, the great majority of whom were hopelessly incurable before being placed under legal restraint. Some of the causes of the nervous degeneration of the human race would come before them in their social rather than their medical experience. For instance, long continued want of food, or unwholesome food, must necessarily produce its effect upon descendants (hear, hear). It might show itself in various ways, but inasmuch as the nervous system was the most complex and specialised, the inference was that there they would first find the results of insufficient nutrition. In the work of M. Morel, the eminent French physician, on "The Degenerations of the Human Race," much stress was laid on defective food, and he enumerated various disorders due to the exclusive use of maize, or rye or potatoes, especially in a diseased state. It certainly was a fact that the largest amount of insanity in this country was found in the agricultural counties, where the rate of wages had been so low that the labourers rarely tasted meat. They read that another predisposing cause of nerve degeneration was unhealthy habitations, and it required no statistics to prove that crowded and unwholesome dwellings, as they sowed the seeds of diseases of all kinds, must bring about degeneration in the organisation of the offspring. Dwellings into which the sun never penetrated were likely to produce that effect. And occupation no less than residence must have its effect upon offspring. That which made a great and incessant call upon the nervous system, which shortened the hours of sleep and relaxation, entailed perpetual worry and responsibility, must have its effect upon children as well as adults. On the other hand, there was the blank idleness of the mind which rusts from want of occupation, and this was nearly as bad (hear, hear). There were minds which were never developed, because fortune had placed the owners above want, and they had not the energy to strike out a career or a pursuit for themselves. They were the brainless swells so often and so well depicted in the pages of *Punch* (laughter). And there was the agricultural labourer who for generations had been totally without education, to the shame of our legislators, and whose vacant mind was almost as lacking and devoid of ideas as that of an idiot. But in truth much that might be said with regard to the evil effects of bad food, bad lodging, harassing occupation, or mindless and monotonous work, might be summed up in one word, and that was poverty. So they found that the great increase in the insane in England was amongst the pauper and not amongst the well-to-do class of society. Their efforts, however, would be ineffectual to alter all this, for doctors could not make men rich or take away the load of poverty which weighed down the spirits of so many, and brought in its train, along with countless other ills, so much degeneration of nervous energy and strength. There were, however, some causes of that degeneration which concerned them more nearly. There was the health of the mother, especially during pregnancy. They would have something to say concerning that. If Christians were bred with the care that was bestowed upon racehorses and shorthorns, mothers would lead very different lives to those they led now (cheers and laughter). It was quite certain that if there was a great demand and drain made upon the nervous energy of a woman who had a child *in utero* the nervous system of the child would of course suffer. Then fright, an accidental shock, long continued emotion, and brain work would have a baneful effect on the offspring, and it was impossible for a woman to breed healthy children and devote herself to other and harassing pursuits. Another great cause of the degeneration of nerve tissue and nerve force—one that was so unfortunately potent and prevalent in the present day—was intemperance. It might be accident, or it might not, but year by year he was brought into contact with a greater number of persons in the upper as well as amongst the labouring classes whose whole lives were blasted by habitual drinking (hear, hear). There was, he believed, a great deal more private and secret drinking now than formerly—more partaking of sodas and brandies, and glasses of sherry between meals. He had no doubt whatever that there was more secret drinking now amongst ladies than there used to be in the days of the Georges. They could not be too careful how they ordered stimulants to a large section of people who were tainted with nerve disorder—to the hysterical, the hypochondriacal, the neuralgic—for many of them owed their condition to the intemperate habits of their ancestors, and there was a proneness in those habits to recur in the offspring. In conclusion, the learned professor again urged his auditory to give much thought and work to the study of the nervous system (cheers).

KING'S COLLEGE.

THE inaugural lecture at this college was delivered by Professor E. B. Baxter, who, in the course of an interesting address, referred to certain changes that had occurred in the constitution of the medical staff. He then proceeded to urge upon the students the necessity and importance of acquiring a scientific habit of mind rather than the mere acquisition of a certain number of facts and theories during the first few years of a student's life. He dwelt at length upon the three stages of scientific method—(1) observation, (2) hypothesis, (3) verification. With regard to the qualities necessary for observation, he said that they were technical skill, accuracy, discrimination, and curiosity. The second stage required imaginative power, and the third required the same qualities as the first, together with caution and impartiality. Dr. Baxter then proceeded to show that the same qualities as those required in the process of scientific discovery were habitually exercised in the practice of medicine and surgery. In conclusion, he referred to the present exaggerated system of competitive examinations as it affected the interests of medical education. Competitive examinations, he said, were now upon their trial, and those present might probably live to see the day when their evils were put an end to.

ST. MARY'S.

THE introductory lecture at this hospital was delivered by Dr. Wiltshire, joint lecturer on midwifery and the diseases of women and children. Dr. Wiltshire stated that the work of medical education was of a solemn character, and that rightly to appreciate the value of medical studies it was necessary to understand what were the aims and objects of medicine, and the relation it bore to other callings. It was only by judicious comparison that the true proportion of things could be estimated, and it was the want of, or neglect to use, the comparative faculty that brought so much trouble on communities and on individuals. Their first aim and paramount duty was to prevent disease, and, failing that, to cure or relieve it. The two great branches of medicine were, then, preventive medicine (hygiene) and curative medicine. In the former the relations of the profession, as a body, were with the State; in the latter they were with individuals, and were personal. In public health they had been the pioneers, and almost the sole workers, though they were the only losers by promoting healthiness. Great triumphs undoubtedly awaited them in the noble field of sanitary science. In curative medicine they could point to past achievements with pride and satisfaction. The progress their professional knowledge was making every year was immense, and had been especially great during recent times. He lamented that the benevolent work of the profession had been so gravely misrepresented, and science hindered, by recent agitation respecting vivisection, and he demonstrated the injustice of the accusations brought against the profession as a body, no doubt in ignorance, by many whose generous sympathies had been misled. He claimed for the members of his own calling no less tenderness of feeling than other persons possessed, with which was coupled a greater knowledge of, and at least equal sympathy with, human suffering, which was in amount stupendous, and in character awful. Dr. Wiltshire next pointed out how great an influence on the welfare of mankind, especially town dwellers, the preventive branch of medicine was capable of exercising. In its fullest development it was capable of making mankind healthier in body and in mind. The tendency to sin, vice, and crime might therefore be diminished by attacking it at its inception, for the hereditariness of moral defects was as abundantly clear as the inheritance of proclivities to physical disease. What each one of us was morally and physically was very much the product of ages. Still we were powerfully influenced by our environments, and being thus susceptible, it behoved each generation to pay great attention to all that affected our mental and physical well-being, so that as clean a bill of moral and physical health as possible might be handed down to posterity. Lord Beaconsfield's celebrated paraphrase, "Sanitas sanitatum omnia sanitas," embodied objects which, in future years, must become the care of statesmen, for a healthy and vigorous population formed the most valuable wealth of the State. The curative branch of medicine, which engaged the energies of the bulk of the profession, afforded scope for the exercise of the noblest qualities, and to stand by the bedside of the sick and sorrowing, not idly, but helpfully, both able and willing to relieve, was as great a privilege as it was an abiding pleasure. The study of medicine, and the many sciences that were ancillary thereto, greatly illuminated the mind. They exerted a corrective influence on the judgment, and enabled us to survey and contemplate life and its environments from a lofty sphere. Above all, they engendered a love of truth, and that for its own sake. Dr. Wiltshire believed there was a noble future in store for medicine. This had been recognised by Mr. Gladstone in his recent address to the students of the London Hospital. In the future certain municipal laws would have to be ordained in accordance with the teachings of science. The Mosaic code had done much for the Jews, and similar hygienic laws, expanded and corrected by the light of science, might, under divine guidance, still do much to promote the healthiness of all the nations of the earth. Illustrations of the importance to society, of both the preventive and curative branches of medicine—which in practice were closely interwoven—were given. Dr. Wiltshire then addressed words of welcome to the freshmen, of exhortation to the advanced students, and of counsel to those who were about to embark in practice. He entreated all of them to work earnestly and honestly, to observe carefully and closely, and to reflect upon their observations; to leave nothing undone in order to become masters of their calling; and lastly, remembering the dignity, the responsibilities, and the sacredness of their profession, to practise it only as highminded and honourable gentlemen, taking care that its fair fame was not sullied in their keeping, and that they did not pursue it in a mercenary spirit.

WESTMINSTER HOSPITAL.

THE address here was delivered by Dr. W. H. ALLCHIN, whose subject proper was the nature of the medical art as a commodity, the character of the public as buyers of it, and the qualification of the doctors for supplying the same. As regards the art itself, it was shown to be based upon a vast number of distinct, though allied, sciences, each of which is far from perfect in itself, and is in a progressive state. This explains the necessarily inexact condition of the medical profession as it is now practised, but at the same time indicates that time alone is wanted to remove such a stigma from it. Medical men may be looked upon as "the vendors of an article which it has cost them time and money to prepare, which is certainly not of the best quality, as it is hoped in time to make it, but still one that is much better than it was, and one even in its present imperfect condition that is well worth having," The lecturer proceeded to enumerate the general directions in which changes are being made, and notably in the different aspects in which disease is viewed in relation to the body at the present day from what it was a generation or two ago. Looking at disease as being altered function dependent on altered structure, however obscure the alteration might be, rather than that the body is possessed of some entity which has to be removed by exorcism or by purge, there is at once indicated the paths along which advancement is being made—viz., in anatomy, the science of structure; and physiology, the study of function. As they progress, so will pathology, and it in its turn will suggest a rational system of therapeutics. The present position of medical science, its deficiences and its capabilities, being thus defined, it is probable that no scientific or intellectual pursuit which practically concerns the community rests on so uncertain and insecure foundation as it does; and, though much is being done to replace this uncertainty by fact, there is in the meanwhile the gravest responsibilities imposed on the practisers of it, Of the public, who buy this article of them, it was shown that they present two marked characteristics in their relation to the healing art—first, their absolute ignorance of the exact nature of that art; and, next, their almost blind faith in the medical man. This ignorance, far from being culpable, is rather unavoidable. While the amount of instruction necessary to make a man understand what medicine can and what it cannot do would be sufficient to make a doctor of him; and again, it is more than probable the patient's comfort is enhanced by his ignorance, just as the sick man with a little knowledge is a greater difficulty to his physician. With an all-demanding public asking too often in their suffering for impossibilities, with most limited though extending means at the doctor's disposal, how imperative it is that there should be no failure on his side, no diminution through unpardonable ignorance on his part of the too small meed of relief which it is in his power to bestow. How necessary, with such issues at stake, that each and every doctor be at the best, aye the very best!

In considering how far the doctor is equal to the demand made upon him, it must be remembered that he is to a very great extent what the public make him. The profession, conferring as it does a certain social position, and offering a means of honourable livelihood, it is not always that the natural qualifications of the student receive their proper consideration, and thus it is that many enter the ranks who are themselves conscious of their unsuitability for them. The more uncertain an art is, the more does it rely for a successful practice of it on the natural capabilities of its exponent, and if these capabilities, however great in any other direction, be inferior in respect to the art in question, such art must suffer.

After some further remarks on the present system of medical education and the evils of "cramming," the lecturer concluded by bidding welcome to the fresh men, for whom he said there was plenty of room.

OWEN'S COLLEGE SCHOOL OF MEDICINE, MANCHESTER.

THE opening address here was delivered on Monday by Dr. JOHN ED. MORGAN, F.R.C.P., his subject being "Medicine in 1876, an Inquiry into the Effects of Experimental Researches on the Principles and Practice of Medicine." We quote the lecturer's remarks on vivisection:—"The physiologist in his quest after discoveries that may be useful, not alone to the human family, but to every species of animal trifles not with the existence of the meanest reptile, but he feels that, can he but discover the laws which regulate the growth of tissue, the repair of injured structures, or the production of disease, the sacrifice of a single life may prolong the years and ease the miseries of countless thousands. I have directed your attention to this subject because I think it important that you, who are associating yourselves with the medical profession should be able to join us with clean hands and a good conscience—satisfied that as humane men you can approve the methods by which the science of medicine has been advanced. That those who have carried on these investigations have as a rule evinced sentiments of humanity towards the lower animals it is impossible to deny. Many of them have felt reluctance in carrying on the most important researches because they occasioned a certain amount of pain. But how have these disinterested labours been appreciated by those whose infirmities they were intended to relieve? How have the persons benefited by chloroform, and ether, and chloral, and nitrate of amyl, rewarded the men who in many cases endangered their own lives, and in more than one instance actually perished themselves, that they might assuage the sufferings of others? Such persons greedily avail themselves of the balm that ministers to their pain, while they scruple not to vilify the hand that won them relief. In this free land, where freedom, alas! is too often abused, many people—well meaning doubtless, but fussy and self-opiniative—hesitate not to denounce in the severest manner the men to whom science is so deeply indebted. By banding together and making the question of vivisection a political watchword, they succeeded in putting such pressure on the Government of this country, that a Royal Commission was appointed specially to investigate the "practice of subjecting live animals to experiments for scientific purposes.' Among the members of that commission were several distinguished statesmen, and at least one name well known to science. After a protracted inquiry into the whole question, these commissioners came unanimously to the conclusion "That it is impossible altogether to prevent the practice of making experiments upon living animals for the obtainment of knowledge applicable to the mitigation of human suffering or the prolongation of human life;" and again, "the greatest mitigations of human suffering have been in part derived from such experiments." They further expressed the opinion that "a general sentiment of humanity on this subject appears to pervade all classes in this country." If, then, it was apparent, even to men of no scientific attainments, that such experiments are of the greatest value—if it was shown, moreover, that they are at the present time carried out in a humane and merciful manner, why was it deemed necessary to inflict on the great profession of medicine such an insult as that to which it was subjected by the provisions of the Bill introduced into the Upper House by the Secretary of State for the Colonies? Mankind had benefited by these researches, misery had been relieved, science advanced, no charge of cruelty could be brought home to the experimenters? and yet, forsooth! these men were to be dogged and baffled in their beneficent labours by the common guardians of public order, as though they were cock-fighters or bull-baiters? The second reading of this Bill, modified somewhat it is true, but still most objectionable in its enactments, was carried through the House of Commons on the 9th of August. The next day, one of the last of the Session, the Cruelty to Animals' Bill was hurried through Committee, and on the 15th received the Royal assent,—as sorry a piece of legislation as has been turned out of the House of Commons for many years. Introduced, doubtless, for party purposes, it was altogether unworthy of a strong Government. This question has excited a very general feeling of indignation in the medical profession. If any men have a prescriptive right to consider themselves the special guardians of our common humanity, those men are the physicians and surgeons of England. During the still hours of night, while the followers of other callings enjoy their well-earned repose, the hard-worked disciples of Æsculapius keep their weary watch by the sick man's pillow, and render him succour with no grudging hand. Their motto is 'Work, not talk;' they have no leisure for the seductive harangues of platform oratory. I feel persuaded that many of our lawgivers must feel that their conduct in the matter of this Cruelty to Animals' Bill has been, to use the mildest expression, somewhat inconsistent. As English gentlemen they are generally familiar with the phases of cruelty inseparably associated with the sportsman's life. A large proportion of them, at stated periods of the year, indulge in the time-honoured custom of killing game. They hunt and they shoot. But in a day's sport, every creature that is shot at is not necessarily killed. The wounded likewise claim our sympathies. Could the maimed survivors of some lordly battue respond to the roll-call, and compare experiences with the rabbit or the dog experimented on by the physiologist, it is possible that the balance of suffering inflicted might rest with the man of the gun. Others of our senators, staunch patrons of the turf, who close the halls of St. Stephen's that their undivided attention may be given to the Derby, must be aware that the keen edge of the spur, driven into the flank of the sorely-pressed steed, occasions as keen a pang as is inflicted on the web of the frog by the needle of the physiologist."

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Clinical Records.

NORTHERN HOSPITAL, LIVERPOOL.

Under the care of Dr. Dickinson.

[For the Notes of the following cases we are indebted to James Barr, M.B., L.R.C.S. Ed., late House-Surgeon.]

Case III.

Phthisis Pulmonalis, with Amyloid Degeneration of Kidneys and Spleen.—Death.—Autopsy.

H. H., ÆT. 59, shipwright, admitted November 17th, 1874, with well-marked signs of phthisis pulmonalis.

He always enjoyed good health up to two years ago, when the present complaint began, and he believes it to be the result of "a cold," brought on by exposure. Twelve months ago he suffered from slight hæmoptysis, and since then the disease has made rapid strides. For the last nine months he has been unable to follow his employment. Family history satisfactory.

He is very much emaciated, tongue slightly furred, appetite fair, bowels regular, cough troublesome, expectoration profuse, purulent, and nummular; pulse weak, urine albuminous. There are the usual physical signs of phthisis with excavation in both upper pulmonary lobes. There is a well-marked "crack-pot" sound under the left clavicle.

Cardiac percussion is rather large, sounds feeble, hepatic and splenic dulness normal.

The dull percussion in the region of the kidneys is large, but these organs cannot be made out by palpation.

The downward progress of this case was steady. His chest symptoms increased. His urine was scanty; sp. gr. 1017-1020, of a deep amber hue; it contained from one-third to three-quarters of albumen, and the microscope revealed numerous waxy casts, and crystals of the oxalate of lime and urate of soda. At the end of November he suffered from diarrhœa, which was checked by an astringent mixture.

Dec. 12th.—His feet and legs have begun to swell. The daily quantity of urine ranges from twelve to thirty ounces. Sp. gr. 1017-1014.

Dec. 26th.—The daily quantity of urine since last note has varied from twelve to twenty ounces. Sp. gr. 1024-1015. It contains half to two-fifths of albumen, and the microscopic characters are the same as before noted. On cooling there is generally a considerable deposit of urates.

Jan. 4th.—The daily amount of urine has varied greatly of late. On the 27th ultimo it was eight ounces; on the 28th, forty-two ounces; 29th, twenty-six ounces; 30th, twelve ounces. Yesterday and to-day only four ounces each. The sp. gr. has ranged from 1013 to 1025.

From this date till his death, on the 27th, he passed from twelve to twenty-four ounces of urine daily. Sp. gr. 1018-1012.

Post-mortem Examination Forty Hours after Death.—The body is very spare, the paruniculus adiposus being almost absent. Both pleura are very much thickened, and at many points firmly adherent to the chest walls, especially at the apices. The upper lobe of left lung is very firm, being thickly infiltrated with caseous deposit. There are many small cavities, from the size of a pea to that of a walnut, and the larger ones are lined with a smooth, thick, fibrous membrane. The lower lobe is congested, and contains numerous miliary tubercles.

The right lung is even in a more advanced state than the left, but the distribution of the disease is similar.

Heart weighs eleven ounces. Both ventricles are somewhat dilated, and the walls of the left are hypertrophied. There is slight fatty degeneration of the muscular fibre. There is a firm calcareous nodule in the anterior cusp of the mitral valve. There is slight atheroma of the mitral and aortic valves, and of the aorta.

In the aortic wall, in front of the origin of the left subclavian artery, there is a calcareous plate of the size of a fourpenny piece. At a point almost opposite this, in the lower part of the arch, there is another plate of an oval form, three-quarters by three-sixteenths of an inch. The rest of the aorta is very atheromatous, and contains many small calcareous plates of the size of a split pea.

Liver, weight two and a-half pounds, of a firm, consistence, greasy feel, and the right lobe especially is considerably infiltrated with fat.

Spleen, weight nine ounces, of a firm, fleshy consistence, and gives the characteristic amyloid reaction with iodine.

Kidneys, weight thirteen ounces. Capsules very thin and easily torn off. Surface pale and smooth, and its venous radicles are very apparent. The corticle substance is greatly increased, and is very pale. The malpighian bodies, as discernible by the unaided eye, are few and shrunken. These bodies, and the *arteriolæ ascendentes* are well brought out by iodine and sulphuric acid.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 11, 1876.

THE INTRODUCTORY LECTURES: OUGHT THEY TO BE DISCONTINUED?

The annual delivery of the Introductory Lectures at our medical schools comes round as regularly as the shooting of grouse on the 12th of August, or of partridges on the 1st of September; but there are not wanting signs that ere long this time-honoured custom may be discontinued, as it already has been at two or three of our largest metropolitan hospitals. We shall therefore take this opportunity of considering the reasons why this opening of the schools with an Introductory Lecture has lately fallen into discredit, what ought to be the object and character of these inaugural lectures, and whether it is advisable that the practice be discontinued?

There can be no doubt that one reason why these lectures are not so popular as they formerly were, is that they are looked upon by many as of no practical use; and in this utilitarian age the inutility of a thing is often but another term for its extinction. It must, however, be remarked that the objections that have been raised against them have not proceeded from the students, that is to say, from the very party to whom they are addressed, but from the teachers and lecturers themselves. We need not remind our readers that never are the benches of the lecture theatre more densely crowded both by new and old students than on the occasion to which we are now referring. But along with this crowd of curious and attentive listeners there are always the several members of the medical and surgical staff of the hospital, who are supposed to sit beside and support the lecturer, and to listen to discourses which they have heard over and over again. Nor is it to be forgotten that the composition and delivery of these lectures have been always felt as an irksome task by men whose time was already fully occupied by their hospital work, and the exigencies of private practice. But the circumstance which has more than anything else led in some quarters to their discontinuance was that the hospital authorities, and even the lecturers themselves have got tired of the common-place remarks, and the wearisome platitudes, which year after year characterised the generality of these discourses, and which were necessarily more wearisome to those who were permanently attached to the staff of one hospital or another, than to those whose connection with the schools was only of a brief and temporary duration. Hence the introductory lecture lost a good deal of its original features. Disregarding in a great measure the wants of the student it became the chief aim of the lecturer to infuse into his discourse as much novelty as the occasion permitted, and he was the more induced to take this course inasmuch as the more interesting his remarks, the more notice was taken of them by the profession, by the lay press, and the public in general. Most of the addresses that have been delivered at the opening of our medical schools within the last two or three years will forcibly illustrate the truth of these remarks. Sometimes a large portion of the discourse will be taken up with a disquisition on some topic that has been exciting particular attention. One year it is cremation; another it is vivisection; next year it will be something else. One lecturer confines his observations chiefly to a history of medicine, or of great discoveries, or even to a history of his own particular medical school; another dilates on the merits of some "special" line of practice, of which he may happen to be an eminent representative, or takes up some particular branch of study, such as botany, or physiology.

But what these lecturers have gained in interest they have lost in utility, and when our teachers either advocate their discontinuance altogether or fall back upon such subterfuges as will add to their *éclat*, and to the admiration in which they are held by the public, we cannot avoid coming to the conclusion that the interests of the lecturer are much more consulted than those of the poor student. It does not follow that because the subject of these introductory lectures is pretty well exhausted, and comparatively uninteresting, that they are therefore useless and unnecessary, any more than it follows that because the subject of a sermon is trite and divested of all novelty, therefore the preaching of the Gospel leads to no good, and should at once be given up. The main object of these lectures is, or should be, to introduce the student to the work that lies before him, and to show him how he may best accomplish that work; but it must be admitted that, for several years past, this object has been in a great measure lost sight of. We are therefore not surprised that an able lay contemporary asks—"But is the fact that it interests the general public a sufficient proof that a hospital introductory is a good and useful discourse? Would it not be better for the orator to think a little more about the student before him, and a little less of the audience outside of the walls of the lecture theatre, to whom next day's newspaper reports will convey a *précis* of his utterances? . . . If medical teachers must deliver inaugural orations, the object of which is to give the student advice, they would do well to consider what practical hints they themselves would like to have if they were students now bound to satisfy a more exacting standard of examination in theoretical matters, and at the same time find a sufficient amount of leisure for acquiring the practical skill which alone satisfies that ultimate court of examination—the public. We cannot but think that it ought to be the primary aim of every introductory address to indicate the relative importance of the conventional lines of study, and to warn men that in the battle with death the knowledge based on the realitie of nature, not that crammed up from the reading of books or lecture notes, is what will stand the doctor in best stead.".

These remarks are particularly worthy of notice not only because they are warranted by the circumstances to which we have just called attention, but because they show that the progress of medical education, and the doings of the medical world in general, do not escape the observation of those who reflect the general opinion of the public. We should not, however, have so readily alluded to the animadversions of our lay critics did we not think that, so far from being a useless formality, these introductory addresses are of more value to the student than half a dozen of the other lectures which he is expected to attend during his curriculum. A good introductory lecturer may be said to stand to his auditors in the same position as a good general to his army. For just as the general, before entering upon a campaign, maps out the plan by which it may be best conducted to a successful termination, and disposes of his forces in such a manner as to make the most of them, and lead them to victory, so should it be the aim of the lecturer to map out a plan of that great intellectual campaign on which the young student has set out, and to show him how he can best overcome the obstacles which lie in his path, and ultimately gain the prize that is within his reach. And if there was ever a time when the student stood in need of such a guide, it is at the present day, when all branches of medical and scientific knowledge are so much more advanced than they formerly were, and when, moreover, the majority of students come to the schools ignorant of the details of the great task they have undertaken. Formerly the standard of medical education was much lower than it is now. Formerly the medical and collateral sciences were so comparatively backward, that a subject which was then fully exhausted in a text-book of a hundred pages, now monopolises a bulky volume of five or six hundred. And, whereas formerly, nine out of ten students had served an apprenticeship to some surgeon, and had already gained some insight into the duties and qualifications that would be afterwards required of them, and even into some of the subjects of their future study, the student nowadays walks directly from his Virgil and Homer to a totally different sphere of education, and to a school where, amid the novelty and multiplicity of subjects, he has to master, all appears to him confusion and chaos. One or two courses of lectures on a dozen different subjects so many months diligent attendance in the dissecting-rooms, and so many more in the medical and surgical wards of the hospital, frequent visits to the operating theatre, the out-patients' room, and the dead-house,—to know how to use the microscope, the stethoscope, the ophthalmoscope, and the laryngoscope,—these and many other things besides, all to be acquired within the short space of three or four years, are quite enough to appal any student who is desirous of doing his duty, and to make him welcome the advice of any one who will assist him in threading his way through the labyrinth of studies in which he is placed at the outset of his medical career. We, therefore, hope that the introductory lecture will not be entirely dispensed with; provided, however, that it returns more to the form which originally characterised it, and that it be so constructed that what it loses in ornament or in popularity it may gain in utility, and in its adaptation to the wants and peculiar position of the student. It is quite evident from what we have just said, that the more the legitimate object of the "introductory" is kept in view, the duller it will be to all except those to whom it is specially addressed; but this circumstance should not lead the lecturer away from his subject, or induce him to court popularity at the risk of sacrificing the interests and expectations of his pupils.

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THE MEDICAL COUNCIL EXECUTIVE.

The Executive Committee of the General Medical Council will reassemble on Friday, the 20th October, at 2 p.m.; and, in the first instance, will proceed to elect a "Registrar to the General Medical Council," in the room of Mr. Hawkins. The salary attached to the office is £500 a year, for which a daily office attendance, and the entire administrative duty of the English branch are required. We understand that twenty-one candidates have sent in their printed testimonials, of whom one is the nephew of a baron of the United Kingdom; and it has been stated that some members of the Council are favourable to the election of a non-medical man to the office, a proposal which we are confident that the Executive Committee will summarily dispose of. As a matter of professional privilege, such an appointment would be equivalent to a vote of want of confidence in the administrative capacity of medical candidates. As a matter of business, it would be stupid to disregard special acquaintance with the registration system as a qualification for the office.

Having disposed of the appointment of Registrar, the Executive Committee will do well to consider carefully the time to be fixed for the annual meeting of the full Council, and to give effect to the suggestion, its assembly should take place within the first few weeks of the meeting of Parliament. Year after year the deliberations of the Council are, for no reason whatever, saving the convenience of a few of the Irish, Scotch, and provincial members, postponed until the eve of the dog days, when doctors are weary of medical controversies, and legislators are overwhelmed by claims upon their attention, and by demands for Parliamentary interference.

The last session of the Medical Council was a striking exemplification of the unwisdom of putting off its meetings. The Government wanted to know what was likely to be done about conjoint examination. Mr. Russell Gurney wanted the decision of the Council upon the woman-doctor question. Mr. Cowper-Temple desired to be informed as to their objections to the recognition of foreign medical degrees. Mr. Gibson was anxious for their approval of his Bill about Irish county infirmaries, and the Registration of State medicine degrees; and the corporations were waiting to hear their opinion on the Visitor's Reports. To none of these inquiries could any one give a satisfactory reply, and week after week the meeting of the Council was deferred, until at length all these measures had to all intents and purposes become law, without either their consideration, or the expression of any opinion upon them, of the medical Parliament.

Of course the Council could not, at the period at which they met, initiate any legislation. Conjoint schemes, enabling Bills, amendments of the Medical Act, all were neglected, or dealt with by private hands, simply because the Council had not arrived at the moment for awaking to thought or action. It would almost seem as if the majority of the Council were adherents of the principle that queries unanswered, sooner or later, answer themselves; and as if they accordingly relieve themselves of the trouble of thinking for themselves, or for the profession, by leaving the current of events to flow in its own direction, and calmly accepting the situation as chance or private action may have created it.

This method, however comfortable, is not to the taste of the profession or the public, and the Medical Council has purchased its irresponsibility at the cost of its popularity. It has, by its indifference, lost all claim upon our confidence in its energy, or in its earnestness for the cause of professional reform; and it has exchanged its high function as the medical legislature for the position which it has long occupied, that of an incubus upon the resources and aspirations of medical men.

We trust that the Executive Committee will not separate without giving sufficient consideration to this view, and that, if they still think it worth discussion, they will remember that the personal convenience of half-a-dozen provincial members is a weak counterpoise with which to outweigh the urgent needs of the profession and of the public, to whose wants the Council was once expected to minister.

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CRAMMING AND EXAMINING.

The *Times*, as is usual, devotes a leading article in its issue of the 2nd instant to the London introductory lectures. It notices that in several of the addresses an attack was made on the system of cramming, and that the lecturers cautioned their hearers against seeking the aid of a "coach." The *Times* takes a very sensible view of the question, and its remarks are worth quoting. It says, "The complaint is so common that we may be sure the fault which gives occasion for it is in some sense natural and not easily to be got rid of as long as crammers are to be found to prepare pupils for passing them. We will not praise either the tutor or his pupils, or the examiner who cannot find them out. We scarcely think, however, that the evil is quite as grave as it is commonly thought. To cram means often to administer knowledge in the best arranged form, with the least extraneous matter, and most capable of being reproduced with little trouble." There is some fallacy, yet a great deal of good sense in these remarks. We are not partial to "grinding" as a substitute for finger, aye, and ear study, and we have discouraged and will continue to discourage a resort to cramming by students as *the* means to learn their business, but we want to know why students should be blamed for availing themselves of the "ready method," or grinders blamed for administering that method? Is it reasonable to expect students to look beyond the necessities of the moment, and to undertake much greater labour for a distant and contingent benefit, or is it reasonable to expect teachers to assume a Puritanism in affairs of medical education out of respect to colleges and professional ethics? Certainly not; students resort to grinders because they can give them most readily and speedily the sort of knowledge they most require, although that may not be the sort which is of the most advantage to themselves or their patients in the long run. Who, then, is to blame? Certainly it is those who determine the sort of knowledge of which the student is at the moment in greatest necessity. In other words, it is the colleges and courts of examiners, not the students or grinders, who deserve the opprobrium of the cramming system. Licensing corporations and their examiners have not yet appreciated the wants of the profession, and they look coldly upon what is most urgently required, a scrutiny of the actual finger and brain work of the student, derived from practice over the sick patient and beside the operating or dissecting tables, while they attribute supreme importance to book "tips," and a minute knowledge of the "authorities" for every surgical procedure or medical formula. If they made it their business to administer only a strictly practical workingman's examination they might be guilty of neglecting much that is worthy of knowing, but they would ensure that the candidate was competent to face a sick man without blushing, and they would make grinding or cramming absolutely impossible and unremunerative. Why courts of examiners and college councils should proceed in this groove we leave our readers to argue out for themselves. Perhaps it may arise from the fact that examiners are usually well-informed but unpractical men, who have not succeeded as physicians or surgeons, but who have established a character for intelligence and erudition.

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We regret to state that Surgeon Dean Philip Palmer, **M.D., attached** to the 18th Bengal Cavalry, Allahabad, **son of Dr. Palmer, of** Dublin, was drowned while boating **on the Ganges last** month.

Notes on Current Topics.

Preventive and Curative Medicine.

There can be no doubt that, in the race which is going on between preventive and curative medicine, the former is taking the lead. Twelve months ago we noticed at length the respective merits and progress of these two great departments of medicine, and we now find that Dr. Maudsley has, in his Introductory Address at University College, been calling attention to the same subject. "I am apt to think," he remarks, "that we shall attain to earlier and larger success in preventing the diseases of communities than in curing the diseases of the individual, as men who had been seeing heavy bodies fall to the earth every moment of their lives discovered the law of gravitation for the first time when they began to observe the grand general motions of the heavenly bodies." The truth of this observation is well illustrated by the great success which has attended our efforts in this direction, and we think Dr. Maudsley is quite justified in complaining "that just when we see before us a fair prospect, and when an encouraging beginning of progress has been made under the auspices of Mr. Simon, and his well-organised staff, he should have been driven from office, and his office abolished." With regard, however, to the future of State Medicine, Dr. Maudsley is almost too sanguine. He looks forward to the time when "preventive medicine shall have realised such a degree of perfection that the occurrence of epidemic disease will be felt as a gross reproach to the community, and when there will be comparatively little for the practitioners to do in the treatment of particular disease." On the occasion above referred to we drew attention to "the impolicy of being so wedded to the advancement of preventive medicine, as to neglect that equally important branch of practical medicine—therapeutics." We have no wish to recapitulate all we then said on this subject, but that there is some need for such a caution is shown by the general tenor of Dr. Maudsley's remarks, by the large share of attention which is given to public hygiene both by the profession and by the State, and by the comparative indifference with which we are apt to regard any endeavours that are made to advance the science of therapeutics.

Influence of Pine Forests on the Rainfall.

Some interesting observations have lately been made by M. Fautral on the influence of pine forests on the quantity of rain received by a country, the hygrometric state of the air, and the state of the ground. It is proved that pines have the property of condensing vapour, and that in a much higher degree than leafy woods. Thus, the quantity of rain which fell over a pine forest during fourteen months was 840 70mm., as against 757·75mm. on the open ground three hundred metres off, showing a difference in favour of the forest of more than 10 per cent. of the latter quantity. In the case of oaks and witch-elms the difference was only 5 per cent. The mean saturation of the air above the forest was ten-hundredths more than at the other station (63 against 53). The quantity of rain received by the forest ground was 471mm., while 369mm. was interrupted by the trees—*i.e.*, 0·43 of the water precipitated. Now, though the open (sandy) ground received 757mm., there is reason to believe that the forest ground really conserves more water. These data show what services may be rendered by pine forests on burning, sandy, or chalky plains, which the want of water renders unproductive. Such forests, too, are a powerful remedy against inundation.

Another Form of Tea Fraud.

To the meeting of the British Pharmaceutical Conference a paper was communicated by Mr. Groves, F.C.S., "On Flower of Tea or Pekoe Flour," which shows the extent to which trade roguery is permitted to go under the patronage of the Custom House, and the protection of Mr. Sclater Booth's Adulteration Bill.

Some time in March this year was received at Weymouth Custom House for export to Jersey a package containing 100 lbs. of a substance bearing the above appellation, and purporting to be a variety of tea.

Its unusual appearance at once aroused the suspicions of the "authorities," who ordered it to be detained for inquiry. A portion having been sent to the London Custom House for report, an answer was returned *that the substance was really tea, and must therefore be allowed to pass*; that it was not the leaf of the tea plant, but the pollen of its flower; that it was of rare occurrence in the market, and was obtained indirectly by sweeping and screening the dusty matters that collect on the extensive floors, where in China teas in large quantity are "bulked." Mr. Groves, thereupon, determined on making a few inquiries respecting its origin, nature and properties; and learned that it was purchased in London of a well-known firm of brokers in Crutched Friars.

That it was not the pollen of the tea flower, or of any other flower, was evident to the naked eye. It proved on submitting it to the microscope to be composed of simple unicellular vegetable hairs, mixed with small fragments of tea leaves, together with sand, and probably other extraneous substances.

Inquiries were made at Kew and elsewhere, and by actual comparisons the fact was established that the pekoe flower was really the hair of the leaf buds of the tea plant.

The analysis showed that the extractive or tea principle was only 14 per cent., against 34 per cent. in real tea, while the silicious matter, *vulgo* sand, was ·13 per cent., against ·30 in the genuine article. Almost all the extractive which it contained were the produce of pieces of broken tea leaves which had become mixed with it, and the whole product was simply the sweeping of lofts from which every grain of real tea had been carefully winnowed.

Nevertheless, the Custom House authorities were quite willing that it should be sold to the unwary and unhappy consumer for "Pekoe."

Statistics of Deaths from Anæsthetics.

The Surgical Society of Paris has recently discussed the question relative to the best kind of anæsthetic to be employed in dental surgery. The general opinion inclined to the choice of protoxide of nitrogen (laughing gas) in preference to chloroform or ether. In support of this choice the following statistics were cited:—Causes of death—Chloroform, 5·3 in 152; ether 4 in 92; protoxide, 3 in 300.

We "demur to these statistics." The mortality from ether is not, in British hands, as it is represented by the Society, and we know that the nitrous oxide is said by its advocates never to have caused a death.

An Habitual Drunkard.

One of the weekly papers observes that the Society for Promoting Legislation for the Control and Cure of Habitual Drunkards, which has just held its inaugural meeting, is not likely to languish for want of "awful examples." On the morrow of its inauguration a case of dipsomania of the most deplorable kind, in which all the common consequences of intoxication in women were illustrated, came before the magistrate at Greenwich Police court. Elizabeth Perrett has a home, a respectable husband, and a grown-up daughter. In consequence of her incurable drunkenness the home and family are made miserable, and kept in constant peril of violence. At length her daughter is compelled to charge her at a police-court with an assault; and her husband reluctantly stands forward to bear witness against her. He says she has stripped his house, and pawned everything to buy drink. The landlord of the house, in corroboration, testified that Elizabeth Perrett had been drunk fifty consecutive days! The magistrate felt bound to protect husband and daughter against this incurable drunkard; and he required her to find a surety in £10 for her good conduct during three months—advising the husband, at the same time, not to be the surety. So Elizabeth Perrett was carried away to prison. The husband observed that it was impossible to continue to live with her, and that he should be glad if she could be sent to the workhouse, and he would pay for her support there.

This is a good example of cases that are constantly coming under the notice of our magistrates. Our contemporary calls it a case of dipsomania, but we are rather disposed to call the drunkenness of this woman a vicious and criminal habit. At all events it is a case which shows how careful we should be in using the term dipsomaniac. Had this woman committed a great crime instead of a common assault, no one would have thought of acquitting her of all responsibility on the plea that she was suffering from disease, and whether this so-called "dipsomania" can be truly regarded as a form of insanity is a question that requires very grave consideration. But whether we call such an instance of habitual drunkenness a vice, a habit, or a disease, few will question the propriety of urging the Government to adopt some measure by which such persons could be removed to some place where they could be lawfully detained until they are cured. How far such cases are amenable to curative treatment remains to be proved. Still, the trial should be made. No doubt, nothing less than confinement in a reformatory for two or three years would be sufficient to cure Mrs. Perrett of her drunken habits. Short terms of imprisonment in such cases are simply useless.

We understand that it is intended to increase the medical staff of the Mater Misericordiæ Hospital by the addition of a physician; the appointment will be shortly announced.

The London Medical Societies.

THE London Medical Societies will this month be in full session. The Obstetrical Society was the first to commence on Wednesday last. The Royal Medical Chirurgical Society held its initiatory meeting last evening. The Clinical commences on Friday evening, the Pathological on Tuesday week, the Harveian on Thursday week, and the Medical Microscopical on the following Friday. The delivery of the Lettsomian Lectures at the Medical Society devolves on Dr. Wiltshire, whose subject is "Vascular Rhythm as Exemplified in Periodical Hæmorrhages, General and Local; and on the Treatment of Hæmorrhages of the Female Generative Organs."

The New Edition of the "Pharmacopœia."

THE preparation of the new edition of the "Pharmacopœia" is progressing under the editorship of the Pharmacopœia committee, and specially of Dr. Richard Quain, the chairman, and Prof. Redwood. Under the arrangements which have been resolved upon the work will hardly deserve the title of a new edition, for it will be a verbatim reprint of the book as it now stands, saving the correction of a few patent errors of typography and phraseology. No effective attempt is being made to revise objectionable formulæ, of which the work contains not a few; and not even will the "Additions" which were appended to the edition of 1867 be incorporated in the body of the work but will be reprinted in the present supplemental form. Seeing that the Council has made a clear profit of £558, and that an editor is paid for the work of revision, it seems to us that something more in the way of improvement in the standard medicine book of the United Kingdom might reasonably be expected. In ten years the Council has got rid of no less than 29,000 copies of the work, and is still selling it at the rate of 1,000 annually, and the public has a right to expect from it as much as our reviewers would expect from a private author, that the work should be, as nearly as possibly, quite perfect, and that when once made thoroughly reliable it should not be again altered or re-issued, unless for the insertion of well-approved and tested remedies. Ten years will be a short enough period of probation for new medicines, especially as their omission from the "Pharmacopœia" for a time will not prevent them being used as largely as may be desired by those who approve of them.

Registry of Druggists in Ireland.

THE Irish Pharmaceutical Council had a meeting last week at which a resolution was adopted that the Council should take steps to obtain power to license druggists to sell poisons in Ireland but not to dispense medicines. It will be recollected that at the first organisation of the Society a proposition was made to constitute a grade of chemists and druggists subordinate to the pharmaceutical chemist, but permitted to dispense prescriptions. The influence of the Apothecaries' Hall whose licentiates had, hitherto, held a monopoly of pharmaceutical functions defeated this effort though the Irish Government was favourable to it, and though the necessities of the country plainly demanded the creation of such a class.

The Irish pharmaceutical licence is now in a very anomalous position. It is neither of a high enough standard to give it any scientific character, nor of a cheap enough character to make it attainable by the village dispenser, and if the Council persists in its intention not to allow druggists to dispense, the provincial parts of Ireland must continue to be unsupplied with competent non-practising pharmaceutists.

The Factory Act.

NOT long ago we called attention to the hard work and late hours enforced upon many shop-women, dressmakers, and the like; but how difficult it is to proceed against the parties who infringe the Factory Act, appears from a letter which has been addressed to the *Echo*. "For some time past," says the writer, "I have noticed a dressmaker in Islington working illegal hours, and, as it was continued and the inspectors did not find it out, I wrote to Alexander Redgrave, Esq., the head inspector. That gentleman said it should receive immediate attention; but after waiting near three weeks I wrote again, and received answer that if I would send the precise points of which I had to complain, he could make further inquiry. I complied; the inquiry was made, and it was found that the Act had been infringed. I have Mr. Redgrave's writing to that effect. I wrote again to know if he intended to prosecute; but he would not; it had been compromised. The reply I got from Mr. Redgrave was, "The mode of dealing with such cases is determined by myself."

The Vacant Chair of Practice of Physic at the University of Edinburgh.

WE understand that Dr. George William Balfour is a candidate for the above honourable post. Nor are there many whose claims upon the attention of the Curators of the Edinburgh University will be greater than those which Dr. Balfour has put in. Dr. Balfour is a graduate of the University of St. Andrews', and a Fellow of the Royal College of Physicians of Edinburgh, one of the Physicians to, and lecturer on Clinical Medicine, at the Royal Infirmary, Edinburgh; and one of the Examiners in Medicine at the Edinburgh Royal College of Physicians; as well as to the University of St. Andrews. Dr. Balfour's contributions to medical literature have been numerous, but he is best known by his "Introductories to the Study of Medicine," and his "Clinical Lectures on Diseases of the Heart and Aorta." He has also very ably translated and edited for the Sydenham Society, "Casper's Handbook of Forensic Medicine"; and an article from his pen on "Diseases of the Pericardium," will shortly appear in Dr. Quain's forthcoming "Dictionary of Medicine." Dr. Balfour's contributions to our periodical literature, many of which appeared in the MEDICAL PRESS AND CIRCULAR, have also been very favourably received by the profession and we have no doubt but that his literary reputations and his experience as a clinical teacher may greatly contribute to the success of his present candidature.

THE death-rate of Dublin and its suburbs for the week before last was as high as 23·8 per 1,000 of the population, while that of London was only 18·4 per 1,000, of Edinburgh 16·0, and of unhealthy Glasgow, only 19·6.

The Medical Element on the Local Government Board for Ireland.

The Irish Local Government Board give utterance in their official report to a self-congratulatory enunciation respecting the circular letter which they issued to all sanitary authorities in Ireland, accompanying a copy of the report of the medical officer of the English Local Government Board, which report detailed the experience of the English branch for a period of five years past, in regard to the causes of filth diseases and to their prevention. "We have," say the Irish Board, "in this country, no corresponding means of inquiry, our medical inspectors being, like the other inspectors, confined to administrative functions altogether; and we therefore thought it desirable to distribute as many copies of that most valuable report as we could prevail upon the Lords Commissioners of Her Majesty's Treasury to permit the Stationery Office to supply us with. Upon the whole we obtained for this purpose 220 copies, which enabled us to supply one copy to each of the 203 sanitary authorities, and to reserve for our own use a supply of 17 copies, hoping by such means to promote a knowledge and consideration of the important results obtained from the researches of the English medical inspectors. We are enabled to say that the report so distributed has been received with satisfaction, and is likely to be of much practical benefit. We should have been glad to have sent a separate copy to each of the sanitary officers in Ireland, that is, to each medical officer of a dispensary district."

It must, we imagine, have cost the Board no slight a pang of humiliation to confirm this paragraph of their report, for it contains very unpleasant admissions of subordination and inferiority to the English department. If the public belief be not mistaken, the Irish Board which bewails the fact that it has "no corresponding means of medical inquiry" to that possessed by the English Board has long been devoted in its policy to the extinction of the medical element which it does possess. It took powers a few years ago to oust its medical inspectors and appoint laymen in their stead, and its most influential member on the recent occasion of the appointment of Dr. Croker King as Medical Inspector, was active in the effort to substitute a non-medical man, and might have succeeded but for the protests of the colleges and of the Irish Medical Association, to whose notice the job was brought by ourselves. The story of the 220 copies of the English letter is discreditable to a great department, and respecting it no more need be said.

The School Board and the Blind, and Deaf and Dumb.

The *Times* last week, in a leader on the past work of the School Board of London, betrays unusual ignorance on the question of existing means for the education of blind, and deaf and dumb children. On more than one occasion we have pointed out the helpless and neglected condition of the children of these afflicted classes, (*a*) and directed public attention to the several Acts of Parliament passed in their favour. Withal, how much remains to be done, either by voluntary means or compulsory, or by both? The hands of the School Board have lately been much strengthened by the legislation of last Session, and in a direction which we indicated, and expected would be much for the advantage of the afflicted classes of children. It was high time the managers of School Boards saw fit to put enactments into force, and apply them to the relief and educational wants of the sadly neglected blind and deaf and dumb children. As to the work of charitable societies, which the *Times* thinks might be left to pursue the even tenure of the way, we have already shown that they are incapable of dealing with a tenth part of these afflicted classes; and, moreover, it will be observed that each is acting for and by itself, and without united action, and on no fixed principles. They have hitherto shown themselves scarcely capable of being moulded and adjusted to the wants of the classes with which they profess to deal. It is, therefore, the more incumbent on the School Board, or at least some independent body, to undertake the work they have so ill-performed, and educate the blind and deaf and dumb children, and make them useful and productive members of society. But chiefly owing to the apathy or ignorance of the several benevolent agencies at work, hundreds of blind and deaf and dumb children are growing up in ignorance, to be a burden on the ratepayers; and although some of them at the present moment are provided for and maintained by special charities, or in our workhouses, they are for the most part left without those absolute necessaries of civilised life—*education and suitable training.* The *Times* thinks it unwise on the part of the School Board to step in between voluntary agencies and the ratepayers, but will not the ratepayers in the end be the gainers by the movement? Expenditure on the education of the blind and the deaf and dumb will diminish pauperism. In proportion as we are successful in lifting these classes from the depths of misery and dependence in which they at present exist, so shall we reap our reward in reducing pauperism and crime, and by an extra expenditure incurred the ratepayers will be eventually rewarded by a diminution of rates. Of the seven or eight hundred destitute blind and deaf and dumb children in this metropolis, not half of them can be traced to any of the existing charitable institutions, while the rest are thrust aside in our dark corners, scarcely cared for as human beings. The existing provision for blind children under fifteen years of age may be taken to be as follows:—

In Poor-law Institutions	16
Indigent Blind School	80
Blind Visiting Society (not given) ...	—
Blind Institution, Avenue Road ...	33
School Boards (about)	40
Ordinary Schools	15
Total	184

As against upwards of three hundred indigent blind.

The educational requirements of the deaf and dumb are even in a more neglected state, and of the six charities maintained by the benevolent for their relief—one of which has an income of upwards of ten thousand a-year—only about three hundred children are distributed among them. The youngest and most praiseworthy, the Association for Oral Teaching of the Deaf and Dumb, in Fitzroy

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(*a*) See Medical Press and Circular, March 1 and April 26.

Square, efficiently instructs fifty boys and girls. It has been shown by this method (lip teaching) that the deaf and dumb can take their places by the side of other children, read the same books, and receive instruction from the same teachers, and therefore there is no longer any excuse to be urged on the score of additional expense, and no class of the community so much require good and efficient instruction while they are young. Blind children can equally take their places in the School Board schools, and every encouragement should be given to the laudable endeavour to bring them all into the fold. We learn from the last report it has already succeeded in rescuing from the gutter and the workhouse no less than eighty-two of the deaf and dumb and blind children, and at an age when teaching is most required, and will effect the greatest amount of good. The task of instructing the afflicted classes is clearly beyond the efforts of private charity, and we cannot afford to allow the beneficent Acts of the Legislature to remain any longer a dead letter. It is not enough to seek to ameliorate the physical wants of the blind and deaf and dumb, as they, above all other classes, require mental culture, as well as domestic and social intercourse with their fellow-creatures.

The Fothergillian Gold Medal of the Medical Society of London, value twenty guineas, has been offered for the year 1877 and 1878. The subject selected for competition is on "Pyæmia;" in March, 1878, on "The Antagonistic Action of Therapeutic Agents."

Precautions have been taken in connection with the visit of the Duke of Connaught to Dublin, to make sure that the water-supply of His Royal Highness's quarters at the Royal Barracks is perfectly pure. Instructed by Sir Howard Elphinstone, Surgeon-Major Ramsay, who is attached to the 60th Rifles, and Professor Cameron, have analysed the supply, and reported to Sir William Jenner that the water is of the purest quality as it leaves the Vartry reservoir.

The new and enlarged buildings of the Bristol Royal Infirmary were opened last week just in time to receive a terrible contingent of patients, numbering twenty-five, from an accident at a neighbouring factory. Fortunately for the sufferers the whole of the beds were unoccupied, and the staff were enabled to proceed with each case without difficulty. Three of the injured men died either before or immediately on admission, and many of the others are in a precarious state.

The notorious quack "Dr. Khan" who left this country some four or five years since with, it was currently reported, a fortune of £40,000, has again honoured England with his presence. Since his departure his wax-work museum has been closed by the police and the filthy models destroyed. Notwithstanding the earnest protestations of the medical press and the profession against the laxity of our laws, this vagabond meets with no more opposition than formerly; and has quietly settled down in the neighbourhood of King's Cross, to practise upon the credulity and weakness of those victims whom our laws are insufficient to protect.

Is it true, as currently reported in the Irish military-medical circles, that several of Mr. Gathorne Hardy's thirty-three, for whose accommodation the standard of the Army Medical Competitive was lowered last August, backed out after their examination had been passed, and, instead of going to Netley, returned home to look for a more attractive and lucrative berth than Her Majesty's Military Service? Although we have the statement on good authority, we hesitate to give credit to it, knowing that the thirty-three were not the sort of gentlemen likely to be punctilious about social position or likely to command a remunerative market for their services elsewhere. Probably an emigrant ship, that *refugium peccatorum* of the Bob Sawyers of our day would be the only alternative open to one of the rejected of the Army Medical Service.

The Irish Local Government Board seem to be easily satisfied with sanitary progress in their dominion, for they congratulate themselves with great warmth on the fact that the payment of the sanitary salaries is nowhere now resisted, and the expenditure on this head in the year ended September 29th, 1875, in both classes of sanitary districts, viz., the urban and rural, was £24,758, in aid of which £12,172 has already been recouped by the Treasury in accordance with the provisions of the 10th section of the Act.

During the same period the sanitary authorities have, for the most part, been discharging their duties satisfactorily and with great benefit to the population situate within their respective districts, the rural authorities alone having expended on sanitary purposes, apart from salaries, in the course of the year, £10,490 for supply of water, improvement of the sewerage, and for the removal of nuisances.

A corresponding degree of activity has been shown by the urban authorities, more especially in the larger class of towns, which most readily avail themselves of such assistance as it is in the power of the Local Government Board to afford them.

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Literature.

HAY-FEVER, OR SUMMER CATARRH. (a)

Hay-Fever seems to prevail more extensively in America than it does in this country. According to Dr. Beard, there are in the United States not less than twenty-five thousand persons who suffer from hay-fever in one or both of its phases — the asthmatical and the catarrhal. In that country the disorder shows itself at three different periods; in the first, which corresponds to that of the English hay-fever, the attack commences in May or June, and is termed "Rose cold," or "June cold." The second form of attack, which the author believes he is the first to describe, commences in July, and is by him termed "July cold." The third, which had been previously described by Dr. Wyman (of Cambridge, Mass.), comes on in August or September, and is called by the latter author

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(a) "Hay Fever, or Summer Catarrh: its Nature and Treatment; including the early form or 'Rose Cold,' the later form or 'Autumnal Catarrh," and the middle form or 'July Cold,' hitherto undescribed." By George M. Beard, A.M., M.D., &c. London: Sampson Low, Marston, Searle, and Rivington. New York: Harper and Brothers.

"an autumnal catarrh." Though appearing at different times, these three phases of the malady are considered to be one and the same disorder, and due to the same causes.

So extensively does the disease pervade many of the Northern States that it has been thought well to form an association among those who are troubled with the malady for the purpose of collecting and diffusing information upon it. Dr. Beard looks upon the disorder as being largely, if not entirely, dependent upon a peculiar condition of the nervous system, which renders the respiratory tract and some other portions of the mucous membranes highly susceptible to the influence of a large number of external stimuli. This condition of the nervous system he considers will justify us in placing the disorder among the neuroses. In respect to the large number of exciting—or, as the author terms them, secondary and tertiary—causes to which hay-fever is said to be due, he differs very materially from Dr. Blackley, of Manchester, who, after a long course of experimental research, came to the conclusion that the principal, and probably the only, exciting cause of hay-fever is the pollen which floats in the atmosphere.

Upon the various phases of the malady as it exists in America, the author has collected a large amount of information by means of a series of questions furnished to, and answered by, hay-fever patients. In this he has followed the plan previously adopted by Professor Phœbus, of Giessen, and by Dr. Blackley. The list comprises fifty-two questions on a variety of details, some of which have no special relation to hay-fever. Some of the queries refer to the time of life at which the disease came on, to sex, occupation, condition—whether married or single—hereditary character of the complaint, tendency to other forms of disease in the patient or in his family, symptoms of the disorder and peculiarities of the attacks. One of the most important questions is that which inquires into the exciting causes of the disorder in each case. The patient is asked to say which in the following list of causes, in his opinion, brings on the attack :—Cinders ? Out-door dust ? In-door dust ? Roses ? Other fragrant flowers ? Fresh hay ? Old hay ? Smoke ? Gases ? Foul air ? Pollen of corn ? Bright sunlight ? Bright gaslight ? Camphor ? Night air ? Perfumes of any kind ? Over exertion ? Brimstone matches ? Indigestion ? Romanworm wood ? Other causes not specified ? The remaining questions relate principally to circumstances which seem to influence the disorder in various ways ; such as, for instance, the time of day at which the attack comes on ; the influence of atmospheric conditions in modifying the character of the attacks, and particularly on the change produced by a removal from a catarrhal to a non-catarrhal region. In the course of the work the statistics of two hundred cases are given, the effects of treatment are inquired into, and finally some particulars of a number of illustrative cases are given. These are mostly given in the words of the sufferers themselves, and often in a very graphic and interesting manner.

Dr. Beard's treatment of hay-fever is preventive, curative, and palliative. As he believes the disorder is not due to any one cause, so he does not believe that any single specific will ever be found for it, and so far as we can judge by the account given of treatment, it is, in his hands, mainly palliative, unless we consider the sending of the patient beyond the reach of the cause as treatment in the proper sense of the term.

The best means of preventing the disorder in any one season is a sea voyage. In this the author follows the opinion held by every previous writer on hay-fever, except perhaps Bostock. A residence in a mountainous region is also an excellent means of escape from the annual trouble (but some of these elevated regions are said not to be as efficacious as others at the same altitude). Much useful information on this point is given by the author. As a rule, however, the higher the region the greater the immunity. A residence at the sea-side is an lmost perfect safeguard, so long as a sea breeze is blowing, but the moment a land wind begins to blow, the attacks may commence.

The experiments of Dr. Blackley are cited to show that the air of cities contains far less pollen than the air of the neighbouring country, and that for this reason "a certain proportion of the cases are benefited by spending the season of their annual visitation in the centre of some large city."

The medicinal treatment of hay-fever consists in the administration of a great variety of drugs, and in topical applications. Among these quinine takes, in the estimation of the author, a foremost place, and should he thinks be administered in full doses, for several weeks, before the time of the attack.

Arsenic, in the shape of Fowler's solution, also holds a high rank as a prophylactic, and is usually given in combination with belladonna. Alcohol, in the form of whiskey, is recommended to procure sleep, but only during the time of the attack; "but there are," the author says, "some persons who will get no good, and sometimes positive injury, from the use of whiskey."

"Electricity, in the form of the galvanic current, centrally and locally applied, has proved of immediate and most grateful service in two cases" in which the author has tried it.

Other remedies which are recommended on theoretical grounds, but have not as yet been tried to any considerable extent, are strychnine and iron, phosphorus and cod-liver oil, Turkish and Russian baths, the hypodermic injection of opium, camphor mixture (cold powder). Bromide of potassium, with hydrate of chloral, is recommended to produce sleep. Iodide of potassium is considered worthy of a trial, as an old remedy for asthma. Aconite, digitalis, veratrum and gelsemin, "are all, under the advice of a physician worthy of a trial, especially aconite." Of that drug the author observes that "Dr. Ringer remarks that we are just beginning to know the value of aconite."

Amongst other external remedies a trial of which is recommended, are guarana, caffeine, muriate of ammonia, prussic acid, nitrate of amyl, iodoform, ergot, ipecacuhana, ether, or chloroform—by inhalation ; apocynum andromifolium and grindelia robusta.

For local application various solutions are recommended in the form of injection or inhalation; for a knowledge of the ingredients and proportions in each of these we must refer our readers to the author's work.

(To be continued.)

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IRISH PEDIGREES. (*a*)

Mr. O'Hart's book is one which we can hardly undertake to review in the accurate sense of the word, for no criticism is open to us in regard to its contents, inasmuch as being entirely incapable of verifying any of the statements it contains, we must take the work on the authority of the author, and content ourselves with noticing its object and character. The Irish Pedigrees of which Mr. O'Hart gives us an account of, are those of the old Septs, classes and families, many of whom have almost disappeared, and he follows these families back in most cases to their origin, in one or other of the ancient Irish kings, and through them, again, further even to Adam.

When we say that the Milesian line of kings alone comprised 183 monarchs, commenced their rule 1,700 years before Christ, and ended it in the year A.D. 1166, the magnitude of the task of tracing the ancestry of each great Irish family may be readily conceived. The research necessary in the compilation of the book must have been therefore very great, and the result seems to us very creditable to Mr. O'Hart, and of great interest to Irish readers

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(*a*) "Irish Pedigrees, or the Origin and Stem of the Irish Nation." By John O'Hart, Associate in Arts, Q.U.I., author of "The Last Princes of Tara," &c., Dublin : McGlashan and Gill. Royal 8vo., pp., 411.

and historians. Without entering at any length into an investigation which is foreign to the purposes of a medical journal, we may observe that, the author traces the genealogical descent of the old Irish families from Adam to Noah and his son Japhet, and through *his* son Magog (from whom descended the Parthians, Bactrians, and Amazons, to Bartholinus, the first planter of Ireland, 300 years after the Flood. The Nemedians who arose from this Bartholinus occupied Ireland for 270 years, and were displaced by the Tua-de-Danains, who possessed the country for 197 years and gave place at the end of that time to the Gathelian, Milesian, or Scottish nation, whose descendants remained as Ireland's rulers for 2,885 years, until the conquest of the country by England. Milesius was the grandson of Breoghan or Brigus, who was the 22nd generation from Japhet and who colonised Spain, where his name is perpetuated in the city of Braganza in Portugal. His grandson, Milesius, was the Alexander of his day, and acquired world-wide distinction as a general, a king, and a diplomatist. Having defeated the Scythians, he was created a general by Pharaoh Nectonibus, the king of Egypt, and, in his service, reduced the king of Ethiopia to subjection. He then returned to his own country, Spain, which he found harassed and overrun by strangers, with whom he engaged in warfare and defeated in fifty-four battles, and finally drove them all out of his country. Shortly afterwards —to comply with a Druidical prophesy, to the effect that his family should ultimately settle in a western kingdom—he sent his uncle Ithe or Ithius on an exploring expedition, and he, arriving at Ireland, landed in Munster. In Ireland, the Milesians were hospitably entertained by the reigning king and allowed to depart, but their too-enthusiastic praises of the country aroused the suspicions of their entertainers, who followed them on their departure, routed them in one engagement and killed Ithius. The son of the slain general having escaped to Spain, incited Milesius to revenge, and he forthwith despatched eight of his sons to Ireland to punish the slayers of his uncle. Out of the eight, five were lost in a storm which overtook the expedition, leaving three only, Heber, Heremon, and Amergin, who carried their victorious arms throughout Ireland and completely subjugated the country. The two brothers first named, governed Ireland jointly, and were the first Milesian kings of Ireland, and the pioneers of the race who held sway for 2,885 years, from the year of the world 3500 (the year after the founding of Solomon's temple) until the year of our Lord 1166, when Henry II. of England conquered the country. The foregoing sketch is the briefest epitome of the opening chapter of Mr. O'Hart's book, and from it, it may be conceived that much historic interest attaches to the work, and that it will well repay perusal on the part of any Irishman. The authority upon which Mr. O'Hart's history is founded is principally the "Annals of the Four Masters," a translation from extremely ancient Irish manuscripts, contained in the libraries of Trinity College and the Irish Academy, which manuscripts embody a circumstantial history of Ireland, from the earliest ages to the year A.D. 1616. The facts stated in the "Annals" having been amply corroborated by manuscripts of the same date, and these records have been therefore accepted by the most cautious archeologists as accurate and authentic. Mr. O'Hart's genealogical deductions are by no means mere speculations, but rather the records of facts, of which there exists good evidence. Mr. O'Hart is evidently an ardent student of the history of his country, and he has done much to create an interest in the subject by placing the outlines of that history within the reach of the dilletante and unlearned. The book is, on the whole, an interesting and valuable contribution to Irish historical literature, and creditable to its writer, to whom we wish success in his first effort of authorship.

The Journal of Psychological Medicine.

THIS journal, which was resuscitated about two years since by Dr. Lyttleton Forbes Winslow, promises to maintain the reputation it had many years since, when first started, under the able editorship of the late Dr. Forbes Winslow. The half-yearly part of the new series now before us is a portly volume of nearly 200 pages well turned out by the publishers, who have introduced an improvement upon previous parts by having the edges cut—a great boon to the busy physician. Dr. Winn's essay "On Nightmare and Dreaming" is a most interesting contribution to psychological knowledge. Of course it contains much which is necessarily theoretical, but there are suggestions and hints thrown out which we should be glad to see taken up by other investigators. The article on Skae's Classification of Mental Diseases is a most able and exhaustive *exposé* of the hollow and untenable theories propounded by the late Dr. Skae, which Dr. Crichton Browne, and other eminent authorities, have upset in the rudest and most complete fashion.

Drs. Davey, Boyd, Gairdner, Semple, and Treves also contribute to the present volume, and the now celebrated Bravo case is commented upon at length in its aspect with psychological science, and there is much other valuable matter, which we hope will be thoughtfully and attentively perused by those who are especially engaged in the treatment of the insane.

The Medical Students' Guide, by W. Douglas Hemming, M.R.C.S., is a reprint of the special number of the *Students' Journal*, which was originally compiled by that gentlemen, and now appears in pamphlet form. As the advice contained therein is intended specially for students, it will scarcely be expected that we should refer to it at length. Suffice it, that having taken a glance at its well-filled pages, and read several paragraphs, we are satisfied with its accuracy, and with the advice it gives.

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Correspondence.

VERDICTS BY INTUITION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the heading of "Verdicts by Intuition," I perceive you make some rather severe remarks on the proceedings connected with the inquest on the late apothecary of this Infirmary, but I think you must have been misled by the published reports which were by no means accurately given; you state "that he was under vexation or irritation from some alleged want of attention to him by the infirmary sub-officers." Now it was clearly proved at the inquest that he received the greatest kindness and attention from all the servants and officers in the house. His saying to the ward-maid who attended him shortly before his death, "that she would find him dead on her return," was a thing he had said so often before that no one paid any attention to it, and she would never have left him alone if she thought he intended making away with himself. The only grounds for supposing that he had taken a poisonous dose of prussic acid was the finding of an empty bottle of Scheele's prussic acid beside his bed on a chair with the stopper in it. I saw him in his bed in a quarter of an hour after his death, and he had not the slightest smell of it, nor was there any odour of it on a handkerchief which had been laid over his mouth, nor in the room. It then came out that before I saw him he had fallen on the floor at a distance of several yards from his bed, and, in fact, in another room (as his bedroom was partitioned off his sitting-room), he was taken up by some of the patients and carried into his bed. On searching in his room, we got six more bottles of prussic acid, 62 bottles of Hunter's solution of chloral all empty, besides bottles of aconite, digitalis, and several preparations of opium. He was subject to sudden attacks of spasm in different parts of his body. *None* of the three medical men (including myself) gave it as their opinion that he died from prussic acid, but we all agreed that his death was caused by spasm of the heart, as in his enfeebled condition from wretched habits it was very easy to cut the thread of life. The jury was one of the most respectable and intelligent I have ever seen any where, composed entirely of merchants and tradespeople, and some of them showed themselves very painstaking in cross-examining the witnesses. The coroner acted very properly in not ordering a post-mortem, as the jury thought it unnecessary, and so did the medical witnesses. I am one of those that think there should be an inquest in every case of sudden death, but I don't think it follows that in every case there should be a post-mortem.

I remain, dear Sir,
Yours truly,
R. Peyton, M.D.,
Oct. 6, 1876. Surgeon, Roscommon Infirmary.

[Our information was derived from the published newspaper report of the inquest, which was an extended one and apparently accurate in detail. All the sworn evidence as to the words and acts of the deceased previous to death, the finding of the empty prussic acid bottle, and the opinions of Dr. Harrison and Heily, were fully set out, and we had reason to accept it as correct. In any case, it cannot be denied that there was a most grave and reasonable suspicion that death resulted from poison, and that suspicion should have been resolved by a test examination of the viscera, and not by a search for bruises or a guess at the cause of death.—Ed. M. P. & C.]

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ILLEGAL PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In an editorial paragraph in your Journal of this date, I notice the following passage: "Perhaps 'a Society for the Suppression of Illegal Practitioners' would not be amiss." Will you allow me to say that the Medical Defence Association (of which I enclose a copy of the rules and objects) has for one of its principal objects, "To suppress the practice of medicine and surgery by persons not legally qualified," and that the Association has already successfully prosecuted in a number of instances. With regret, it must be added that the medical corporations, instead of assisting the Association, have, in almost every case, thrown obstacles in its way. In one or two instances the fines which were inflicted have been left in the hands of the officers of the Court, the medical corporation declining to interfere in the matter, although the Defence Association could only prosecute in the name of the corporation concerned. This supineness and disregard of the interests of the profession on the part of the governing bodies is much to be regretted, and cripples the action of the Defence Association, throwing the whole expense of the prosecutions upon its members.

I am, Sir, your obedient servant,
Oct. 4, 1876. A Member of the Association.

Obituary.

ROBERT NORTON, M.D., M.R.C.P.

It is with deep regret that we announce the death of Dr. Robert Norton, for many years Chairman of the Court of Examiners of the Apothecaries Society. There are few members of our profession who have been more respected or whose loss will be more deeply lamented by their friends and professional colleagues.

There are many amongst us who have not the ambition, although they have the abilities, to rise to great eminence in their profession: but who amply compensate this indifference to fame by the skill and the integrity with which they fulfil the ordinary duties of a medical practitioner, by the deep and active interest they take in every thing that concerns the interests of the profession or the advancement of medical science, and by the markedly uniform and honourable conduct which characterises their intercourse with their professional brethren.

Such a man was the late Dr. Norton. We had the pleasure of his acquaintance for many years, and we can truly say that no one could long be in his company without recognising the sterling qualities both of heart and head which he possessed.

Not the least remarkable feature in his character was that of his being a thorough gentleman, not one of those men who are entitled to that appellation from the mere accident of birth, education, position, or wealth; but one whose kind consideration and sympathy for the feelings and wants of others, claimed for him the love and esteem of all who knew him.

In early life he was apprenticed to Mr. Wheeler, of St. Bartholomew's Hospital, and was a favoured pupil and house surgeon of Abernethy.

The following interesting episode is a proof of the esteem in which he was held by that eminent surgeon. On paying the fees when appointed to the House Surgeoncy Abernethy enclosed with the receipt the sum which had been handed over, adding a sharp and gratifying remark to the effect that he had well invested the money. Their intimate friendship ceased only with the death of the great surgeon.

Dr. Norton started life in London, where his skill as a practical surgeon would have no doubt soon brought him to the front, for he had scarcely entered into practice when opportunities occurring, he performed most of the capital operations and thus soon gained for himself a very lucrative practice. Ill-health however, brought about by a *post-mortem* wound, obliged him to retire from active employment, and he then travelled as medical attendant with the Earl of Sefton and his family, and afterwards settled for a time in country practice in the town of Uxbridge. He was here enabled without neglecting his duties, to enjoy that recreation to which he had been accustomed from a child, and for some years was well known in the hunting field. Again returning to London in 1840, he became appointed a member of the Court of Examiners of the Society of Apothecaries, and shortly afterwards, in association with Dr. William Jones, established the Samaritan Free Hospital for Women and Children.

He never again occupied himself in extensive practice, but taking the Memberhip of the College of Physicians, he contented himself with a small consulting practice in a western suburb, where he at once gained no small reputation as a practical obstetrician. His name, however, will long be remembered as an active and valued member of the Court of Examiners of the Society of Apothecaries for nearly thirty-five years. Of the manner in which he fulfilled the duties imposed upon him, first as an examiner, and afterwards as the chairman of that Court, can be easily imagined from what we have already said, of the zeal and devotion that he showed on all occasions in which the interests of the profession and the cause of medical education were concerned. What the Society of Apothecaries has done towards the advancement of medical education is well known to all of us, and has been very generally acknowledged. But it must not be forgotten that this good result was in a great measure attained through the exertions of the Court of Examiners and by the Society selecting such men as the gentleman whose death it is now our sad duty to record.

During all the years he was on the Court he was scarcely ever absent from his post, and the great respect and esteem in which he was held by his colleagues will be amongst the most pleasing recollections of his career.

He died on the 20th of September of acute pleurisy, after a few days' illness, in the 75th year of his age.

Vital Statistics.—From the Registrar-General's report we learn that during last week 5538 births and 3033 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 20 deaths annually in every 1000 persons living. The annual death-rate was 16 per 1000 in Edinburgh, 24 in Dublin, 20 in Glasgow, and 18 in London. The rates of mortality during the same period in the other large towns were—Bradford 18, Norwich 19, Brighton 20, Wolverhampton 21, Birmingham 19, Sunderland 16, Portsmouth 15, Sheffield 21, Plymouth 18 Nottingham 18, Liverpool 24, Bristol 19, Leicester 23, Oldham 23, Newcastle-upon-Tyne 15, Hull 22, Manchester 25, Salford 29, and Leeds 20. The annual death-rate from the seven principal zymotic diseases averaged 3·1 per 1000 in these towns, and ranged from 0·8 and 1·3 in Newcastle-upon-Tyne and Bristol, to 6·3 and 7·5 in Sheffield and Salford. The 9 fatal cases of scarlet fever in Portsmouth showed a further decline from the numbers in the two preceding weeks, but were equal to annual rate of 4 per 1000, and raised the deaths from this disease since the beginning of the year to 326. Small-pox caused 15 deaths in London, 9 in Manchester and Salford, and 12 in Liverpool.

The Death-rate in Foreign Cities.— The annual rates of mortality, according to the most recent weekly returns to the Registrar-General, were :—Calcutta 25 per 1,000 of the population, Bombay 25, Madras 37, Paris 23, Brussels 22, Amsterdam 18, Rotterdam 26, The Hague 32, Copenhagen, 25, Stockholm 25, Christiania 20, Berlin 32, Breslau 28, Munich 33, Vienna 24, Buda-Pesth 35, Rome 25, Naples 27, Turin 19, Alexandria 53 ; New York 25, Brooklyn 21, Philadelphia 20, and Boston 23. Enteric fever caused 59 deaths in Paris, against numbers declining from 87 to 61 in the six preceding weeks. Cholera caused 71 deaths in Madras and 24 in Bombay.

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DINNER TO THE REPRESENTATIVES OF MEDICINE AND SCIENCE BY THE LORD MAYOR OF DUBLIN.

Dr. G. B. Owens, the Lord Mayor of Dublin, entertained the leading members of his profession at a banquet in the Mansion House, on Tuesday the 3rd inst. Amongst those who availed themselves of his Lordship's invitation were—the Presidents and Vice-Presidents of the Royal Colleges of Surgeons and Physicians ; the Registrar-General, Dr. Burke ; the Reverend Professor Galbraith ; Dr. Andrews, President of the British Association ; Mr. Lentaigne ; the Inspector of Irish prisons ; Dr. Macnamara, Representative of the College of Surgeons in the Medical Council ; Dr. Nugent, Inspector of Irish Lunatic Asylums ; Dr. Croker-King, Medical Commissioner of the Local Government Board ; Dr. O'Flaherty, Governor of the Apothecaries Hall ; Mr. Porter, Surgeon to the Queen in Ireland ; Dr. O'Learey, M.P. ; Mr. Scott, *Evening Mail ;* Dr. Jacob, Medical Press and Circular ; Mr. Henry, Wilson ; Dr. Croly ; Dr. McDowel ; and about sixty of the most noted practitioners of Dublin and its vicinity. After dinner, and the usual loyal toasts having been drunk, the Lord Mayor proposed successively the toasts of the Royal College of Surgeons, the College of Surgeons, the University of Dublin, the British Association, and the Press. The entertainment was in all respects worthy of the Lord Mayor's well-known hospitality, and a gratifying demonstration of his regard and respect for the members of his own profession.

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GUM-BOILS.

Mr. Bickersteth, in his clinical lecture to the students attending the Liverpool Infirmary (*Students' Journal and Hospital Gazette*, July 15*th*, 1876, page 176), made some interesting remarks upon the subject of "gum-boils." The reporter very truly remarks that, as long as practitioners are at home in the minor operations, the major will take care of themselves, and that, therefore, the more practical the teaching of students the more beneficial its results. Mr. Bickersteth ascribes as the cause of gum-boils the almost invariable existence of decayed teeth. He warned the students that they must frequently take prompt measures to prevent the abscess opening externally, thus disfiguring the appearance of the sufferer's face.

It has been my own lot to see about half-a-dozen cases in which disfiguration had been allowed to take place owing to the want of proper treatment. As soon as feasible, the abscess should be opened internally, into the cavity of the mouth. Mr. Bickersteth warned his hearers that it was not sufficient to make an incision into the abscess, but that a portion of the soft wall of the tumour should be taken away by means of a scalpel and forceps. When all swelling has subsided, the offending teeth should be removed. He pointed out the falsity of the idea, that these abscesses were formed inside the "antrum" in the superior maxilla.

AN EASY METHOD TO REMOVE THE MUCUS ADHERENT TO THE NECK OF THE UTERUS.

Professor Pagot (*Annales de Gynécologie*) recommends the following simple process to effect what is often a very serious difficulty to those who have to deal with diseases of this organ :

Soak a pencil of charpie in the yelk of a new, fresh egg, and mix it well with the mucus for some seconds ; syringe the parts through the speculum with water, continuing to work the charpie about softly. Then allow the water to drain away, dry the neck of the womb, and the parts are found to be perfectly clean.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Subscribers who have not yet sent in their subscriptions for last year are respectfully reminded of the omission.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

The Right Hon. Edward S. Gordon, Parliamentary Representative in the House of Commons of the Universities of Glasgow and Aberdeen, having been appointed one of the Lords of Appeal under the new Apellate Jurisdiction Act, has issued an address of thanks to the electors on yielding up the trust confided to him, which will be found on reference to our advertising colums.

Mr. Croly.—Proof of your communication will reach you before its appearance in the journal.

Dr. Milner Fothergill will read a paper on "Anhydrotics" at the first meeting of the Harveian Society on Thursday, the 19th inst.

A Bulgarian Atrocity.—Our smart little contemporary *The Students' Journal*, of Saturday last, contains the following poetical effusion of a correspondent which the editor aptly terms an atrocity :—

"Still are the warrior's muscles,
Congealed alas ! his chyle ;
No more in hostile tussels
Will he excite his bile.
Dry is the epidermis,
A vein no longer bleeds ;
And the communis vermis
Upon the warrior feeds.

"Compressed, alas, the thorax,
That throbbed with joy or pain,
Not e'en a dose of borax
Could make it throb again.
Dried up the warrior's throat is,
All shattered too his head ;
Still is the epiglottis :
The warrior is dead."

Dr. A. B.—The subject was noticed in our last ; we cannot revert to it as it is not one of sufficient general interest.

Ant.—Your diligence ought to earn something substantial.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Text Book of Operative Surgery. By Professor Claude Bernard. Edited by A. T. Norton, F.R.C.S. Part I. London : Baillière, Tindall, and Cox.

Text Book of Veterinary Obstetrics. By George Fleming, F.G.S. Parts I and II. London : Baillière, Tindall, and Cox.

On Rest and Pain. By J. Hilton, F.R.S. London : G. Bell and Sons.

The Theory and Practice of Medicine. By J. S. Bristowe, M.D. London : Smith, Elder, and Co.

The Anatomy of the Head. By Thomas Dwight, M.D. Boston: Houghton and Co.

Lectures on Orthopædic Surgery. By B. E. Brodhurst, F.R.C.S. London: J. and A. Churchill.

Clinical Lectures on a Case of Cataract Extraction. By C. Bell Taylor, F.R.C.S. London: J. and A. Churchill.

The Action and Sounds of the Heart. By George Paton, M.D. London: J. and A. Churchill.

The Veterinary Journal. The Practitioner. The Monthly Microscopical Journal. The Medical Temperance Journal. Science Gossip. Obstetrical Journal. Philadelphia Medical Times. Le Progrès Medical. Journal de Therapeutique. Students' Journal. New York Medical Journal. Philadelphia Surgical Reporter, &c., &c.

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VACANCIES.

Metropolitan Fire Brigade.—Medical Officer for the Central District north of the Thames. Remuneration at the rate of £1 per man per annum in the force of the said district. For full particulars see Advt.

University of Durham.—Lectureship in Materia Medica and Therapeutics. Applications to the Secretary, Newcastle-on-Tyne.

Lancaster Infirmary.—House Surgeon. Salary, £125, with board. Applications, with testimonials, to the President at the Infirmary.

Hospital for Sick Children, Great Ormond Street, London.—Medical Registrar. An Honorarium of fifty guineas is voted at the end of the year. Address the Secretary. (See Advt.)

Leicester Friendly Societies' Medical Association.—Assistant Medical Officer. Address, stating salary required, Mr. Wright, Humberstone Gate, Leicester.

Leeds Public Dispensary.—Assistant Resident Medical Officer. Salary, £80, with board. Applicants must address Mr. McGill, 23 Park Square.

Midland Counties Hospital for Incurables.—Medical Officer for Out-patients. Salary, 50 guineas, with board and residence. Applications to Mr. Winter at the Hospital, Leamington.

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APPOINTMENTS.

Cooper, W., M.R.C.S.E., Medical Officer and Public Vaccinator for the Lower Widnes District of the Prescot Union, Lancashire.

Dixon, J. D., M.R.C.S.E., Junior House Surgeon to the Newcastle-upon-Tyne Infirmary.

Eales, H., M.R.C.S.E., Honorary Medical Officer to the Birmingham and Midland Eye Hospital.

Elliott, C., M.D., Acting Physician to the Bristol Hospital for Sick Children and the Out-door Treatment of Women.

Hastings, G., M.D., L.R.C.P.L., Physician to the Westminster General Dispensary.

Jones, W. L., L.R.C.P.Ed., L.F.P.S.G., Medical Officer of Health for Western Sub-district of the Lladilofawr Rural Sanitary District.

Notter, J. L., M.D., L.R.C.S.I., Staff-Surgeon, Assistant-Professor of Military Hygiene at the Army Medical School.

Smith, G. J. M., M.B., C.M., M.R.C.S.E., Medical Officer and Public Vaccinator for No. 4 District of the Cuckfield Union, Sussex.

Army Medical Department.—Surgeon-General H. C. Foss has been appointed principal Medical Officer on the Staff in Ireland, vice Surgeon-General M'Ilhice, retired.

Deputy Surgeon-General J. Sinclair, M.D., has been appointed principal Medical Officer at Bermuda, in relief of Surgeon-General J. M'G. Grant, M.D., ordered to vacate on promotion.

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Birth.

Dolan.—On the 5th inst., at 32 North Parade, Halifax, the wife of Surgeon Dolan, of a daughter.

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Marriages.

MacDowell—Fishbourne.—On the 4th inst., at Castletown Church, Queen's County, Francis Victor MacDowell, M.D., of Providence Court, Queen's County, to Mary Josephine (May), eldest daughter of Joseph Fishbourne, J.P., Ashfield Hall, Queen's County.

Tuck—Manby.—On the 3rd inst., at the Parish Church, Seaford, Sussex, B. J. Tuck, J.P., M.R.C.S., &c., Mayor of Seaford, to Elizabeth Sarah, daughter of W. E. Manby, of Gable end House, Seaford, and Regent's Park, London.

Williams—Evans.—On the 4th inst., at the Parish Church, Wrexham, Joseph Llewelyn Williams, M.B., of Wrexham, to Margaret Rimmer, eldest daughter of Edward Evans, of Bronwylfa, Ruabon.

Wright—King.—On the 3rd inst., at Prestwich Church, Francis James Wright, M.D., of Northumberland House, Stoke Newington, to Charlotte Dundas, second daughter of the Rev. Richard King, of Prestwich.

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Deaths.

Fiske.—On Sept. 24, at Donhead, Wilts, John Fredk. Fiske, M.R.C.S.E., aged 38.

Grant.—On Sept. 28, at Hawick, John Grant, M.D.

Groome.—On Sept. 28, at Ore, Sussex, Leonard Groome, M.R.C.S.E., aged 47.

Macbeth.—On Sept. 27, at Ramsgate, John S. Macbeth, M.A., M.D., late of Brixton Road, London, aged 33.

Taylor.—On Sept. 28, at Heywood, Lancashire, Daniel Taylor, M.R.C.S.E., aged 42.

Tomkinson.—On Sept. 22, at Cheadle, Richard Tomkinson, M.R.C.S.E., aged 64.

Williams.—On Sept. 23, at Carmarthen, John Lewis Williams, M.R.C.S.E., aged 53.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.

5 Henrietta Street, Covent Garden, W.C.

A. EBSWORTH, F.R.C.S., Director.

RESIDENT MEDICAL PUPIL (DUBLIN).—An M.D. Dub. Univ., and F.R.C.S.I., who is intimately acquainted with the method of medical education in Ireland, will receive a young gentleman to reside in his house, for whose education he will, if desired, make all arrangements. Apply by letter to SOCIUS, 23 Ely Place, Dublin.

TO PARENTS, GUARDIANS, and FIRST YEAR'S STUDENTS.

A Gentleman of long experience, Surgeon to a Dublin Hospital, and Teacher and Demonstrator in a large School of Medicine, continues to take Extern Pupils who are commencing the Profession, for the purpose of guiding and superintending their studies from beginning to end, including diplomas. Parents, &c., wishing for such supervision for their sons, which in all cases is found most useful, will get full particulars as to terms, &c., by directing to ALPHA-BETA, Medical Press Office, 23 Ely Place, Dublin.

THE HOSPITAL FOR SICK CHILDREN, 49 GREAT ORMOND STREET, LONDON, W.C.—Notice is hereby given that the office of MEDICAL REGISTRAR having become vacant, Candidates are invited to send in their applications and testimonials on or before Twelve o'clock on Thursday, October 12th. The appointment is made for one year, an honorarium of fifty guineas being voted at the expiration. Candidates must possess some legal qualification, and will be required to attend before the Joint Committees on the day of election. Oct. 12th, at half,past four o'clock precisely.

By order of the Committee,

S. WHITFORD, Secretary.

September 27th, 1876.

SURGICAL SOCIETY of IRELAND.—NOTICE.

The Election of Council of the Surgical Society of Ireland, for Session 1876-77, will take place in the Royal College of Surgeons, on the First Monday in November.

The Ballot will commence at Four o'clock p.m., and terminate at Five.

Members of the Society, being Fellows of the College of Physicians or of the College of Surgeons, are alone eligible, or entitled to vote.

Candidates for the Office of Councillor are required to send their names to the Hon. Secretaries, on or before Monday, the 30th inst.

By Order,

B. WILLS RICHARDSON, F.R.C.S.I., } Hon.
JOLLIFFE TUFNELL, F.R.C.S.I., } Secs.

Royal College of Surgeons in Ireland,
1st October, 1876.

INDIAN MEDICAL SERVICE.

NOTICE IS HEREBY GIVEN that an Examination of Candidates for twenty-seven appointments as SURGEON in Her Majesty's Indian Medical Service will be held in London in February, 1877.

Copies of the Regulations for the Examination, together with information regarding Pay and Retiring Allowances of Indian Medical Officers, may be obtained on application at the Military Department, India Office, London, S.W.

A further notice will be issued when the exact date of examination has been fixed.

T. T. PEARS, Major-General,
Military Secretary.

India Office, 6th October, 1876.

APPOINTMENT OF A MEDICAL OFFICER FOR ONE OF THE DISTRICTS OF THE METROPOLITAN FIRE BRIGADE.—NOTICE IS HEREBY GIVEN that the Metropolitan Board of Works will meet on FRIDAY, the 27th instant, at the Office of the Board in Spring Gardens, Charing Cross, and will at One o'clock proceed to the appointment of a MEDICAL OFFICER for that portion of the Fire Brigade stationed in the Central District of the Metropolis north of the Thames.

The district in question at present extends on the north side to the limits of the Metropolitan area. On the east side it is bounded by a line extending from a point at or near the New River, along the Green Lanes, Mildmay Park, Southgate Road, Bridport Place, New North Road, East Road, City Road, Finsbury Pavement, Moorgate Street, Princes Street, and King William Street; and on the west side it is bounded by a line extending from High Street, Highgate, along Highgate Hill, Highgate Rise, Kentish Town Road, Hampstead Road, Tottenham Court Road, Crown Street, and St. Martin's Lane, to Craven Street, Strand. Any further information required with regard to the boundaries may be obtained on application at the Office of the Board between the hours of 9 a.m. and 4 p.m.

The gentleman to be appointed must be a regularly qualified Surgeon. He will be required to reside within his district, and as a general rule to give his personal attention to all cases brought under his notice, to attend the meetings of the Board or any Committee of the Board whenever required so to do, and to furnish such certificates and returns as may be found necessary. The remuneration of the Medical Officer will be at the rate of 20s. per annum for each man in the force within his district, such payment to cover the cost of medicine, surgical appliances, and services of every kind. The present number of men in the district is about 100, but this number may be increased or diminished at any time.

All applications must be in writing and accompanied by testimonials, and must be delivered at the Office of the Board not later than 4 o'clock on Tuesday, the 24th of October, after which time no application will be received.

Applicants for the appointment must be in attendance at the Office of the Board on Friday, the 27th of October, not later than 1 o'clock.

By Order, J. E. WAKEFIELD,
Clerk of the Board.

Spring Gardens, 7th October, 1876.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 18, 1876.

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THE SUCCESSFUL TREATMENT OF DILATED HEART.

By J. Milner Fothergill, M.D. Edin., M.R.C.P.L.,

Assistant-Physician to the West London Hospital; Assistant-Physician to the City of London Hospital for Diseases of the Chest (Victoria Park).

This title may seem to some readers to be somewhat startling, but the cases which will be given below will demonstrate that it is strictly founded on facts. It is only of recent years that any rational treatment of a dilated condition of the cardiac chambers has been feasible. Doubtless in times past the successful treatment of cardiac dilatation has been achieved, but then it was the result of an accidentally adapted treatment, and not the outcome of a carefully designed therapeutic plan. Now, however, we recognise clearly the means and measures by which such an end may be attained. We now know how far the mere mechanical disturbance of the balance of power betwixt the blood to be driven and the force to drive it, by excessive and sustained exertion making extra demands upon the heart, tends to produce a dilated condition of the cardiac chambers; and not only that, but also that sustained effort will interfere to prevent repair. From this we arrive at the curative influence of comparative rest.

It is only of late years that we have had sufficiently exact views of the action of digitalis and allied remedies, to enable us to pursue steadily and intelligently a plan by which these dilated chambers may be restored to their normal capacity, or, at least, to something approaching it. By the resort to an agent which produces more perfect and complete ventricular contraction, we can in time procure a restoration of the normal condition of the dilated ventricle, such as existed ere the dilatation commenced. In achieving this desirable end, it is necessary to combine the two different factors of rest and remedial agents. A glance at the causal relationships of cardiac dilatation will be useful in directing the thought towards the rational treatment, when from any cause—no matter whether the softening of the muscular fibre by myocarditis accompanying pericarditis, or the exhaustion of the muscle by protracted demands upon it—the walls of the heart fail to contract completely, and to efficiently expel their fluid contents, a small quantity of blood remains in the ventricular chamber. This amount of blood, added to that normally rushing in from the pulmonary vessels, leads to distension of the hollow muscle, and, ere long, a condition of permanent dilatation is produced. This is a very brief statement of the fact, but it is sufficient for the purpose in hand. It gives the clue to the line of repair to be adopted. In many cases dilatation is combined with hypertrophy; the sooner the hypertrophy is inaugurated, the sooner the dilatation is limited; the later it is set up, the greater the dilatation. The establishment of hypertrophy, by which alike the dilating process is arrested, and the power furnished to the ventricle to contract more completely, is dependent upon the reparative powers of the system; in well nourished persons hypertrophy is found under the same circumstances where dilatation is met with in those whose nutrition is imperfect and impaired. This, in chronic Bright's disease, where the blood pressure in the arteries is heightened, in florid complexioned men, we find hypertrophy the rule, and dilatation the exception; while in women who are less perfectly nourished, dilatation is more common than hypertrophy. According to the capacities of the individual, hypertrophy and dilatation will be found blended in every conceivable proportion. This supplies a third factor in the treatment of cardiac dilatation, viz., the absolute necessity for liberal supplies of nutritious food.

We have, then, three different measures which can be profitably combined—rest, appropriate remedies, and improved nutrition. The symptoms of cardiac dilatation are such as might be expected, *à priori*, from the function and anatomical structure of the heart. They are objective and subjective The physical signs are a diffused apex heat broader than the normal, irregular action, with more or less intermittency; palpitation on effort, with a pulse, regular or irregular, according to the action of the heart, but always readily compressible and empty during the cardiac diastole. The subjective symptoms are palpitation on effort—indeed, the whole series of signs and symptoms are aggravated by exertion; breathlessness easily induced; often attacks of dyspnœa, with craving for air, "although air freely enters the lungs" (Haydn), coming on in the night during sleep, as well in the day after exertion. Such, briefly, are the outcomes of cardiac dilatation.

In order to procure relief from these different consequential results of cardiac dilatation, it is necessary to strike at their cause. The following case will illustrate very clearly what must be done:—

W. A., aged fifty-nine, from Stockton-on-Tees, presented himself at the Victoria Park Hospital, on March the 18th, this year. He was a grocer in the above town. For some time he had been in failing health, had felt himself less equal to exertion, even in the light duties of his business, so he came to some friends at Stratford and attended the hospital regularly. He complained, when first seen, of general failing strength, of shortness of breath, of choking sensations, often stopping him when attending to his shop, and compelling him to sit down and keep quiet. His heart's action was irregular, with numerous intermissions, and with a diffused apex heat. He was a tall, well-built man, and his malady in all probability took its origin in excessive taxation of his powers from his industrious habits. He could only sleep propped up in bed. He was told to keep very quiet, to stay long hours in bed, and spend a good portion of his time on the couch when out of bed. His diet was to consist of easily digestible food in moderate quantities at once, and frequently repeated. The medicine prescribed was the ordinary hospital mixture of quinine and iron, an ounce three times every day, with fifteen drops of tincture of digitalis in each dose.

March 26th.—Reported himself already feeling better, symptoms ameliorating.

April 8th.—The intermittency had departed, and only the irregular action of the heart remained. The choking sensations were much better. Medicine to be continued, and a compound colocynth pill at bedtime occasionally, in order to regulate the bowels.

April 18th.—The pulse is now regular in volume and in time is the note of this visit.

He now felt sufficiently well to take a journey down into the county of Durham to look after his business. He stood the journey well, and was not fatigued by it.

May 6th.—Pulse good; going on well. Medicine as before.

May 13th.—Had had an attack of difficulty of breathing in the night from having indulged indiscreetly in a heavy supper, otherwise going on well. Medicine to be continued.

June 3rd.—Feels so well that he asks to be discharged, in order to return to his business at Stockton. His pulse is regular and well sustained, and his heart's action steady, His signs and symptoms are all so much relieved that he could readily pass for insurance. He was a very obedient and intelligent patient, and his rapid improvement was due in part to his carrying out his instructions so well. Further directions were given him as to his future treatment of himself, together with a formula for making a pill, containing a grain of digitalis in powder, with a third of a grain of dried sulphate of iron, one to be taken twice every day after food. He promised to write in a month and say how he is going on. His report is as follows:—

"July 10th. I have steadfastly adhered to the course you presented, and not only feel myself much better, but my doctor and all my friends say I look better."

Sept. 25th.—Still improving. Continuing the pills.

This is a very satisfactory case, and corresponds to one reported at page 68 of my work on "The Heart and its Diseases," where a condition of dilated heart was induced in an elderly woman from protracted over-exertion. After a few weeks of like treatment she recovered perfectly, and six years afterwards was still maintaining herself as a field hand, her health being quite satisfactory. Such cases illustrate what may be achieved under favourable circumstances.

Other cases are less perfectly satisfactory, but still are capable of much improvement.

(To be continued.)

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BRIEF NOTES OF A CASE OF IDIOPATHIC GLOSSITIS SUCCESSFULLY TREATED BY FREE INCISIONS—RAPID RECOVERY.

By Richard Croly, L.K.Q.C.P., L.R.C.S.I.,

Medical Officer of Tinahely Dispensary District, County of Wicklow; formerly Resident Physician to the late Lord Stuart de Decies.

Idiopathic inflammation of the tongue, or glossitis, being a rare disease, and of extreme urgency, I feel that I need to offer no apology to the readers of the Medical Press in briefly reporting, for the information of my younger professional brethren, a case which has lately occurred in my practice, and which, I think, may be considered a typical specimen of this remarkable and urgent complaint. My brother, Surgeon Henry Gray Croly, of Dublin, in his "Series of Surgical Reports," has drawn the special attention of surgeons to this important disease. The following is a brief sketch of the case:—

I was hurriedly sent for during the last month to visit Mr. ——, of middle age, residing near Tinahely, whom I found suffering intensely from the following very distressing symptoms, the mere enumeration of which will at once portray the gravity of the case: the tongue was protruded from the mouth, enormously swollen, and very tender to the touch, its edges deeply indented by the teeth, the saliva, mixed with viscid ropy mucus, dribbling from the mouth, inability to swallow, except with considerable pain, speech "thick" and indistinct, distressed breathing, face turgid, countenance very anxious, and expressive of much suffering, pulse full and rapid. Cause of illness not known, but supposed to have originated from exposure to wet and cold. I recognised this remarkable and alarming train of symptoms as characteristic of glossitis or inflammation of the tongue, a disease of not frequent occurrence, and of exact resemblance to the description of cases depicted by my brother, in his paper on the subject. I saw that no time was to be lost, that hesitation or delay might have proved fatal. I at once made a free and long incision on each side of the tongue, from the base towards the apex, midway between the raphe and edges. In doing so I was obliged to pass the scalpel flatways along the surface of the tongue and then turn the sharp edge downwards. Copious bleeding followed, very alarming to the bystanders, but it soon ceased after I permitted it to continue as long as I considered safe. The relief which the sufferer experienced was almost immediate, the engorgement rapidly subsided—so much so that but little further treatment was necessary, and the patient made a rapid recovery, I am persuaded that, as the symptoms were so very urgent, if not thus promptly and boldly treated, the patient in a short time would certainly have been choked.

It is seldom that the surgeon experiences so immediate and gratifying a result of his practice, and therefore, as encouragement to young practitioners, especially in country districts, where they must of necessity entirely rely on their own unaided resources, being often far removed from professional assistance, I think it useful and not intrusive on my brethren to thus record a case so full of interest and instruction as I believe this to be. The young surgeon must bear in mind that in this urgent disease free and sufficiently deep *incisions* (not timid punctures or superficial scarification) will alone afford relief and perhaps save life. My brother, in his paper on the subject, says that "scarifications of timid practitioners are to be deprecated," an aphorism which this case strongly exemplifies.

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THE PREVENTION OF SYPHILIS. (a)

By C. R. Drysdale, M.D.,

Senior Physician to the Metropolitan Free Hospital; Physician to the Bolsover Street Hospital, London.

One of the most important points in the hygiene of Cities and States at this moment is the prevention of true syphilis. This disease is extremely prevalent in almost every European city, and we hear it is equally so in the large and flourishing cities of the United States of America. There have been, up to this time, a number of experiments made in the various States of Europe, as to the best means of coping with the great question. It is alleged with much apparent truth by Dr. Crocq and others, that in Belgium there exists a very much smaller amount of syphilis than is found in England; and, in the debate which took place on this subject at the International Medical Congress in Brussels in 1875, I was informed by the late Dr. Vleminckx of Brussels, that there was very little true syphilis indeed in the town of Brussels, owing to the way in which public women were registered and examined. I am not in a position to confirm or deny this statement; but am inclined to believe that there is much truth in it.

However this may be for Brussels, there seems to be no great doubt of the fact, that in Paris the police regulations of prostitutes have only been very partially successful in checking the spread of venereal contagion. In the case of the only very important venereal disease, true syphilis, there is actually more of that disease in Paris at this moment than there was ten years ago; and the same holds good for gonorrhœa, as far as may be judged by studying the records of the Lock Hospitals of Paris, and those of the Hospital St. Louis. Thus, according to Dr. Charles Mauriac (*Rareté actuelle du Chancre Simple*, Paris, 1876), there was seen in the year 1861 at the Hôpital du Midi of Paris, 570 cases of true syphilis; in 1865, 840 cases; in 1869, 1,442 cases; in 1872, 1,265; in 1874, 1,578 cases. This shows, as my friend Dr. Alfred Fournier recently remarked to me, that syphilis increases in Paris, just as civilisation goes on, and this notwithstanding the police laws, which have been most vigorously carried out in Paris during nearly the whole of this century.

At the skin disease hospital of Paris (Hôpital St. Louis) there have been treated for syphilis in the year 1860, 183 persons, male and female; in 1865, 339; in 1869, 754; in 1872, 672; in 1874, 577; so that there also the disease, true syphilis, has been increasing in extent. At the Lourcine Hospital (Female Lock Hospital of Paris for patients not under police supervision) there were equally treated in 1860, 815 syphilitic women; in 1865, 1,002; in 1869, 1,322; in 1874, 1,162. These facts point to the conclusion, that the laws which are modelled on those first framed in France, do not work so well as might at first be supposed. The cause of this failure seems to be, that the French police laws relating to prostitution are so unjust and one-sided, that they miss their aim, by causing so many women to hide themselves in the ranks of clandestine prostitution.

The only effect produced by the Parisian police laws of the Bureau des Mœurs seems to be, that they have checked the spread of what is styled the "soft chancre," an ulcer which is entirely local in character, and which does not at all infect the constitution, which is easily recognised and hence avoided with facility by all such women as practise prostitution, but who are still careful enough of their health to examine those persons with whom they consort. Thus, in 1873, whilst there were treated at the Hôpital du Midi, only 625 cases of soft chancre and virulent buboes; with 1,450 cases of syphilis; among which were 546 cases of hard sore; there were treated at that same hospital in 1863, 572 simple chancres, and 346 hard chancres.

All this points to some other system of hygienic prophylaxis than either the French system or the present English Contagious Diseases Acts being required in countries such as the United States of America, where justice and equal rights are so strenuously claimed by all citizens as their birthright

By the kindness of Dr. Marion Sims, I have recently received a pamphlet on this subject, written by him at the occasion of the meeting of the American Medical Association in the month of June, 1876. He there makes the admirable observation that the plan adopted in France and England is not the one for the United States, which wants no legislation that looks to licensing prostitution as in France, and no such partial legislation as we find in the Contagious Diseases Acts of England. "We would not outrage religious sentiment by adopting a system of fostering vice; nor should we subject the hardy soldier, even for his own good, to invidious restrictions not imposed upon others in the community. Besides, how absurd would the English system work with us, when we have but a nominal army, and that scattered over the frontier, away from the pale of civilisation and its worst vices. Class legislation, in any shape, and for any purpose, is distasteful to the people of any country, and especially of ours." (Legislation and Contagious Diseases, by Marion Sims, M.D. Spottiswoode and Co., London, 1876.)

It appears to me that Dr. Sims is, in this view of the matter quite correct; and that it behoves us to find out a system more suitable to the genius of modern liberal institutions than that which supports a Saint Lazare Prison for prostitutes in Paris, whilst those men who frequent and infect these prostitutes, are allowed with perfect impunity to frequent as many women as they please. According to Dr. Marion Sims, what we want is a system of sanitary inspection and control that will enable us to prevent the importation of syphilis from abroad. There can be no reasons why ships coming from foreign countries should not be required to give a clean health bill as regards syphilis, as well as with reference to small-pox or yellow fever. Dr. Sims proposes that when there is no surgeon on board of a vessel arriving from foreign parts, the quarantine officer of the city where the vessels arrive, should have the right to examine the crew and passengers, for any case of syphilis on board, thus including syphilis among the list of communicable diseases like small-pox, &c.

These powers are not as yet assigned to any English Board that I am acquainted with; but it seems that in New York, the Metropolitan law invests authorities with arbitrary power to meet every emergency when the public health is in peril, whilst it fully protects the public from any abuse of these powers.

If this be the case, I do not see anything against the sanitary authorities in the city of New York endeavouring to find out the existence of any case of true syphilis, and threatening the individual who is contaminated with the disease that, in case he have communication with any other person, whilst suffering from the disease, he shall be liable to prosecution as spreading contagion, and fine with incarceration, until all risk of contagion be proved to be passed.

I would limit the prosecutions entirely to the giving of *true* syphilis; because gonorrhœa, although certainly often enough a grave disease in its consequence to the male sex, is not so much so to the female; and, moreover, that contagion seems to be with the greatest difficulty diagnosed and prevented in the female. Nor would I make the contagion of soft sore punishable; because that disease does not come under the head of constitutional contagions, such as small-pox, scarlet fever &c. I would encourage the prosecution of all individuals who spread true syphilis by those contaminated by them. In London, recently, a member of the medical profession, Dr. Davy, was heavily fined for having spread syphilis to one of his patients in child-bed, by means of his fingers which he unfortunately had contaminated from another patient in the process of delivery.

(a) A Paper read at the International Medical Congress, at Philadelphia. Health Section. 1876.

If such a prosecution were sustainable, it seems to me *à fortiori* it follows that any person, who whilst suffering from true syphilis, puts himself into such intimate contact with another, as he must do in sexual connection ought to be prosecuted if he contaminate that person with such a terrible poison as syphilis.

For my part, then, I maintain that in England, the so-called Contagious Diseases Acts, which were brought into the legislation entirely for the benefit of the military, should be speedily repealed; and similarly that the system of the Bureau des Mœurs at Paris should, as soon as possible, be entirely remodelled. In their place I would have a number of hospitals supported either by voluntary efforts, or failing funds, by government (municipal) aid. All persons with true syphilis demanding admission into such hospitals should be at once received, and treated until all risk of contamination is judged to be over.

Secondly, stringent quarantine laws should be carried out on all persons coming from foreign countries who may be suspected of bringing with them true syphilitic lesions of a contagious nature, and the health authorities of all should endeavour to become cognisant of all cases of true syphilis existing at any moment in their district. All persons attending for advice for true syphilis at public medical institutions should be notified by a printed card that they are liable to immediate prosecution, if they have any intimate connection with any other person whilst suffering from that contagious disease.

In this manner, I feel persuaded that society might do a great deal towards "stamping out" syphilis.

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CONTRIBUTIONS TO ORTHOPÆDIC SURGERY.

By Lambert H. Ormsby, F.R.C.S.,

Surgeon to the Meath Hospital, and to the National Orthopædic Hospital of Ireland.

CAUSES AND SURGICAL TREATMENT OF FINGER CONTRACTION.

Permanent contraction of the fingers is a surgical affection that is very frequently met with in persons of all ages, and belonging to all ranks of life. It is met with occasionally as a congenital deformity, but far more frequently it occurs as a non-congenital affection, and at times produces very great inconvenience. Many people thus affected have had to give up their occupation and engage in another, where their fingers and hands would not be so much required. Others have submitted to an operation, and had the contracted finger completely removed, as it was perfectly useless, and very much in the way, by impairing the action and utility of the non-affected fingers.

In many cases where the fingers are contracted, the digit is so flexed that its tip touches, and is closely approximated to the palmar aspect of the hand. All the fingers are liable to this deformity, but the one most frequently affected is the fifth, or little finger, then the ring and middle finger in the order of frequency, the thumb being very rarely affected. For a long time surgeons considered that this permanently flexed condition of the fingers was due to gouty or rheumatic shortening and contraction of the flexor tendons, with paralysis of the extensors. Such may be the case in a limited number of instances, but I believe, with Dupuytren and Goyrand, that the fault does not lie in the tendon, *but is due to the shortening and contraction of the digital slips of the palmar fascia.* Contracted fingers have been dissected after death, and it has been found that when the fibrous aponeurosis sent down along each side of the finger was freely divided, the finger could be completely extended with very little force, and the flexors appeared to offer no resistance whatever. Boyer, who believed in the shortening of the tendon as the correct cause of the deformity, termed the affection, in the language of the ancients, "Crispatura tendinum." When we carefully examine the fingers affected with this contraction, we find the first phalanx slightly movable on the head of the meta-carpal bone, and flexed at an angle closely approaching a right angle. On moving the phalanx to set up motion, we can flex it still more towards the palm, but when we try to extend it so as to obliterate the angle, we find it impossible. Dupuytren mentions that a weight of 150 lbs. will not be sufficient to bring the finger in a straight line with its metacarpal bone. Boyer says, "Our efforts to extend the fingers are resisted to such a degree, that if we continued them they would break before we could force them to yield."

This description only holds good for the first phalanx at the metacarpo-phalangeal joint, the other phalanges being found generally straight, allowing, however, of slight motion. In further support of the belief that it is the contraction of the palmar fascia that produces the deformity, if we trace this fascia we find that it is chiefly derived from the expansion of the tendon of the palmaris longus, and that it consists of two lateral and a central portion; the latter occupies the centre of the palm, is triangular in shape, its apex being at the annular ligament, and is composed of divergent, longitudinal, and transverse fibres, the last becoming fewer and more scattered, till they are lost on the flexor tendons. Some few, however, are continuous with the sheaths of the fingers opposite the heads of the metacarpal bones. The central portion of fascia divides into four bands, which sub-divide each into two tendinous slips; these embrace the heads of the metacarpal bones, and are continued to be attached to the sides of the first phalanges and the inferior transverse metacarpal ligament. At this point of division the transverse fibres are strengthened, and connect these slits into four distinct fibrous arches, through which pass the flexor tendons. Between these arches we find three lesser ones, resulting from the primary division of the fascia; these transmit the digital vessels, nerves, and lumbricales. The palmar fascia is also intimately adherent to the integument by strong fibrous bands, and at its inner margin it gives origin to the palmaris brevis when present. It also sends deep processes backwards to form the inter-osseous aponeurosis. It also helps to strengthen the strong sheaths binding down the flexor tendons along the fingers. The lateral portions of this fascia are much weaker. On the radial side it covers the muscles of the thumb, and is continuous with the dorsal fascia. On the ulnar side it covers the muscles of the little finger.

(*To be continued.*)

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Clinical Records.

ST. MARY'S HOSPITAL.

(Under the care of Mr. Norton.)

Injury to Pharynx by a Piece of Bone.—Emphysema.—Death.

A woman, æt. fifty-two, edentulous, was eating a piece of the loin of pork, and owing to the absence of teeth she swallowed the meat without masticating it. When she had nearly finished her dinner, a piece of the meat lodged in her throat. She complained at once of pain, and of some difficulty of breathing, and went to three medical men and chemists for assistance, but as no one attempted to rid her of the obstruction, and as the symptoms did not decrease, she went to St. Mary's Hospital. On her road to the hospital she vomited. Mr. Cundell, the house-surgeon, passed a Ramouneur probang with ease into the stomach, and informed her that whatever might have obstructed the passage was no longer there.

Finding the œsophagus clear, the house-surgeon naturally discharged the patient, believing that all her trouble would gradually disappear. However, about 8 p.m. she was again brought to the hospital, and Mr. Norton, the surgeon of the week, was sent for. She had now extensive emphysema of the face, head, neck, shoulders, and chest; her respirations were forty per minute, short and catching; the pulse scarcely to be felt; the vessels of the neck dilated; the thorax was fully resonant, yet breath sounds scarcely audible. A probang was passed freely into the stomach, and the patient drank a quarter of a pint of milk without difficulty. The laryngoscope was applied, and the pharynx was found to be emphysematous, but the larynx was sound. No injury could be seen by which the air had escaped, though it was evident that some lesion must exist.

The patient died at 4 o'clock in the morning.

At the *post-mortem* examination emphysema was found, as had been detected during life, in the cellular tissue of the head and neck, shoulders, pharynx, and œsophagus. Air also infiltrated the posterior mediastinum, and extended beneath the pleura. At the level of the cricoid cartilage a longitudinal laceration, three-quarters of an inch in length, was to be seen; and corresponding to this, on the posterior part of the pharynx, was a fine longitudinal scratch about a quarter of an inch in length, showing that a foreign body, sharp at both ends, had rested obliquely at the junction of the pharynx and œsophagus, with its lower, and, doubtless, larger extremity fixed on the cricoid cartilage. From the result of the *post-mortem* examination, it was presumed that as the patient was unable to masticate, she had inadvertently swallowed a jagged piece of bone whilst bolting her food; that the bone had become fixed in the pharynx, producing the laceration there found; that coughing and deglutition, or else the vomiting, had soon dislodged the bone after inflicting the injury; that air had at once passed into the cellular tissue beneath the pleura, and produced the dyspnœa of which she continued to complain, notwithstanding that the œsophagus was found by Mr. Cundell to be clear of any obstruction. No bone was found in the stomach after death, nor any foreign body which would have produced the injury, and it had, therefore, been probably lost in the vomit.

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STATE BABY-FARMS IN THE "GOOD" OLD TIMES. (a)

SHOULD our readers desire a study of maladministration, incapacity, and corruption in a Government institution,—of inconceivable inhumanity and indescribable villainy perpetrated under the régime of well-intentioned but *nonchalant* citizens—of the miscarriage of benevolent intentions and the failure of a charitable effort, and, lastly—of the state of anarchical confusion to which officials will lapse if unchecked and irresponsible, they can read no more instructive a narrative than the "History of the Dublin Foundling Hospital" just issued by Mr. W. D. Wodsworth, the Assistant Secretary of the Irish Local Government Board, who now holds the honorary office of Inspector of Invalid Foundlings. In discharge of the duty of this latter office, Mr. Wodsworth has inspectioral charge of the few individuals who remain from the Foundling inmates of the Hospital at its disestablishment, and his communications with them have interested him in the rise and fall of the institution.

The building of the Dublin Foundling Hospital, which now exists as the South Dublin Workhouse in James Street, was commenced in 1704, the institution having been incorporated by the Act of the 2nd of Queen Anne, cap. 19. Previous to this time no poor-relief provision whatever existed in Ireland, and the governors of the Foundling Hospital were first invested with the care and regulation of what were then called "vagabonds and beggars." Of their powers and duties in this capacity Mr. Wodsworth gives an amusing account.

In the first place "all men and women begging, and women and children begging, and all other vagabonds were to be taken up and committed to the workhouse."

The accommodation fitted up for their reception consisted of "the vaults and other convenient places" under the hall of the workhouse.

These vaults, or cellars, are specified as having been 240 feet long by 17 wide, with an "airy" sunk at the outside of the building for the purpose of affording light and to carry off the rain water, and they were to have a double row of beds "two tire" to admit of sleeping 100 men and 60 women, and also to be used for their working and day accommodation.

Anyone fond of calculation can form a good idea of what the sanitary aspect of these low pitched, dark, damp, and dreary lodgings must have been.

Any vagabond that thought fit to have the "Fallen Sickness" was to be turned out, and "disabled poor people" were not to be admitted under any pretext whatever.

The law required vagrants and sturdy beggars "to be employed and to work" voluntarily; but there was no work or employment to be had, and then, poor beggars, they were to be flogged, imprisoned, receive "severe usage," and be treated with "proportionate rigour," and finally were to be transported beyond the seas "without trial or traverse."

Until the year 1731, their bodies, when they died, were buried without coffins; but after that time it was ordered that they should have coffins allowed them.

Their diet was perhaps the most merciful thing in their treatment. It consisted of fair quantities of gruel, bread, milk, porridge, and "Burgoo" with some milk, and one pound of meal a day extra to those who could do a hard day's work and earn 8d. This Burgoo (*Burgout*, Fr., *Brose*, Sc.) consisted of some oatmeal stirred up in cold water, seasoned with salt and enlivened with pepper.

The functions of the Board of Governors, which numbered 200 persons, including the lord-lieutenant, lord mayor, lord chancellor, archbishop, sheriffs, members of Parliament, and other influential persons were, as constituted by Queen Anne's statute—

1. To assemble once a month to relieve, regulate, set to work, and inflict "reasonable" punishment on all vagabonds and beggars, and to apprehend them.
2. To detain and keep in their service, until the age of sixteen (this was afterwards reduced to twelve), any poor child or children found, or taken up, "above five years of age," and to apprentice them out afterwards to honest persons "being Protestants."

By subsequent Acts of Parliament, "the age" at which children were to be taken care of was unrestricted, and infants from all parts of Ireland, and even from Wales, came to be admitted into "the Foundling Hospital," which the institution became, exclusively, in the year 1729.

In the year 1729 the Institution ceased to have any relation to the relief of the poor and became a Foundling

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(a) "A Brief History of the Ancient Foundling Hospital of Dublin from the Year 1702, with some account of similar institutions abroad." Edited by William Dudley Wodsworth, Esq., Assistant Secretary to the Local Government Board, Ireland. Dublin: Alex. Thom, Royal 8vo, pp. 57.

Hospital simply and entirely, and "a cradle, or turning wheel," and a bell, for taking in the infants, were provided at the gate, for use by "day or night."

There is, says the author, no complete enumeration of the foundlings, and other children, who were admitted into the hospital from first to last in one hundred and thirty years during which it was in operation; but from the returns to Parliament it may be computed that, independently of the hundreds of infants who died on the road during transit, and who were exposed on the banks of the adjoining canal, and died there, or drowned, not less than 200,000 infants passed that dread portal, "the cradle at the gate."

It was not until two years after the Foundling Hospital building had been occupied for foundlings exclusively, that specific regulations were framed for its management.

A code was then drawn up providing for prayers, meals, school, taskwork, play, punishment, and Sunday school.

The children's employment consisted of spinning, knitting, net-making, cotton work, lace-making, tailoring, carpentering, wooden toy-making, and gardening, as well as washing and housework.

The boys were to be kept "for the most part on their limbs," the girls' pursuit being of a more sedentary character.

Many of these plans were adopted from time to time according to circumstances, and eventually there was rather an extensive nursery garden, and there were also some manufactures, the buildings having been enlarged to accommodate 1,200 inmates, about double the original number.

The diet for infants was "ponada," or bread and water pap, and some milk; but in 1797, the matron gave evidence to the effect that this food did not suffice to sustain life.

A special dietary for the more grown children was adopted in 1775, by the special advice of, and on a curious report from the College of Physicians, who drew up the form of dietary themselves, and appended thereto elaborate, and indeed very judicious directions as to the preparation, cooking, &c., of the various articles of food.

The infants' clothing appears to have been for a long time "woollen," and it was not for many years after the Hospital was founded that sheets were provided for their beds, and also other articles, especially necessary for their comfort, were ordered.

The "Windsor uniform" (colours, blue, with red collars and cuffs, was adopted in 1762, to distinguish the Foundling Hospital children from the "Charter School" boys.

It was not long until irregularities and abuses of management commenced to show themselves in the Hospital. The governors held their meetings not at the Hospital but at the "Tholsel," and consequently seldom or never saw the Institution which they were appointed to administer, the treasurer, one Pursell, after having been whitewashed on a charge of immoral conduct towards the inmates, ran off with the money of the Hospital.

Disease of a very virulent type is at this time said to have existed throughout the country in the last century.

Thousands of infants came in affected by it, and when the infants appeared on admission to have an eruption out upon them, they were not sent out to nurse at all, but were kept in the Infirmary until they died.

Not many years had elapsed from the time of its opening, when the fact of the existence of such an Institution becoming known throughout the country, children from all parts, north, east, and west, and even from Wales were sent to it, or exposed in order that they might be sent, in the streets of Dublin.

Notwithstanding the numerous deaths which occurred consequent upon hardship and exposure, the governors found themselves embarrassed on several occasions for funds to feed the accumulating numbers.

Donations were sought and obtained. George the 3rd sent £1,000 on one occasion out of His Majesty's private purse; charity sermons were preached, £712 1s. 10½d. being obtained in the city of Dublin in one haul in this way in April, 1760.

From 1744 to 1796 things got steadily worse, and although for nearly twenty years the good Lady Arabella Denny devoted herself untiringly to its management, and kept the Institution in a fair state of purity and efficiency, yet after her retirement the administration of the Hospital was so bad that the building came to be a veritable pandemonium, a perfect charnel house, and the scene of a slaughter of the innocents not paralleled since the day of Herod.

As regards the growth of the Institution from 1702, 260 children were admitted the first year, and the number annually increased especially after the year 1740.

By an average which was taken in 1751 of the three preceding years, it appeared that there had been 700 infants taken in each year, or 2,100 in three years.

In the six years ending 1796, 12,786 infants were admitted, or 6,393 in three years against 2,100 in the former triennial period (1749-51).

The number annually admitted had thus, it will be seen, more than trebled; but these numbers were exceeded subsequently.

In twenty-one years, from 1797 to 1818, we find, by counting the existing registries, that 43,254 infants were deserted, found, and admitted, notwithstanding that during that period a method was adopted, as will be related in its place, to check considerably the influx of children.

It seems that in the early part of the eighteenth century there existed amongst the lower orders of Irish children, and especially amongst the offspring of illegitimacy, a great deal of specific disease. Many of the infants which found their way into the turn-cradle of the Foundling Hospital were so affected, and it, therefore, became the habit of the officials of the institution, in order to save themselves the trouble of daily care of the children, to class them all as tainted, and send them immediately on their admission to the Infirmary, where they were speedily got rid of by the simple expedients of starving and slow poison. As early as 1750, it was discovered that of 1,468 infants admitted in one year 420 died within twelve months, and in 1752 out of 691 admissions 365 deaths occurred within the same period.

But in 1757, says Mr. Wodsworth, "*Great Clamours*" arose as to the mortality amongst the Foundlings.

The officers of the Institution were openly accused of "murder and other atrocious deeds," and one thing which transpired when the usual course of inquiry took place, was, "the indecent and improper manner in use for disposing of the bodies of the children that died." They were chucked, it is said, naked into a hole, eight or ten at a time, and "lime kept roach" was ordered to be used with the dead bodies.

Something was done towards remedying abuses after this inquiry, but not very much.

Any quantity of Resolutions were proposed and passed by the Governors, but they experienced the fate of a good many other resolutions, and though in the letter they remain in the Minute Book, they went elsewhere in the spirit to help to pave a certain place which shall be nameless.

The ugly fact remained that in the ten years ending March, 1760, 3,797 infants out of the 7,781 admitted during the time died in the Foundling Infirmary, 3,932 being sent out to nurse, and 52 being wholly "unaccounted for.'

What became of these fifty-two noboby knew, and it is to be apprehended that nobody cared.

When things were in this condition, Lady Arabella Denny, the daughter of the Earl of Kerry, came to the rescue, and for twenty years devoted herself and her fortune to the reform of the Institution. What snubs, hindrances, and discouragements this noble lady met with in that time at the hands of corrupt officials and jobbing governors may easily be conceived, but she persevered, nevertheless, in her humane task, and to her compassionate exertions may be credited the lives of thousands of doomed infants. In the first ten years of her regime the proportion of children who died in the hospital decreased from over one half (which it had previously been, to less than one fourth), and in that time not less than two thousand lives were preserved by her care.

After the inevitable withdrawal of this noble woman, in consequence of her age and failing health, matters became worse than ever, and the death-rate advanced to a figure which seems almost incredible. *In the year '91, 780 children were admitted, of whom only one survived. In '92, 861, of whom 860 died; in '93, 803 were taken in, of whom not one lived to tell the tale; in '94 903; in '95, 959, and in '96, 910 unfortunate infants entered the Institution, of whom not a soul remained alive.* While in the entire twelve years ending '96, of 25,352 children adopted by the Foundling Hospital (including those at nurse out of doors) more than seventeen thousand died. In '97 the cry of the blood of the hecatonites of infants moved the sluggish comprehension of the authorities, and a committee was appointed by the Irish House of Commons to inquire and report. Their reply contains the following paragraphs:

> Resolved, that it appears to this committee, that of five hundred and forty children received into the Foundling Hospital in the quarter ending the 25th March, 1797, four hundred and fifty-four have died.
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> Resolved, that it appears to this committee, that from the 25th of March to the 13th of April last (being nineteen days) one hundred and sixteen children were admitted, and that one hundred and twelve have died.
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> Resolved, that it appears to this committee, that in the six years ending the 24th of June, 1796, there were admitted into the Foundling Hospital twelve thousand seven hundred and eighty-six children, and there died in the infant side of the house in the same period seven thousand eight hundred and seven infants, and in the country one thousand nine hundred and ninety-seven children, and that in that time there appears to have been besides two thousand eight hundred and forty-seven children unaccounted for.
>
> Resolved, that it appears to this committee, that in the same period of six years ending the 24th of June last, five thousand two hundred and sixteen children have been sent into the infant infirmary of that Hospital, and that of these three only were ever brought out alive.
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> Resolved, that it appears to this committee, that of the diseased infants the greater number are brought from the distant parts of the kingdom, that they are much abused on the road, and are sometimes brought to the Hospital in a condition too shocking to relate.
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> Resolved, that it appears to this committee, that during the said period no medicine of any kind was ever administered in the nursery to these infants, or in the infant infirmary, except a bottle called the composing bottle, which is administered by the nurses indiscriminately to all alike.

The performance of their duties by the medical staff may be judged by the following other resolutions of the same committee.

> Resolved, that it appears to this committee, that in the said six years, the physician to the Foundling Hospital, Dr. William Harvey, never visited that side where those infant children lay, and that by the bye-laws, the physician is required to visit the Hospital every Monday and Friday, and at all times when sent for.
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> Resolved, that it appears to this committee, that by the said bye-laws it was the duty of the surgeon to visit the Hospital regularly every day, and that Mr. Philip Woodrooffe, the surgeon, attended or caused attendance to be given at the said Hospital twice a week, and sometimes three times, and not oftener, and that he only prescribed in surgical cases.
>
> Resolved, that it appears to this committee, that the apothecary to the Hospital, Mr. James Shaughnissy, did not visit the infant infirmary so often as once a quarter, sometimes not once a year, although it was his duty to attend every day, and that he has his residence in the Hospital.
>
> Resolved, that it is the opinion of this committee, that the physician, surgeon, and apothecary of this Hospital, ought to be immediately removed.
>
> Resolved, that it is the opinion of this committee, that the Foundling Hospital of the city of Dublin, under its present establishment, ought to be abolished.

A sub-committee was nominated by the general committee to go to the Hospital and "inspect the nurseries and endeavour to discover the cause of the very extraordinary and alarming mortality among the infants."

The report of the sub-committee gives a graphic account of what they saw when they went to inspect, and presents a picture which needs no further painting.

In the Foundlings' Infirmary, they said, a black and gloomy apartment, were eighteen infants, *lying three and four together in filthy cradles, and with covering, in the opinion of your committee, insufficient to preserve vital heat in the bodies of infants at an inclement season, and remote from fire.* This Infirmary exhibits a scene which must excite the most unfeeling to pity—there are only two women to attend this Infirmary. Your committee made some observations on the miserable situation of those infants, and were informed by Mrs. Hunt (the chief matron) by way of accounting for what your committee considered inhuman neglect—"That those children were just laid there to die." Your committee think it particularly incumbent on them to submit to the Board, that in the Foundling Nursery or Infirmary (according to the information they received) *no human efforts are ever made use of to save the lives of children,* except administering to them the common food, bread and milk, or bread and water. When weakly infants are sent into this place of death, whether their weakness arises from premature birth, from diseased parents, or, what is most frequent, from the fatigue of a long journey and want of nourishment, all are indiscriminately treated; bread and milk or bread and water must sustain them, or they perish. No care or exertion to recover them; and though a physician, a surgeon, and apothecary, are attached to the establishment, *no medical advice or assistance are ever administered to the unfortunate innocents.*

Your committee sincerely lament the necessity of stating *facts which carry a complexion of more than savage cruelty,* and which where humanity and national character are so deeply interested, must attract the immediate attention of the Board; remedies for such pernicious evils cannot be too speedily applied.

From the minutes of evidence taken after this report of the sub-committee, it appeared that the children were "stripped" when sent up to the Infirmary (to die), and had the old clothing that they came into the house in, put on them; that they were then laid, five and six huddled and crushed together in the receptacles called "cradles," "swarming with bugs," and they were then covered over with filthy and dirty blankets, which had been "cast" as unfit for use.

Poor little helpless unresisting innocents! Death, and reception into that Place which is declared to be the haven of peace for ever and joy "for such" as these, must have indeed been a merciful release from mundane sorrow and suffering.

The sub-committee, it will be observed, state that no medical advice "*or assistance*" was administered to the children; but this is not quite accurate.

The Hospital nurse deposed, when examined on oath by the committee, that a medicine called significantly, "*The Bottle*," was handed round to them all at intervals indiscriminately.

She did not know what was in it, but supposed it was a "composing draught," for "the children were easy for an hour or two after taking it."

The surgeon, when he did come, always asked if she had given them "The Bottle," but asked no other questions.

Discreet surgeon: he knew well enough what the bottle was made up of, and that the children derived assistance from its contents.

They were being *assisted to die*.

The House of Commons adopted at once the recommendation of the committee to reform the government of the Foundling Hospital, and a Bill was prepared and introduced for the purpose, and the number of the governors was reduced from near 200 to nine, increased afterwards to twelve.

It is almost unnecessary to say that the Governors indignantly disputed, or positively denied, everything that was exhibited and proved against their management beyond a doubt, and it must be admitted that they fought manfully against the desperate odds against them.

They laid the whole blame to one particular source, which they said rendered the preservation of children sent in extremely difficult, and they urged that it was only to *weak and prejudiced minds* that sending the children into the "Charnel House to die" presented anything deserving censure or reproof.

The hardihood of this defence is worthy of all praise. Its coolness cannot be contested, but in accordance with fact was doubtful indeed.

Surgeon Creighton proved subsequently that not one in fourteen children admitted were so affected, and this average was afterwards improved; not more than one in twenty-nine being so affected. "Every kind of eruption" on the skin used to be attributed to this cause and the hapless children were then sent up to the Infirmary to the cradles, the bugs, and the bottle.

The new corporation of governors came into office in 1798, under the new Act of Parliament.

They were in number nine, and the Foundling Hospital was "reformed."

Thirty-three years afterwards it was "abolished."

It took a hundred and thirty years, says Mr. Wodsworth, to convince people of the error of founding such an Institution, and the failure to attain the two ostensible objects proposed, namely saving infant life and making good Protestants, and further to prove to them how mischievous its effects were in a moral point of view.

Foundling hospitals still exist abroad, but their continuance in the British dominions has now ceased universally.

Our space will not permit us to pursue further the history of the Dublin Foundling Hospital. It is sufficient to say that in 1831, in consequence of the enormous cost of the Institution to the country, the difficulty of disposing of the children brought up within its walls and the obvious ill-effect of it upon public morals, it was at length abolished after an existence of 130 years.

The maintenance of deserted children, and some who were not deserted, at the public expense had now been in operation for a century.

The number of children so maintained had gradually risen from 260, and it continued to increase until the year 1820, when there were 8,740 children supported at an expense of £40,000 a-year.

But the existence of the Institution, the folly of which, both as a means of proselytism and of saving life, it had taken a century to develope and disclose, was rapidly drawing to an end.

At length to check the influx of Foundlings

A sum of £5 from the parish, with each child presented, was then required, and this proved effectual. That £5 note settled many a case in the country.

The number of admissions was reduced in one year from 2,000 to less than 500.

A stream of foundling children, which had been flowing with increasing volume for upwards of a hundred years, could not be suddenly dammed up without overflowing its banks or causing some disaster.

There are many persons living who remember that the infants used still to be brought up from the country, without the £5, and in the winter months, notwithstanding the public notices widely published by the governors.

The carriers, or persons bringing up the children, finding no admission, left the infants on the banks of the canal adjacent, and there they perished from cold, starvation, and by drowning.

Fifty-two thousand one hundred and fifty children were admitted during the thirty years ended January, 1826, of whom 14,613 died in the hospital while infants.

Twenty-five thousand eight hundred and fifty-nine were returned as dead while at nurse in the country; 730 died in the infirmary, and 322 more sent into the country for their health.

In all, 41,524 died

The committee of the House of Commons, in 1829, before whom this return and other information was laid, unhesitatingly recommended the closing of the hospital; and it was closed.

Mr. Wodsworth's narrative from which we have drawn these facts is a most interesting brochure, and one which carries its own lesson on every page. Besides that he interests his reader; he has served a good educational purpose in teaching the world how ill-considered are sometimes the most mature plans of statesmen, and how frail may be the means, provided with every care, for carrying those plans into effect. We commend the book to the perusal of the profession.

THE Chair of Physiology in the University of Glasgow has been conferred upon Dr. McKendrick, F.R.S., of the University of Edinburgh.

A MEETING of the executive committee of the Society of Arts in connection with the health and sewage of towns has been summoned for twelve o'clock on Tuesday next, and an invitation has been addressed to the surveyors and medical officers of health of the vestries and district boards of works of the metropolis, asking them to attend, to meet the committee, and confer with them on the house drainage of the metropolis.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 18, 1876.

DIRT: AND THE ARTISANS' DWELLINGS' ACT.

MOST of our readers are probably aware that the Government and several local Corporations have recently done much towards improving the physical and moral condition of the poorer classes by providing them with more roomy and wholesome dwellings than those which many of them live in. In the able and philanthropic speech which he delivered last week at Glasgow, Mr. Cross dwelt upon the good results which he expected would follow from the carrying out of the Artisans' Dwellings' Act. This Act, which is at present a permissive, and not a compulsory one, aims at removing some of the foulest alleys and courts that are to be found in most large towns, and replacing them by decent and well-constructed dwellings. "One of the great difficulties," said Mr. Cross, "that a statesman has to contend with, holding the office which I have the honour to hold, is this, that he sees not only so much wealth all around him, but so much vice, misery, and so much of everything that is degrading in all our great cities, that it is enough almost to make his heart fail when he begins to try to do something towards alleviation. . . . . I will ask any one present in this room if they will go as I have done, with some of those gentlemen now sitting behind me, into the narrow haunts and alleys of this great city and other cities as well; and when you come out of these lanes and alleys put to yourself this one question, and give it an answer: How can we expect self-respect in those who are bound and compelled, as matters stand, to live in the hovels and dens they do?

And we may ask how can we expect our medical officers of health, and our sanitary authorities to perform satisfactorily the duties imposed upon them, and how can they successfully check the outbreak and spread of epidemics, or diminish the mortality arising from other diseases, while the germs of the diseases are being continually fomented by such a state of things as that to which Mr. Cross draws attention? We have no wish to dispel the pleasing illusion that many labour under with respect to the working of this Act, or to question whether its provisions are such as will really reach the lowest stratum of society, as no doubt in time it may "produce a salutary change, not only in the physical, but in the moral health of all the lowest classes of our community."

But there is nothing which appears to us to be strangely overlooked by those statesmen and other gentlemen who have at heart the sanitary improvement of the slums and rookeries of our large cities, namely, the great need, not only impressing upon the minds of the working classes, and particularly their children, the supreme importance of common cleanliness, but of adopting some measures which will compel them to pay more attention than they do to one of the first conditions of both personal and public health. We may turn the dirty poor out of their dirty and over-crowded dwellings, and build for them the most perfect of model lodging-houses. We may do all this, and a great deal more, to very little purpose, if the untidy and filthy habits of all but the most respectable of the working classes are to be totally disregarded, and left to turn the neat and decent tenements provided for them into dens almost as repulsive as those from which they came. The innate laziness, and the innately dirty habits of most of the men and women belonging to the lowest ranks of life, is all but incredible by those who never come into contact with them, and will, we fear, be a very great obstacle in the way of the Artisans' Dwellings' Act being productive of as much good as is expected from it, even if it does, as we much doubt, reach that poor and wretched class of people by which the alleys and courts of London and other large towns are inhabited. Within a short distance of our own residence there is a street of eight and ten-roomed houses, which when they were first built, left little to be desired as regards space, ventilation, or good drainage, and were in most respects well adapted for the dwellings of the poor. Now the majority of those tenements are about as dirty and as dilapidated as can well be imagined. Untidy and neglected front gardens, with their battered door-railings, leading to steps and passages, which, from their squalid appearance, are little better than a continuation of the dirty street. Walls denuded of what was once a clean and decent paper. The very plastering torn off until nothing is left but the naked laths beneath it. Drains choked up, waterclosets filthy, and going to rack and ruin. Dirt here—dirt there—and dirt everywhere—and all this is but a faint and imperfect description of many other places that have become nests of disease, squalor and vice, not so much through any fault of the builder or landlord as through the dirty habits of his tenants. And if we turn from these wretched lodgings to the lodgers themselves, we are not so much astonished at the dirt and corruption which surround them.

Women lounging about with necks that have not been washed since childhood, and with hair that has not had a comb through it for a month. Women returning from, or going to, the neighbouring public-house, the well lit-up bar and gaudy ornamentations of which form a striking contrast to their own miserable homes. Children playing in the gutter making "mud-pies," and outvying their parents in slovenliness and filth.

It must be admitted that the eradication of the dirty habits so prevalent among the poorer classes is a task which our sanitary reformers will find very difficult. As a lay contemporary has well remarked, "it is the personal right of many Englishmen to live like pigs," and to squat in places which are little better than styes, and which "reek with emanations that recall the dead and poison the living." But still it is a task which should be attempted if only to supplement the provisions of the Artisans' Dwellings' Act, and to further the object which the framers of that Act have in view. And with respect to this deplorable feature in the character of our pauper population, we may perhaps say what Dr. Johnson said of some Scotchmen, that much may be done with them if they are only caught young. Whether the School Board and the teachers in our ragged and denominational schools intend to teach their little scholars the value of soap and water and to instil into their young minds the truth of the old maxim, that "cleanliness is next to godliness" we will not pretend to say. But with all reverence for what is holy and good, we shall venture to assert that to compel them to learn a short catechism of personal hygiene in respect of its most simple and elementary rules, would even be to them of more practical benefit than that resulting from the teaching of another catechism with which the memories of too young children are frequently burthened. It may certainly be asked of what use would be the teaching of the elements of hygiene and the importance of thrift, industry, and cleanliness to children to whom the example set them at home would more than gainsay the precept they learnt at school. There is, however, no reason why the education of parents to such habits as are conducive to health and comfort should not go hand in hand with a similar education of their offspring. If the State encourage and even contribute towards the building of more spacious and healthy dwellings than some of the hovels of which we have been speaking, it would certainly be justified in having them periodically inspected, and in seeing that they are kept in as clean and wholesome a condition as circumstances permitted. What a powerful factor "Filth" is in the production and transmission of disease, has been very exhaustively pointed out by Mr. Simon and other sanitarians; but the dirty habits and personal uncleanliness of the poor to which we have more particularly drawn attention, and the need of some such supervisions as we have suggested, have not been so generally noticed. Unless, however, something is done in this direction, we do not see how such a statute as that of the Artisans' Dwellings' Act will do anything more than supply the better class of skilled workmen with more comfortable lodgings than those they at present live in.

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THE HANGERS-ON OF SPIRITUALISM.

REMEMBERING that "Dr." Slade is now in the hands of the law, and that his guilt or innocence of imposture is likely to be decided by an unprejudiced tribunal, it would not become us to express an opinion as to whether his phenomena are jugglery or psychic manifestations, but there can be no objection to our calling attention to some of the pretentions and practices which are in alliance with mesmerism, and which, though they do not necessarily affect the truth or falsity of the supposed phenomena, have a direct relation to spiritualism. If any of our readers desires to fathom the abyss of impudence in quackery or of popular credulity, he can apply himself to no more instructive study than a copy of a newspaper called the "Medium and Daybreak," published at 15 Southampton Row, London. Here we find not only the gushing editorial upon Dr. Slade, which is to be expected in such a publication; not only the endless repetition of the observations of the slate "manifestations" by innumerable disciples, not only the old farrago of dark closets, table dancing, pinching, rapping and accordeon playing, but we have the narratives of some experiences by the editor's correspondents which are too funny to be lost to our readers, although they seem to be recorded by people who are unconscious of their preposterous absurdity, and who not only believe in them themselves, but evidently expect to get others to believe them also. For the nonce, we assume the reality of the manifestations in which Dr. Slade deals; it is to the refinements of his idiotic and less prudent disciples that we refer. By way of example, we quote a few paragraphs. A medical gentleman (one Hinds, of 80 The Grove, Hammersmith) reports an interview with a deceased patient :—

> "After listening for a time and watching the uplifting of the different chairs in the apartment, I placed my arms under the table, and then I thrillingly felt the hand of my friend placed in mine. I knew the member by the absence of the first phlange or joint of the thumb, lost many years ago from disease, *and the thumb thus mutilated was pointedly pressed into my palm.* I recollect that when this lady was living I often was accustomed to remark to her that *I should know her spirit-presence by this deficiency,* and her soul remembered this observation whilst impressing my hand. But be it observed that the spirit-touch is very different to the application of that of a living mortal, which would have been known by feeling the touch of the members through the clothes investing my limbs, *but this spirit-hand came in contact* with my flesh, right through the different coverings, as if my skin was naked, and further, it felt soothingly warm, but the heat experienced was very unlike that from the touch of the hand of any living human being I ever came in contact with.

Another correspondent writes thus :—

> After sitting for about two hours, a white form came forth called "Benny," who says he has been about five years in the spirit-land. He was very powerful indeed; touched many, pulled Mr. Fellows, and, to show his power, *struck blows at some sitters. He took a pair of boots from one of the sitters and put them on his own feet and danced in them.* . . . The little spirit "Pocha" came out . . . She was very playful. . . . She took a little boy out of the circle and began to play with him, and he pulled her garments for which "Pocha" *laid the tube right soundly about his shoulders.*

Another disciple produces the following ludicrous narrative :—

> "My mother had scarcely retired when we were all startled by the sudden appearance of the head and face of a male figure with a hat on. . . . He sprang off the platform with a bound on to the floor, and posted himself under the gaslight as an actor would have done on the stage. . . . This last figure was wrapped in

an ample white robe. . . . On enquiring of Daniel (the spirit medium) who this important looking personage was, he replied *Charles* 1st.

By the way it occurs to us to ask, in connection with the elaborate theatrical garb of the ghostly Charles, by what mental process the presence of these costumes in the land of spirits is to be explained. We are asked to believe that the human spirit reappears and communicates its ideas to the world of mortals. Very good. We are obedient and we believe. But then we are asked also to conceive that the breeches, shirt-collars, and drawers of Charles the First have also died with him, and having undergone transubstantiation, are present in human company, in visible, and tangible form. We have often heard of the "ghost of a shirt," but did not anticipate the realisation of our idea. In order to complete the edifice of such folly and gullibility, a capping of blasphemy is appropriate, and we have it in the editorial words as follows:—

> A BOOK WRITTEN AND ILLUSTRATED BY SPIRITS.
>
> If direct writing on a slate be thought incredible, what must be the verdict on the work about to be mentioned, which contains a number of full-page illustrations, *the original drawings being done by spirits, without mortal contact.* This work, "Hafed, Prince of Persia: his Earth-life and Spirit-life"—purports to be the life-story of *one of the Wise Men of the East who did homage to the infant Jesus* as stated in the Gospels. It was dictated by the spirit "Hafed" through the lips of Mr. Duguid, of Glasgow, while he was in the unconscious trance. Mr. Duguid has painted a great number of pictures while in the trance state, and it matters not to him whether he works in darkness or in light. "Hafed" contains various specimens of direct writing in Hebrew, Latin, Greek, &c.

When stuff like this is solemnly perused by the editor, what must we expect from his advertisers, who, as a class are known to be somewhat disposed towards hyperbole. We give a few excerpts upon which we feel ourselves incapable of commenting, language not supplying us with phrases to express ourselves.

> DR. —— ——
>
> MAGNETIC HEALER.
>
> Dr. —— begs to notify that upon receiving a description of the symptoms of any patient, he will return Magnetised Paper, with full instructions. Fee, Five Shillings. Renewal of Paper, Two Shillings and Sixpence a sheet.

To the virtues of the magnetic paper, the editor testifies in a concatenation of superlatives, such as only a spiritualist can put together.

> MISS —— —— ——, *Eradicates* Consumption, Cancer, Insanity, Dipsomania, Nervous and Infantile Diseases. Mesmerism, Healing, Magnetism, &c., taught.
>
> HEALING MEDIUM.—MR. —— —— begs to notify that upon receiving a Description of the Symptoms of any Patient, he will return Magnetised Water, with full instructions.
>
> ASTROLOGY.—PROFESSOR —— may be consulted on the Events of Life. Time of Birth required. Fee, 2s. 6d.

We are not justified in holding Dr. Slade responsible for the imbecility of individual disciples of spiritualism, or for the impudent rascality of traders on the vastness of that imbecility, just as scientific medicine is not responsible for the lies of quacks and the stupidity of their victims, but there can be no doubt that spiritualism is the basis for one of the most incredible systems of imposture which exists.

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THE IRISH CONJOINT EXAMINATION SCHEME.

THE Committee appointed to consult on the part of the University of Dublin, the King and Queen's College of Physicians, and the Royal College of Surgeons in Ireland, on the practicability of instituting a Conjoint Examination for Medical and Surgical qualifications, conducted under the direction of the several authorities, met for the first time on Saturday last in the new Museum buildings, Trinity College. The representatives of the several bodies are as follows:—For the University of Dublin, Dr. Hart, S.F.T.C.D., Drs. Stokes and Apjohn, and the Rev. Dr. Haughton. For the King and Queen's College of Physicians, the President, Dr. Gordon, the Vice-President, Dr. Hayden, and Drs. Little and Grimshaw. For the College of Surgeons, the President, Dr. Kidd, the Vice-President, Dr. Robert McDonnell, Mr. Rawdon Macnamara, and Dr. Albert Walsh. Of these representatives there was a very full gathering, the only absentees being Dr. Hart and Dr. Hayden. The proceedings were private, but so far we believe that they were but of a preliminary character, and it is understood on all hands, no matter what be the result of their deliberations, that no action can be taken until their report be submitted to and ratified by the several authorities represented at the Conference. From the foregoing statement it will be observed that two of the Irish Medical Authorities are conspicuous by non-representation at this Conference—the Queen's University and the Apothecaries Company—and so far as we can learn, they were not included in the invitation (emanating from the University of Dublin) to form a Committee to prepare a scheme for a conjoint board for Ireland. How this will eventuate remains to be seen. Under clause 19 of the Medical Act, the sanction of the Medical Council is required for all such conjoint schemes, and if we remember right, at the meeting of the General Medical Council, 1873, a conjoint scheme for Ireland, *which included the Apothecaries Company*, received the sanction of that body. This scheme, however, aborted, and now it is on the cards that at the next meeting of the Council a scheme may be submitted for their sanction in which the Apothecaries Company will not be included. In such a conjuncture what course will the Medical Council adopt? Of a truth, history repeats itself, and once more do we find the Sibylline books cropping up.

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Notes on Current Topics.

A Registrable Qualification for Women.

ON Friday week an application from Miss Edith Pechey was presented to the Fellows of the King and Queen's College of Physicians, Ireland, and, after some discussion, it was decided by a large majority that Miss Pechey should be admitted to the Examination for the Licence in Medicine on the usual terms. We understand that a similar application is now under consideration by the

Senate of the Queen's University, and it is reported that it has the support of very influential members, and also of the Government.

An Hospital in a Crater.

THE Board of Physicians of the Neapolitan Hospital for Incurables have determined to build an hospital in the crater of Solatana, lying between Naples and Pozzuoli, in Southern Italy. The vapour that arises from the crater has been found to be charged not only with sulphur but also with arsenic, and it is said that several persons suffering from lung diseases have been restored to health by inhaling this vapour for a few weeks.

Singularly Slow Pulse.

THE *Gazette des Hôpitaux* states that at the Lariboisiere Hospital a patient, a *chiffonnier*, seventy-seven years of age, came in to be treated for hydrocele, in all other respects seeming well and jovial in his manner. It was almost by accident discovered that he had a pulse only of 21. It is regular, the two sounds of the heart and the short interval of silence that separates them occupying scarcely half a second. But the "grand silence" is extraordinarily prolonged, so as to continue nearly two seconds and a half. During this absolutely nothing is heard in the heart—not the slightest souffle. But with the first sound a very distinct souffle is heard, which, continuing during the "petit silence," terminates suddenly with the valvular clap which constitutes the second sound. The heart seems large, its apex beating more externally and lower down than in the normal state. There is some emphysema of the lungs. The pulse was counted carefully four days in succession, and the intervals were found to be perfectly equal, and the same on both sides.

Female Doctors at Zurich.

A CORRESPONDENT of the *Bund.*, of Berne, has lately summed up in successive letters from Zurich the present results of the much-contested "Damenstudium." It is now exactly ten years since the first female student clamoured at the gates, or rather since the medical faculty opened the gates to her; for she had been attacking them by a diligent prosecution of the medical course. She was a young Russian lady. The University of Zurich, on the 14th of December, 1867, conferred upon her the dignity and rights of a doctor of medicine. Doctor or Doctress Erismann has since practised medicine with great success—first alone, and later as the wife and partner of a medical man. Thirteen young ladies have followed her example, all of them standing the test of the severe examination with credit, and some with brilliancy. Each of these ladies has received from the medical faculty of the University the degree of Doctor of Medicine, Surgery, and Midwifery. Six of these graduates were Russians, two were English women (Miss Morgan in 1870 and Miss Atkins in 1872), one was a Scotch woman, one an American, one a Swiss, and the remaining two were Germans. The American, a young lady from Boston, passed with great applause, and her public disputation before receiving her degree on the 22nd of June, 1871, created much admiration. After a short but very promising practice, she lost her life by shipwreck in the Atlantic.

In 1872, when Zurich had braved the worst of the storm of ridicule and anger, the University of Gottingen found courage to stand at her side, and the first female academical student in the Netherlands passed a successful examination in physics and mathematics. The two latest, a Russian from Jaroslaw, and Fraulein Franziska Tiburtius, from the island of Rugen, in the Baltic, have just maintained their theses and been admitted to the dignity and rights of the doctor's degree. The thirteen ladies who have received medical degrees are said to have exhibited an undoubted vocation for the profession. The extraordinary pressure of female students with which Zurich was threatened at the beginning of the movement has now subsided, and is not likely to recur.

A Sanitary Undertaker.

A NEWSPAPER, published a couple of centuries ago, contains the following advertisement:—

"James Maddox, coffin maker, and clerk of St. Olave, Jury, London, at the sign of the Sugar Loaf and Coffin, in the Old Jury, secureth the corps of any dead body from any ill scent or annoyance, without embalming, embowelling, or wrapping in sear cloth, for as long time as shall be required, or for as long time as they shall keep them above ground; and if it be desired, they may have a view of the face for three or six months, which he hath performed, as is well known to several persons of quality and others in and about the City of London. This is he that took up the corps at Painswick, in Gloucestershire, after it had been 13 weeks buried. He hath also an excellent way to take up any corps that hath been some time buried, and preserve the same from any ill scent for the conveying of it to any other place, as hath been eminently performed by him. He also (by God's blessing) hath cured several persons of quality of the gout, and giveth ease within half-an-hour, though the pain be never so violent."

Vegetarianism Scientifically (?) Considered.

IN the last number of *Tinsley's Magazine* we have a popular, and, on the whole, a pretty good, description of the nature and chemical constitution of our various articles of food, but in which the writer has sought to derive from some of the scientific facts at his disposal an argument in favour of a vegetarian diet. After drawing attention to the similarity in the respective composition of caseine, fibrine, and albumen—supplied by the vegetable world—with the same substances derived from animals, the writer remarks: "What a discovery is this! It amounts to saying that science cannot point out any difference between pure and wholesome alimentary vegetable principles and animal ones, simply because there is no difference between them. Thus we see how emphatically we can maintain that a vegetable diet, whether it includes milk, cheese, and eggs or not, can be wholesome, and can supply the body with everything it can possibly require. That is tantamount to saying that health and strength can be as easily kept up upon it as on a purely animal diet or a mixed one."

Now this is just how people talk who are but imperfectly or but partially acquainted with the subject on which they venture to pass an opinion. Doubtless, the fact that the composition of some of the proximate alimentary principles, whether derived from animal or from vegetable sources, are chemically indistinguishable, may, in a theoretical point of view, appear a capital case for the vegetarians; but had the writer been familiar with the physiology of the digestive organs and of nutrition, he would scarcely have ventured to rest his argument upon such a slippery foundation. He would have known that there is more than one factor necessary for maintaining the nutrition and the health and strength of the human body, and that it is not only necessary that there should be a proper amount of nourishment in the food of man, but that it should be supplied in such a form that it can be properly digested and assimilated. If all nutrient constituents of vegetable articles of diet could be extracted before they are used as food, no doubt nearly all the meat which is now consumed might be dispensed with, but until that is the case it is, for the above and other reasons well known to the professional readers, mere nonsense to talk of the health and strength of the body being kept up as well by a purely vegetable as by a mixed diet.

Where the Army Medical Candidates come from.

It is boasted by the Chancellor of the Queen's University—the Duke of Leinster—in his speech at the University commencement last week, that ten of its students won appointments at the competition for the Army and Navy Medical Services. According to this account, nearly one-third of Mr. Gathorne Hardy's thirty-three *protegés* have been supplied to the disaffected ranks of the Army Medical Service by her Majesty's Irish University. The institution ought not to be deprived of the credit of its achievement.

The Cock Lane Ghost Redivivus. Spiritualism at Parsonstown Burial Ground.

A sensation has been caused in Parsonstown, in the King's county, by occurrences which have taken place at the new cemetery near the town. The windows of the house in which the caretaker lived were smashed. The local constabulary were sent out to make inquiry, and in the afternoon, while they were at the very premises in company with their sub-inspector, a series of stones were thrown and the windows again broken. The place is quite open, and all the exertions of the police have been unable to discover where the stones came from. During the day police patrolled the locality, and yet occasionally a shower of stones dropped into the windows till they were riddled. It is now currently reported that some unearthly influence is at work, and numbers visited the scene during the day.

The Queen's University in Ireland.

The Chancellor of the Queen's University, in presenting the degrees to its *alumni* last Friday, stated that in the Faculty of Medicine, 86 candidates have within the year, sought the degree of Doctor in Medicine, and of these, 53 have satisfied the examiners; 47 out of 76 candidates have passed for the degree of Master in Surgery, and 27 out of 55 have been deemed qualified for the separate Diploma which the University grants in Midwifery. 115 candidates presented themselves at the Second University Examination in Medicine, of whom 65 have come up to the standard required by the examiners; while 112 out of 186 candidates have been successful at the first University Examination in this faculty. The senate has passed a special grace to confer the honorary degree of Doctor in medicine upon Fleet-Surgeon Eustace of the Royal Navy, who highly distinguished himself in his care of the troops placed under his charge after the Ashantee war.

Cruelty in Sports.

Our contemporary, *Nature*, has been at some trouble to estimate the cruelty practised in sport, or in other words, by those licensed to kill and mutilate their victims. The calculation is based upon a report by the Inland Revenue Department, presented to both houses of Parliament. It appears from this document, which any one can obtain, that in the year 1873-4 there were 132,036 persons licensed to carry guns, and 65,846 licensed to kill game; and in 1874-5 these numbers increased to 144,278, and 68,079. Now although this large number of people were licensed to kill and did not kill, a vast number of beasts and birds are merely struck and wounded, and then they manage to crawl away, to endure a lingering death of hours or days duration. In this way it is almost incalculable how much pain and misery is inflicted for the gratification of the sportsman and of his friends. Taking the number of shooting days in each year to be 126, and that each holder of a license to kill game goes out on an average of two days a week—a considerable number go out every day throughout the shooting season—this will give an average of forty-two days for shooting for each of the 65,846 holders of licenses in 1873-4, and of 68,979 in 1874-5. Now it is tolerably certain that each sportsman wounds on an average three heads of game per diem; and if we multiply both these by the number of days, 126, we shall find that in the former of these two years there must have been 8,296,196, and in the latter 8,577,954 animals and birds left wounded. Of those who hold gun licenses and mostly use them for the purpose of ruthlessly destroying our song and small birds during the ripening of corn and fruits, a single shot into a flock of sparrows will wound more than it kills, and it does not seem possible to place the average number of birds left wounded at less than 14,000,000 to 15,000,000 adding these totals together of the year 1874-5, we have the enormous total of upwards of 23,500,000 of wounded animals. Here, then, we are in possession of the plain facts of the case, and may judge of how much acute pain and suffering, of an uncertain duration, was inflicted in the year ending March 31, 1874, upon over 22,000,000 of animals and birds; in the following year this amounted to over 23,500,000 in the British Islands. We do not wish, says the editor of *Nature*, "to distress our readers by dwelling on the effects of all this wounding in sport, or call them who shoot by hard names, but we invite our readers to reflect on the proportion which even that number bears to the number of animals which during the same time have been subjected to experiment by the physiologists of this country. The latter have been by many well-meaning persons held up to obloquy as monsters of cruelty. If this has been done justly, what must they think of those who use the gun? The sentimental editor of the *Spectator* will probably look upon this picture as nothing, when compared with the intolerable injustice and hardships involved in the policy of deliberately torturing an innocent *sensitive creature for the chance of relieving a few other sensitive creatures not more innocent.*" To argue that wounding in sport is inhuman and unjustifiable, is to be in the eyes of the *Spectator*, an "exponent of a trades union feeling."

Carelessness in the Sale of Poisons.

A CASE of poisoning by an overdose of chloral hydrate, which was investigated at Carlisle, last week is deserving of scrutiny as an exemplification of the great danger of the slip-slop system under which poisons are hourly sold by druggists. The victim in this instance was a man who had acquired a habit of taking chloral to allay the pain of vesical disease. He purchased an ounce of syrup of chloral (containing eighty grains of the drug) on Saturday night, and the same quantity again on Monday. On Tuesday morning he was dead. The cogent facts are those which throw light on the sale of the drug, and which we here recapitulate. It was sold by an apprentice, 18 years of age, the assistant to the proprietor of the shop being away on his holiday, and the proprietor himself *non est inventus.* This boy swore that the bottle into which he had put the chloral had been brought to him with the following label attached to it—"One-half to be taken at night, and the other half to-morrow night." That he had not put on a fresh label, although sometimes he filled the bottle, and sometimes only half-filled it—that he had sold the same poison to the same man about eight times, asking no questions, and requiring no entry in the poison book, because chloral is not in the official list of poisons—and, lastly, that the victim, when he last sold him a "refresher" of the dose, was so much the worse for drink or something of the sort, that he had to hold the door to steady himself.

Such are the facts. Or course the paternal British law will come to the rescue of the consumer, and some one must be severely punished. We would be glad to know who? Shall it be the poor, distracted, over-worked druggist's drudge—the apprentice-boy of 18, or shall it be the comfortable, well-to-do druggist himself, who calmly leaves his shop, with its magazine of death-dealing drugs, under the charge of the aforesaid drudge, caring nothing upon whom the ignorance or hurry of his apprentice may take effect? Or shall it be the Pharmaceutical Society, which, entrusted with the organisation and management of the English trade in poisons, winks at all sorts of abuses for the benefit of the drug dealers? Or, lastly, shall it be the minister, who to get the shopkeeper's vote, discourages the establishment of any check upon the free trade in poisons?

Hastings Health Report.

THERE have been 268 births registered during this quarter, giving an annual proportion of births to population of 31·52 per 1,000. The average for England and Wales for the half year ending June was 37·7.

The deaths registered during the quarter ending September 30th as having taken place in the borough numbered 113, including 20 visitors, being 22 less than in the corresponding quarter last year, and 18 less than in the same quarter of 1874, an annual average of 13·26 per 1,000. This favourable death-rate is due chiefly to a less number of children having succumbed to diarrhœa, there being only 4 deaths from this disorder in the quarter against 13 in the same period of 1875, and 12 in 1874. But, taking note of the registrar-general's returns, it appears that the past quarter has been peculiarly favourable to the lives of the very young and very old. The weather statistics, not yet received from the different parts of England, will probably show much to account for this happy state of things.

Among the deaths were four from the seven principal zymotic diseases—viz., 3 from diarrhœa and 1 from diphtheria. Constitutional diseases 30, local diseases 41, developmental 24, and of violent deaths 8, 7 of the latter being registered as accidental, and 1 as suicide.

Of the 20 visitors who died, 5 succumbed to consumption, 4 to heart diseases, 2 to accidents, and the rest to local diseases.

Is the German Race Fair or Dark?

IT appears that the Germans have been engaged in the determination of the relative frequency of blue eyes and fair hair as compared with brown eyes and dark hair. On a certain day a census was taken in every school in Prussia, and the numer of children counted under fourteen years of age was 4,127,766. In the result the blue eyes exceeded the brown by two to one, and those having fair hair by three to one. Only one and one-eighth have black tresses, and less than seven in a hundred of Prussian beauties are brunettes. It was an eminently characteristic idea of the German mind to insist upon this census, but we understand that the exact opposite was expected to be the result, and those who promoted the idea are more than annoyed that the Gallic type has made so little progress amongst the German masses.

The Questionable Value of Sutures.

DR. E. H. GREGORY, of St. Louis, has the following inquiry in a paper in the *Transactions* of the Missouri State Medical Society:—

The question suggests itself whether, as a rule, it might not be well *not* to use sutures after amputations, or in similar wounds from other causes. In these cases raw surfaces are extensive, a variety of textures divided, more or less oozing inevitable, and the possibility of exact and homogeneous coaptation scarcely to be entertained. The observation of most surgeons must be, that in a large proportion of instances, on clipping the loops after a day or two, inflammatory products, offensive and poisonous, escape as from imprisonment, and the borders go apart as if relieved from painful tension; meanwhile there is febrile disturbance and local suffering. For our part, we think perfect rest, provision for drainage, and that position which favours relaxation and circulation, would be more in accord with the situation.

DR. HENRY LAWSON, who has for the last thirteen years acted as chief editor of the *Popular Science Review*, announces his intention of resigning that post.

The International Congress of Ophthalmology at New York.

The fifth meeting of the International Congress of Ophthalmologists took place at New York on the 12th, 13th, and 14th of September, and is reported in the *Philadelphia Medical Reporter*. The attendance from abroad was not large. The total number of members registered as in attendance on the present occasion was about ninety.

The Congress was opened at 12 m. on Tuesday, the 12th, by the chairman of the committee of arrangements, Dr. Agnew, who nominated as chairman of this session, Dr. E. Williams, of Cincinnati. He was unanimously elected as a deserving recognition of his early devotion to the science of ophthalmology, at a time when ophthalmologists in America, in the proper sense of the word, could be numbered on the fingers of one hand.

Mr. Brudenel Carter, of London, and Dr. Hanson, of Copenhagen, were then put in nomination as vice-presidents, and duly elected.

Among the papers presented were the following :—

Dr. Noyes, of New York—Plastic Operations on the Lids; the Naso-buccal Flap.

Procedure for Lessening the Pressure of the Lids in Corneal Affections.

An Analysis of Eleven Hundred and Thirty-one Cases of Asthenopia.

On Conical Cornea and its Relief by Operation.

Dr. Knapp—On Orbital Tumours.

Dr. Roosa—On the Relations of Blepharitis Ciliaris to Ametropia.

Dr. Loring—On the Halo around the Macula.

On the Ciliary Muscle.

Dr. Gruening, New York—Tumours of the Optic Nerve.

Dr. Pooley, New York—Hemiopia.

Dr. Agnew, New York—On Asthenopia.

Dr. Jeffries, Boston—On Detachment of Posterior Synechia.

Dr. Dyer, of Pittsburg—On Gymnastic Exercises of the Ciliary Muscle in Asthenopia.

Dr. Heyl, of Philadelphia—On Coloboma of the Lens.

Dr. Nagel, Tübingen—The Metrical System in the Use of Spectacles.

Dr. Alt, New York—Sympathetic Neuro-retinitis.

Dr. Burnett, Tennessee—Trachoma, as Influenced by Race.

Dr. Kipp, New Jersey—Cysticercus under the Conjunctiva.

Dr. Keyser, Philadelphia—Bony Growth in the Site of the Crystalline Lens.

Dr. Thomson, Philadelphia—Astigmatism and Staphyloma Posticum.

A number of instruments were exhibited to the members of the Congress, either at its regular sessions, or during its recesses. Among these were : The metrical ophthalmoscope of Dr. Landolt, of Paris, and the ophthalmoscopes of Loring and Knapp, each with the metrical system, as well as the old inch system, applied in the numbering of the glasses ; Dr. Snellen's phakometer ; Dr. Landolt's artificial eye for the correction of physiological calculation, &c. ; Dr. Keyser's instrument for measuring the distance between the eyes ; the lid forceps and scleral trephine of Dr. Robertson, of Edinburgh, &c.

The place of next meeting, in 1880, was not decided upon, owing to the slim attendance of European members. A committee was, however, appointed, consisting of Mr. Carter, Dr. Hanson, and Dr. Becker, whose duty it shall be, after due consultation, to select a place of meeting, and appoint a committee of arrangements in the city selected.

During the Congress two receptions were given to the members—one by Dr. Agnew, and one by Dr. Knapp, both of which passed off with the utmost pleasantness. The banquet, which came off at Delmonico's, on the evening of the closing day of the Congress, was given by the members of the American Ophthalmological Society to the foreign members.

Among the distinguished personages present, outside the ranks of ophthalmology, was Mr. Walter, the publisher of the London *Times*.

Small-Pox in London.

Dr. Whitmore, the medical officer for Marylebone, last week presented a report to the vestry on the spread of small-pox and its prevention. His opinion is that the outbreaks of this disease in different parts of England and in some of the metropolitan parishes must be taken as warnings that ere long it would assume an epidemic character. Not many cases had occurred in Marylebone, but at any moment he might receive intelligence of some serious outbreak amongst the destitute poor of the parish in some of the crowded districts, and if so he would have to lament that our Sanitary Acts, as at present in force, did not provide adequate means for arresting its progress. The Vaccination Acts had been found to be most beneficial in their results, and sanitary work had been fairly performed ; but the one thing needed to stamp out the malady was still wanting, no power being given to the sanitary or any other authority to enforce the perfect isolation of an infected person, and until this was done they might despair of making small-pox a disease of the past. The managers of the Asylum hospitals instruct their officers "to receive only those cases which are accompanied by a certificate from a duly appointed parish or union medical officer ;" but to get this certificate often implied a delay of some days, and before the parish conveyance arrived to remove a patient the disease had been spread over the house. This serious delay in the removal of infectious diseases had been strongly represented to the Local Government Board ; but up to the present time this rule had not been relaxed. He could not understand why cases where isolation was necessary could not be received into hospital on the certificate of any legally qualified medical practitioner.

The Anniversary Festival of the Guild of St. Luke the Physician is announced for this evening at All Saint's School Rooms, Margaret Street, London, W.

Recent statistics go to prove that the United Kingdom doubles its population in 63 years. France takes 334 years to complete the same process.

A **Chair** of "Mental Alienation" has just been created in the Academie de Medicine of Paris.

Last week Mr. Richard Wadsworth, L.R.C.P., assistant medical officer of Shoreditch Infirmary, was presented by the officers and inmates of that establishment with a gold watch and chain, a silver fish service, and an illuminated testimonial.

A **dinner** of the medical graduates of the Universities of Glasgow and Aberdeen will be held at the Pall Mall Restaurant on Monday, October 23rd, at six o'clock for half-past six p.m., when the chair will be taken by Professor Struthers.

Mrs. Crace Calvert has presented to Owen's College, Manchester, the sum of £700 for the foundation of a scholarship in chemistry, in memory of her late husband, Dr. Crace Calvert, F.R.S. The scholarship will be of the annual value of £25, and will be competed for by members of the evening classes.

Notice has been given that an examination of candidates for twenty-seven appointments as surgeon in her Majesty's Indian Medical Service will be held in London in February, 1877. The notice for the army competition has not yet appeared, but it is rumoured that the War Office will make one more attempt to induce candidates to accept the ten year "turn out" system, and if failure results, will abandon the new Hardy expedient, and revert to the *status quo ante bellum*.

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Correspondence.

SPIRITUALISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—*Apropos* of the remarks in your issue of the 4th inst., on the Slade prosecution, which conclude with the words "we shall at least be able to judge whether spiritualism is a transparent swindle, or something worth looking deeper into;" will you permit me to briefly give my experience in the matter?

Between two and three years ago I assisted, in company with a well-known literary gentleman, whose name I am not at liberty to mention, at a private *séance*, given for our especial benefit, by a celebrated medium (not "Dr." Slade). After waiting a considerable time in a poorly furnished room over a tailor's shop not many miles from Holborn, the medium in question came in, a tall, cadaverous looking young man, with long hair *à l'Américaine*, and a shabby frock-coat closely buttoned. My friend introduced himself and me, and we talked for a few minutes on indifferent matters; the Medium then said, "Excuse me a moment; and while I am away examine the next room where the *séance* is to take place and satisfy yourselves that there are no confederates, and no apparatus of any kind concealed in it."

We examined the room—it was small, without carpet or furniture, except three chairs, a round table, and a deal cabinet such as is used in public *séances*, a very harmless affair, entirely innocent of machinery. The window was boarded up, and the chimney closed: the inner room communicated with the outer by means of folding doors.

Shortly after we had completed our survey the Medium returned, asked if we were satisfied, to which we replied in the affirmative, and then said, "Let us proceed to business; will one of you gentlemen close the folding doors, and put the rug close up to it, so as to exclude all light?"

I did so. We then sat down at the table, my friend holding one of the Medium's hands, I the other (little fingers interlacing), and we had each a foot on one of the feet of the Medium. Thus secured, it was impossible for him, he said, to move either hand or foot without our knowledge. Quite so, and yet after the lapse of a few minutes, during which we spoke about different things, raps were heard, apparently on the surface of the table, in the immediate vicinity of the Medium, and my friend received a smart tap on the side of the head. I was presently favoured with a similar attention, and the sensation was, to say the least, peculiar. I then requested that the spirits would manifest by raps close to me; but this, the Medium said, was unlikely as I was an unbeliever (in spiritualism), and at all events, no such manifestation took place. Every now and then the Medium shuddered and groaned, and on being asked for an explanation, replied that "the approach of the spirits always affected him like an electric shock."

Sometimes, he said, many other manifestations took place, such as ringing of bells, playing of banjoes, flutes, tambourines, &c., but in consequence of our want of faith, mine chiefly, these did not occur in our presence, neither did we witness the spectacle of balls and cones of fire flitting round the room, doubtless for the same reason, my scepticism.

After waiting about three-quarters of an hour, during which I caught a cold, the month was January, and finding the spirits reluctant to manifest, I proposed an adjournment; we broke up our circle, my friend opened the door and we presently took leave of the Medium, who most politely expressed his regret at the reticence exhibited by his spiritual visitants in our presence.

"What do you think of it?" asked my friend, when we had reached the street. "I believe it is all trickery," I replied, "but, at the same time, I have not the least idea how it is done."

On my return home, my wife inquired what I had seen and what I thought about the *séance*. I explained, and expressed my inability to account for the phenomena, while disbelieving, *in toto*, in their production by spiritual agency. "We had hold of his hands and feet," I said, "and never let them go for a moment; there was certainly no apparatus in the room by means of which he could have produced them, nor were there any confederates."

My wife smiled, and gave an explanation at once so simple and so apparent, that I could only wonder that it had not occurred to me before.

We tried the experiment and found it succeed admirably, allowance being made, of course, for our want of skill in performing the necessary manipulations. I immediately wrote to my friend, who was more than half inclined to believe that there might be something in spiritualism after all, and told him of the discovery we had made, and asked him to come with some other friends to test the possibility of reproducing by acknowledged trickery the so-called spiritual manifestations of the Medium. He came, we had a most successful sitting; this was the thin edge of the wedge. Since then I have thoroughly satisfied myself that the so-called "spiritualism" is a most transparent swindle, supported by an increasing number of self-satisfied dupes.

I am, Sir, yours obediently,

W. T. Greene, M.A., M.B.

London, Oct. 10, 1876.

P.S.—I ought to mention that before sitting down at the table the Medium exacted from my friend and self a promise that we should not strike a light, or attempt to seize anything that touched us, and to this compact we adhered, or the imposture might have been discovered at the time.

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DR. BLACK ON THE FUNCTIONAL DISEASES OF THE URINARY ORGANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Circumstances have prevented me from seeing Dr. Black's letter of September 7. I am most truly sorry that it has been so long unanswered.

In reply to his just complaint that I insinuate that he participates in the opinion that spermatorrhœa may lead to phthisis, and clergyman's sore-throat, I merely quoted from page 118 of his work, and neither stated nor implied that they were his opinions. Any reader can clearly see that they are *not*. In reply to complaint the second—viz., that I malign him in saying as follows:—"Finally, fornication is used as a remedy." Lallemand," &c., &c., "all appear to be summoned as authorities in recommending this more than questionable piece of advice." Let me quote (page 176) from the work. "We come now to the delicate and vexed question of sexual congress as a remedy for spermatic incontinence." Is it unfair to translate "sexual congress" "fornication" in relation to a question of this kind? As the remedial measures are now being discussed, am I now unfair in thinking that Dr. Black is discussing "fornication as a remedy?" The remaining question, then, is this, which side of the matter does the author support? Let the book answer (page 176 *et seq.*). "There is nothing easier than to hound down an individual, who, following the guidance of truth and sincerity, is led to form opinions possibly at variance with those of the multitude." "*If morality conflict with physiology*, I apprehend that the fault rests with the former and not with the latter." "That in the treatment of spermatic incontinence sexual congress has been recommended by Lallemand, &c., constitutes a claim to an impartial examination of the subject." "It will be conceded in the first place at least, I maintain and believe, that there is such a thing as sexual appetite or instinct in the properly organised human being, &c." "Am I singular in this belief, as some of the critics of my former work would seem to regard me?" These are not the utterances of one who condemns sexual congress in the treatment of the disease.

Now the work throughout abounds in quotations, and one is apt to assume in reading a book—I assure Dr. Black I did read his work—that the author assimilates the ideas of his authorities.

And herein what I have written may be erroneously received. I did not say that *Dr. Black* uses fornication as a remedy, but I leave your readers to say whether he appears to think that the authorities quoted in favour of "sexual congress" are wrong or right. I should have said that the Greek Church is mentioned in connection with fornication *generally*. "Simple fornication is not regarded as sinful by even the Greek Church, not to speak of customs that obtain elsewhere." These are Dr. Black's own words.

To sum up, I did not say that the Phthisis and Dysphonia opinions were Dr. Black's. And with regard to the second matter, I will leave the quotations in the hands of your readers, and ask them to determine whether the objectionable sentence in my review was a very unfair deduction.

Believe me to be, yours truly,

October 7, 1876. THE REVIEWER.

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STUDENT REGISTRATION AND PRELIMINARY EXAMINATION.

THE Registration of Students in the London Schools has just been completed. The circumstance affords us an opportunity of calling attention to the difference of system between England and Ireland in this matter, a comparison which is much to the disadvantage of the latter, and which will deserve the consideration of the Medical Council whenever it suits the medical Rip Van Winkle to return to life. In London a student must commence his medical career by presenting himself for his "prelim," and this ordeal passed, he must then see to his registration, in order that he may get credit for his four years of study, and for every month he delays to inscribe his name on the registration books, he must lose a month at the end of his term of study. By this means the beginning and ending of every student is on record, and the name of each school in the teaching of the profession is known. In Ireland the system is the reverse of all this. The student begins when he pleases, and so long as his name is entered at some school before the 25th of November he is satisfied. He need not pass his preliminary previously, nor indeed until the eve of his examination, if he is lazy enough to defer it, and frequently the surgery, anatomy, Latin and ciphering are compounded into a very unpalatable and incompatible dose to be taken altogether at a gulp, two or three years after his nominal commencement of study. Then, again, he does not look after his own registration, but leaves it to the secretary of his school, who sends in the names to the Registrar of the Branch Medical Council piecemeal or *in globo* whenever he pleases, or not at all, if he does not please. Thus it happens that no one really knows how many students are in the schools, or in what schools they are, or when they really commenced, or whether they have fulfilled the required four years of duty. The only guide to such information in Dublin is the return made by each school in the last week in November of the number of students who are entered for dissection and may probably want subjects. This return is made to the Anatomical Committee—a conclave of gentlemen who are connected with the leading schools, and whose business it is to apportion the supply of subjects according to the demand of each teaching institution. It is whispered, as a not uncommon ruse, that schools pay for subjects for a much larger number of students than they really have on their books, for the double purpose of making a good show of numbers before the committee, and of obtaining an abundant supply of "the raw material" which is often scarce. Moreover, the Anatomical Committee considers it diplomatic to keep secret the numbers of students entered at the schools lest, perhaps, the uninformed public should know too much of the extent of the teaching function in some of them, and accordingly all information such as that which is furnished each year by the English registration system is obstinately refused by the Dublin tribunal.

It will be readily seen in what respects the Irish system fails. It is not of great importance that the public should know the stake of any particular school in the medical teaching of the country, although it seems to us that the concealment of facts and figures tends to place the best schools on a level with the worst, and thus to injure the efficiency of the Irish school as a whole. But it *is* of importance that students should serve their full term of four four years (which they almost never do voluntarily in Ireland), and that it shall be known accurately from what date they have commenced. It is also of importance to know that they have proved their capability to study anatomy and surgery by showing that they have some preliminary knowledge.

Lastly, uniformity of practice in England and Ireland is of much value, and it is very unfortunate that a young man who may become a surgeon in Ireland on three years' certificates must show—in England—another year of study of one sort or another.

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MILITIA SURGEONS.

LAST week there was a large and influential meeting of the surgeons of the militia regiments in Ireland, held at the Royal College of Surgeons in Ireland, to consider the terms of the warrant of July 19th, 1876, respecting the future status, duties, pay, and emoluments of militia surgeons. A large number of letters were read from militia surgeons who concurred in the objects of the meeting—to obtain, if possible, compensation for the great losses they had recently sustained. Information having been given that the English militia surgeons proposed appointing a deputation to confer with the Secretary of State for War in reference to the terms of the warrant, it was determined that no step be taken by the Irish militia surgeons with regard to their being placed on the departmental list, until the results of the conference of the English deputation is known. It was also determined that a deputation of three members at least of the Irish militia surgeons should be deputed to accompany the English deputation to wait on the Secretary of State for War.

We earnestly trust that the deputation may be successful in their representation to the War Minister of the great injustice under which they suffer. They have been at one swoop deprived of almost the whole of their emoluments, without a shilling's worth of compensation, excepting the value of a feather in their regimental hat. The loss is no bagatelle. It is a very sweeping and substantial disendowment, which in any other branch of the Queen's service but the army would be at once liberally recognised. We have before us a typical case illustrative of the loss sustained by individuals by this last stroke of impolicy.

Emoluments under the Old System during 83 days Preliminary and Training.

	£	s.	d.
83 Days Pay, at 17s. 6d.	72	12	6
" Mess Allowance, at 4s.	16	12	0
" Lodging, at 1s. 6d.	6	4	6
" Forage, at 2s.	8	6	0
" Rail and Road		13	2
" Travelling		10	0
Attendance on Staff	31	13	2
Recruiting (say)	40	0	0
Total Emoluments	176	11	4

Loss Under the New System.

	£	s.	d.
Preliminary Drill—			
56 Days Pay, at 17s. 6d.	49	0	0
" Mess Allowance	11	4	0
" Lodging	4	4	0
" Horse	5	12	0
" Rail and Road		6	7
" Travelling		5	0
Allowances for Medicine	7	10	0
Recruiting (say)	40	0	0
Total of Loss	118	1	7

Total Emoluments under Old System	176	11	4
Loss by New System	118	1	7
Balance	58	9	9
Add 2s. 6d. a day for 27 days	3	10	0
Total present Emolument	£61	19	9

Against £176 11s. 4d. under the Old System.

This is no exception, but one of average hardship, and we feel confident that no Government can refuse recognition of so heavy a loss when the circumstances are fairly represented.

PLACE AUX DAMES.

The first fruits of Mr. Russell Gurney's Bill of last session, which afforded all licensing bodies the option of admitting women to their degrees, if they see fit, have been already reaped, and we may look upon the Woman Doctors' controversy as finally settled by the recent decision of the College of Physicians of Dublin. The Fellows of that body have deliberately determined to admit Miss Edith Pechey to the examination for the L.K.Q.C.P.I., and have thus thrown open the portals of the profession to all comers, whether they be "persons" of the male or female sex.

However pregnant of results this decision may be, it does not seem to us that any other conclusion was possible, and we expect to see a similar ingress allowed to the ladies by all other bodies. The Queen's University, it is anticipated, will be the next to follow suit, and these fortresses having surrendered at discretion, it is impossible that others can long sustain the siege. The only banner now across the path of the lady-doctors is the difficulty of producing the same hospital, lecture, and dissection certificates as are required from male students, but this they will no doubt readily surmount when the schools understand that their *status* is recognised by the colleges. We congratulate our fair *consœurs* on their success for, though we are ungallant enough to entertain doubts of their ultimate position as practitioners, we deprecate strongly the exercise of any exclusiveness towards them. They are certainly entitled to "a clear stage and no favour" both as students and as doctors, and if they have the energy or talent to shoulder aside male competitors they are entitled to our best wishes.

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Medical News.

Vital Statistics.—The state of the public health is at the present time in a most satisfactory condition. The mortality from all causes averaging last week only 19 per 1,000 throughout the United Kingdom. In Edinburgh it was only 13, Dublin 16, London 18, and Glasgow 22 per 1,000. In the other large towns the rates were—Plymouth 13, Nottingham 17, Brighton 18, Bradford 18, Leicester 18, Portsmouth 19, Birmingham 19, Bristol 20, Hull 20, Sunderland 20, Leeds 21, Liverpool 21, Sheffield 21, Wolverhampton 22, Newcastle-upon-Tyne 23, Oldham 24, Manchester 26, Salford 26, and the highest rate 28 in Norwich. The annual death-rate from the seven principal zymotic diseases averaged 3·2 per 1000 in these towns. The 9 fatal cases of scarlet fever in Portsmouth, which had been 20, 13, and 9 in the three preceding weeks, rose again to 14. Small-pox caused 7 more deaths in Manchester and Salford, 9 in Liverpool, and 11 in London.

The Death-rate in Foreign Cities.—The annual rates of mortality, according to the most recent weekly returns to the Registrar-General, were:—Calcutta 27 per 1,000 of the population, Bombay 26, Madras 44, Paris 22, Brussels 20, Amsterdam 19, Rotterdam 19, The Hague 23, Copenhagen, 20, Stockholm 25, Christiania 13, Berlin 28, Hamburg 26, Breslau 29, Munich 30, Vienna 23, Buda-Pesth 32, Rome 25, Naples 25, Alexandria 59; New York 24, Brooklyn 21, Philadelphia 21, and Boston 21. The fatal cases of enteric fever in Paris, which in the seven preceding weeks had declined from 87 to 59, further fell last week to 35. Cholera caused 23 deaths in Bombay, and 47 in Madras.

Faculty of Physicians and Surgeons of Glasgow.—The following office-bearers have been elected for the ensuing year:—President, Dr. Andrew Fergus. Visitor, Dr. J. B. Cowan. Treasurer, Dr. John Coats. Honorary Librarian, Dr. James Finlayson. Vaccinator, Dr. Hugh Thomson. Councillors: The President, *ex officio;* the Treasurer, *ex officio;* Dr. J. G. Fleming, Dr. William Leishman, Dr. Henry Muirhead, Dr. J. D. Maclaren, and Dr. James Morton. Secretary and Librarian, Alexander Duncan, B.A.

Cambridge University.—At a Congregation held on Thursday last, the undermentioned appointments were made:—J. W. Hicks, M.A., of Sidney Sussex, and R. Apjohn, M.A., Gonville and Caius, were appointed examiners for the first, Dr. Humphry and Henry Power, F.R.C.S., for the second, and Dr. Barclay and Dr. Bradbury for the third M.B. Examinations during the ensuing year. Christopher Heath, F.R.C.S., and Timothy Holmes, M.A., F.R.C.S., were appointed examiners for the degree of Master in Surgery during the ensuing year. Dr. Herbert Davies was appointed assessor to the Regius Professor of Physic.

North London Medical Society.—The following officers have been elected for the ensuing year:—President, Thomas Stretch Dowse, M.D.; Vice-President, George Henty, M.D.; Treasurer, Robert Hilliard, M.D.; Secretary, W. H. Kesteven, M.R.C.S.

Central London Throat Hospital.—The following gentlemen have been appointed surgical and clinical assistants to this hospital:—Thomas Godrich, L.R.C.P., M.R.C.S.; H. B. Harrison, M.R.C.S.E.; Douglas W. Hemming, M.R.C.S.; T. J. Hitchins, M.R.C.S.; J. King Kerr, M.D., M.S.; and Samuel Osborn, M.R.C.S.

HYDATID OF THE LIVER.

Dr. Oliver Penfold (*The Australian Medical Journal, March*, 1876, page 80) reports the particulars of a case of this disease, that came under his notice, as an example, of the great recuperative powers possessed by an individual, who for some days lay apparently dying from the exhaustion produced by the discharge from a large cavity in the right hypochondrium, probably as large as a man's head. This discharge gradually drained away, and the patient's health was completely restored. The subject of this notice was a married woman, æt 35, a multipara, who was confined by a midwife in September, 1875, and who had subsequently an attack of pelvic cellulitis. A month after delivery, she complained of abdominal pains, debility, and anorexia. There was a tender spot near the centre of the epigastrium, and an increased percussion—dulness in the right hypochondriac region, a tense, thrilling sensation, being communicated to the percussed finger. There was distinct bulging of the parietes, from the free margin of the right rib-cartilages, and the skin was œdematous in the neighbourhood. Inferiorly, the dulness extended below the umbilicus, and across to the left, for two or three inches; above, it reached to the seventh interspace; behind the dulness was not notably increased. The patient thought the swelling was of at least five years' standing. The medical men consulted by her did not agree as to the nature of the tumour. Dr. Penfold punctured the most prominent portion, near the eighth rib-cartilage, Oct. 17th. 1875, drawing off five ounces only of clear hydatid fluid, She was somewhat relieved, and absorption and cure were hoped for. Soon, however, fever and sweatings supervened, and her strength failed rapidly. Nov. 15th, matters being critical, chloroform was administered, and an opening made by means of a scalpel through the abdominal walls, into the cyst. A small branch of the internal mammary artery was severed during the operation, but the hæmorrhage therefrom was easily arrested by plugging with lint steeped in perchloride of iron. A great quantity of filthy-looking pus escaped; the opening was then plugged with lint steeped in glycerine. The plugging was repeated daily, and cysts and discharge flowed away. Dr. Penfold attempted to wash out the cavity with a solution of permanganate of potass of the strength of one grain to the pint, but desisted after two days trial, owing to the severe pain excited by it.

About December 20th the weather became suddenly very hot, and the patient's strength failed, her general condition being very low. Ice and effervescing malt liquors were ordered. Dr. Penfold's description of the case and its treatment at this stage may best be given in his own words. "Odour in bedroom very foul. All silver instruments were quickly blackened by mere exposure. Introduced a piece of solid india-rubber catheter into cyst, and left about an inch projecting. Four days later, severe pains in the right side and scapular region set in. Her appearance was now very discouraging, her sallow wistful visage, with pinched skin stretched over the prominent cheek bones, giving one the impression of speedily impending dissolution. Opium was continued at night, and hydrochloric acid and cinchona mixture given frequently during the day." A large piece of cyst wall escaped early in January, followed by a great discharge. A pair of dressing forceps, could be passed to their full length into the cyst] without touching the bottom of the cavity at this time. Improvement commenced, the tube being removed for cleaning every few days. "By the 15th of January, 1876, she was able to do without the opiate, and merely took an occasional dose of bicarbonate of potass and infusion of gentian. The menses returned in March for the first time since her confinement. The opening was now about three inches deep, and was narrow. It was dressed with oiled lint till the 27th, when an iron wire below was put in. This was easily made by coiling the wire round a thick probe. After about a fortnight, this was removed, and the skin-wound completely cicatrised, and the patient was in excellent health shortly afterwards."

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Subscribers who have not yet sent in their subscriptions for last year are respectfully reminded of the omission.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be ound very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

THE REPRESENTATION OF GLASGOW AND ABERDEEN UNIVERSITIES.

Lord Advocate Watson has issued his address to the electors, setting forward his claims to represent them in Parliament, vice the Right Hon. E. S. Gordon, whose farewell address appeared in our last. The present aspirant, although differing in political views, entertains the same opinions as his predecessor on matters about which the medical profession is more particularly interested. These are expressed in definite and decisive language, and to subjects relating to the progress of medical and sanitary science he promises his earnest attention. Those of our readers who have votes are referred to his Address and his Committee List in our advertising columns.

Address to Mr. Croly, of Dublin.—The colleagues of Mr. Henry Gray Croly in the private teaching of the Dublin Surgical Class, have recently manifested their appreciation of his talents and industry by the presentation to him of an illuminated address, the text of which appears in our advertising columns of to-day. The address was presented to Mr. Croly last week, having been unavoidably delayed in its execution by the artist. Mr. Croly's separation from his colleagues on his appointment as Surgical Examiner in the Royal College of Surgeons was an occasion which has been fittingly availed of to pay him a compliment, and the recognition of his untiring assiduity when in harness as a private teacher is well deserved.

Dr. Myrtle.—The subject is of some interest, and if the address be short we will endeavour to find space for it in our next.

Dr. T. M. Fleming.—We have instituted inquiries on the subject of your letter.

Mr. T. H. H.—We shall be glad to receive it.

Dr. Abrath, Sunderland.—Letter received.

Mr. G. O. T.—Thanks, but the matter is scarcely suitable for our columns.

Surgeon-Major Maunsell is thanked.

Dr. Williams' paper "On the Growth of the Phthisical" shall appear if possible in our next.

Horse Disease in Egypt.—It is reported from Cairo on the 23rd of September that there reigns there amongst the horses a decimating epidemic, and in a few days hundreds of them have perished On the 18th 200 died in the City of Cairo alone, since when there has been a slight diminution. The principal weight of the epidemic has fallen upon the cavalry, half of whose horses have died. It has been necessary to send away their bodies into the desert in immense waggons, but numbers have also been thrown into the canals and the result has been very serious. It is supposed that this epidemic was brought from Abyssinia by the Egyptian army, but the effect has been very severely felt, inasmuch as cab-horses are scarce, and saddle-horses almost unattainable.

Mr. Hy. Smith.—Enclosures received with thanks. They appear to be of the usual quack type. Will look through them at leisure.

Hospital Saturday Fund.—Notice is given that holders of boxes or cards in connection with this Fund are expected to be present at a public meeting in Exeter Hall, Strand, on Saturday next at 5 p.m., when a statement of this years' collection and expenses will be made.

Student.—The list given by our contemporary was a fair one.

Dr. D.—1. The coroner is bound by law to employ as a medical witness a registered medical man "being at the time in active practice at or near the place" of inquest. He is *not* bound to employ the dispensary medical officer, and often interprets "at or near the place" to mean the locality where a friend resides, be it far or near. The usage is different in different districts. 2. It is not accordant with medical etiquette for an extern doctor to poach inquest fees in his brother's presence, but it is commonly done. The coroner's *protege* usually is a man who has nothing better to do, and to whom the fees are a great object. If our correspondent desires to test the validity of the coroner's proceedings he may do so by appearing by counsel before the fiating judge at next assizes and resisting the payment of the fee on the ground that the law has not been complied with, inasmuch as a distant practitioner has been employed who is not "in actual practice at or near the place."

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Heath's Course of Operative Surgery. Part III.
Journal of Psychological Medicine. Part II. Vol. II.
Bentley and Trimen's Medicinal Plants. Part XIII.
Fox's Atlas of Skin Diseases. Part XIII.
Handbook of Volumetric Analysis. Third Edition. By Francis Sutton, F.C.S. London: J. and A. Churchill.
Chemia Coartata. By A. H. Kollmyer, M.D. London: J. and A. Churchill.

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VACANCIES.

Middlesex Third County Lunatic Asylum.—Medical Superintendent. Salary, £700, with furnished house, &c. Full particulars will be found in our advertising columns. (See Advt.)

East London Hospital for Children.—Assistant Surgeon. Particulars may be obtained of Ashton Warner, Esq., at the Hospital. (See Advt.)

Metropolitan Fire Brigade.—Medical Officer for the Central District north of the Thames. Remuneration at the rate of £1 per man per annum in the force of the said district. For full particulars see Advt.

General Hospital and Dispensary for Sick Children, Pendlebury, Manchester.—Superintendent. Salary, £100, with board and residence. (See Advt.)

Essex and Colchester Hospital.—House Surgeon and Apothecary. Salary, £100, with board and lodging. Further particulars of the Secretary, Colchester.

Tunbridge Union, Kent.—Medical Officer for the first district. Salary, £105, exclusive of fees. Applications to the Clerk of the Board, Tunbridge Wells.

Mitford Parish.—Medical Officer for the Workhouse and Parish. Salary, £110, with fees extra. Applications to the Clerk of the Board, Lowestoft, Suffolk.

Tisbury Union.—Medical Officer for the Donhead District. Salary, £74, with fees extra. Applications to the Clerk, Shaftesbury.

Central London Sick Asylum District.—Assistant Medical Officer and Dispenser. Salary, £110, with partial board. Applications to the Clerk, Cleveland Street Asylum, Fitzroy Square. W.

Kensington Dispensary.—Resident Medical Officer. Salary, £150, with furnished apartments. Particulars of the Hon. Sec., Dispensary House, Kensington, W.

London Female Lock Hospital.—Assistant House Surgeon. Candidates should apply to the Secretary for full particulars.

Sheffield Public Hospital.—Assistant House Surgeon. Salary, £65, with board. Apply to Dr. J. C. Hall, Sheffield.

Worcester General Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Secretary.

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APPOINTMENTS.

Bayne, T. L., L.F.P.S.G., Assistant Medical Officer to the Barony Parish Hospital, Glasgow.

Blackader, A. D., M.D., M.R.C.S., Resident Clinical Assistant to the Brompton Consumption Hospital.

Canton, A., L.D.S R.C.S., Dental Surgeon to the National Dental Hospital, Great Portland Street, W.

Casley, R. K., M.B., C.M., House Surgeon to the Royal Surrey County Hospital, Guildford.

Dixon, W., M.B., C.M., Medical Officer for the Woodbury District of the St. Thomas Union, Exeter.

Esler, Robert, M.D., Honorary Medical Officer to the Ulster Hospital for Children, Belfast.

Findlay, G., M.D., C.M., Medical Officer for the Middle District of St. Nicholas Parish, Aberdeen.

Greenish, R. W., M.R.C.S.E., Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.

Hick, H., L.R.C.P.Ed., M.R.C.S.E., House Surgeon to the Clayton Hospital and Wakefield General Dispensary.

Joseph, S. W. J., M.R.C.S., L.R.C.P.L., House Physician to the Hospital for Women, Soho Square, London.

Kay, Mr. A., House Surgeon to the Ayr Hospital.

Kenny, Dr. R. D., Medical Officer, &c., for the Oulart Dispensary District of the Enniscorthy Union.

McAfee, W., M.D., C.M., Resident Assistant House Surgeon to the Liverpool Dispensaries.

Morris, J., M.R.C.S.E., Medical Officer for the Northern District of the Brighton and Hove Dispensary.

Nason, J. H., M.D., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Rathcormac Dispensary District of the Fermoy Union, co. Cork.

Smallman, B. F., L.K.Q.C.P.I., L.R.C.S.I., Resident Assistant House Surgeon to the Liverpool Dispensaries.

Army Medical Department.—Deputy Surgeon-General T. C. O'Leary, M.B., has been appointed Sanitary Officer at Aldershot, vice Deputy Surgeon-General W. A. Mackinnon appointed to act as principal Medical Officer at that station.

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Marriages.

Hopwood—Matthews.—On the 11th inst., at St. Andrew's Church, Plymouth, Edwin James Hopwood, Surgeon Major, A.M.D., to Sarah Elizabeth (Sela), elder daughter of W. E. Matthews, J.P.

Paterson—Sewell.—On the 11th inst., at St. Andrew's Church, Torquay, William Dalrymple Paterson, L.R.C.P., L.R.C.S.Ed., to Elizabeth Emma Sewell.

Smith—Iredell.—On the 12th inst., at the Parish Church, Reigate, S. Parsons Smith, L.K.Q.C.P., L.R.C.S.I., of Addiscombe, Surrey, to Elizabeth A. Shrubb, youngest daughter of the late Francis Macartney Iredell, Lieut.-Colonel, Bombay Army.

Vores—Preston.—On the 12th inst., at Christchurch, Eaton, Norwich, W. Mallam Vores, B.A., M.B., Cantab., eldest son of W. Vores, M.D., Great Yarmouth, to Harriet Tolver, eldest daughter of the late Edmund Preston, of Guist Lodge, Norfolk.

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Deaths.

Bartleet.—On Sept. 29, suddenly, Edwin Bartleet, F.R.C.S., of Chipping Campden, Gloucestershire.

Forde.—On Oct. 11, at Parkstone, Dorset, suddenly, Elizabeth, only daughter of the late Henry Forde, M.D., of Ballybrick, co. Dublin, aged 30.

Hilliard.—On Oct. 2, at Lansdowne Road, Notting Hill, Dr. John Hilliard, late General Medical Inspector, Bengal Army.

Lawson.—On Oct. 6, at Egremont, Cumberland, John Edward Spence Lawson, M.R.C.S.E., aged 44.

Shaw.—On Sept 29, at Handsworth, Birmingham, James Shaw, M.R.C.S.E., aged 36.

Simoens.—On Oct. 6, at Twickenham, Jeronimo Simoens, M.R.C.S.E., aged 85.

INDIAN MEDICAL SERVICE.

NOTICE IS HEREBY GIVEN that an Examination of Candidates for twenty-seven appointments as SURGEON in Her Majesty's Indian Medical Service will be held in London in February, 1877.

Copies of the Regulations for the Examination, together with information regarding Pay and Retiring Allowances of Indian Medical Officers, may be obtained on application at the Military Department, India Office, London, S.W.

A further notice will be issued when the exact date of examination has been fixed.

T. T. PEARS, Major-General,
Military Secretary.

India Office, 6th October, 1876.

GENERAL HOSPITAL and DISPENSARY for SICK CHILDREN, PENDLEBURY, near MANCHESTER.

VACANCY. The Office of Lady Superintendent of the above Institution is vacant. The Hospital contains at present 84, and when complete in June next, will have 163 beds. Ladies who have undergone a thorough course of hospital training, and who can prove by testimonials and certificates, their fitness for the Office, are invited to apply to the Chairman of the Board of Governors, 5 Mount Street, Manchester, on or before October 31st. Salary, £100 per annum, and everything found.

EAST LONDON HOSPITAL FOR CHILDREN,

Ratcliff Cross.—Notice is hereby given that applications are invited from Candidates for the office of ASSISTANT-SURGEON to this Institution. The Hospital contains 35 beds, with an average attendance of 100 out-patients daily.

Attendance is required two afternoons in the week. Further particulars may be obtained from the Secretary, at the Hospital.

Rules 7 and 8, Section viii. of the Rules or Bye-laws, are as follows—

"7. Every Surgeon eligible to this hospital shall be a Fellow or Member of the Royal College of Surgeons of England, or a Fellow or Licentiate of the Royal College of Surgeons of Edinburgh or Ireland, or otherwise legally qualified to practise Surgery in England.

"8. The Physicians and Surgeons in this Hospital shall not practise Pharmacy."

Applications to be sent to the Secretary, at the Hospital, on or before Thursday, the 2nd November proximo.

A Special Court of Governors will be held for the purpose of electing an Assistant-Physician and an Assistant-Surgeon, on Tuesday, the 7th November, 1876, at the Coal Exchange, at 3.30 p.m.

THOMAS CHARRINGTON.
Chairman of the Board of Management.
EDWARD S. NORRIS, Treasurer.
ASHTON WARNER, Secretary.

Hospital, Oct. 10th, 1876.

MIDDLESEX.—THIRD COUNTY LUNATIC ASYLUM, BANSTEAD DOWNS, near SUTTON.

—The Committee appointed to provide this Asylum are prepared to receive applications for the appointment of MEDICAL SUPERINTENDENT. Candidates must be married, not over 45 years of age, and Fellows, Members, or Licentiates of one of the Royal Colleges of England, Scotland, or Ireland, and duly registered in Medicine and Surgery under "the Medical Act, 21st and 22nd Vic., cap. 90." It is essential also that Candidates should have had experience in the treatment of the Insane in Asylums or Public Institutions. The salary will be £[illegible] per annum, with a house supplied with planned furniture only, rates and taxes free, coals, gas, milk, and such vegetables as the garden may produce. The appointment will be held subject to such rules and regulations as the Committee may from time to time determine, and be determinable by either party on one month's notice. Printed forms on which applications must be made, may be obtained on written application to the Clerk to the Committee at the Asylum, and the said form must be returned duly filled up, together with copies of testimonials, on or before WEDNESDAY, the 8th NOVEMBER, and notice will be given thereafter to such selected Candidates as the Committee may desire to see. All canvassing in person is strictly prohibited, and will disqualify Candidates, and no travelling expenses will be allowed. The appointment of the successful Candidate will be on date the 1st day of February, 1877, and he will be expected to commence his duties on that or such subsequent day as the Committee may hereafter appoint.

By order of the Committee.

Dated this 13th day of October, 1876.

ADDRESS.

HENRY GRAY CROLY, ESQ., F.R.C.S.I.,

Surgeon to the City of Dublin Hospital; Member of the Court of Surgical Examiners, Royal College of Surgeons in Ireland, &c., &c.

Dear Mr. Croly,—On the occasion of your retiring from the position of a Demonstrator in the School of Surgery of the Royal College of Surgeons in Ireland to accept the office of an Examiner to which the Council has elected you, we, your colleagues, who have been so long associated with you in the teaching of students in the school you are leaving, cannot allow you to retire from our ranks without telling you most warmly how much we regret the severance of our connection, and how much we lose in the withdrawal of so able and energetic a teacher of surgery.

The high repute you have always borne as a surgeon and the estimation in which your classes have held you are well known and appreciated by us, and we wish, in parting from you not only to assure you of our high sense of your merits, and of the loss of your well-deserved promotion will entail on us, but to offer you our most sincere wishes for your future welfare and advancement.

We are, dear Mr. Croly, your sincere friends,
W. THORNLEY STOKER.
LAMBERT H. ORMSBY.
W. JOSIAH SMYLY.
EDWARD PERLE.
KENDAL FRANKS.

IRISH POOR-LAW INTELLIGENCE.

POLICE ATTENDANCE BY DISPENSARY MEDICAL OFFICERS.

We produce below for the edification of our readers two series of letters which have passed between Dr. Morgan O'Connell, of Kilmallock, and the Chief Secretary's Office at Dublin Castle, which will repay perusal, as an illustration of the mismanagement of the Constabulary Department, which has resulted in the removal of the Inspector-General, Sir J. Stewart Wood, from office.

In the first case, Dr. O'Connell was called upon to testify as to the state of health of a sub-constable, who had been already certified unfit for service, in consequence of suffering from varicose veins. He wrote the following :—

5th April, 1876.

I certify that Sub-Constable William Moutry, Kilmallock Station, still suffers from varicose veins of left leg, the veins are painfully swollen, and render him unfit for marching; they are likely to get worse as the weather becomes warm, and may burst from slight exertion.

Morgan D. O'Connell, M.D.

[copy.]

County of Limerick.

I have carefully examined William Moutry, Sub-Constable, 19437, Kilmallock Station, and have answered to the best of my knowledge and belief the several queries on the other side with respect to his case. He is suffering from varicose veins of left leg and ham, and in consequence thereof I am of opinion, and hereby certify, that he will never be fit for further service in the Royal Irish Constabulary.

Morgan D. O'Connell, M.D.

Dated this 13th May, 1876.

After the lapse of a month, Dr. O'Connell received the following somewhat important communication :—

[copy.]

County of Limerick, Bruff,
3rd June, 1876.

Dear Sir,—I have to inform you that the surgeon of the Force has examined Sub-Constable Wm. Moutry, and has recommended that the Sub-Constable should be sent to his station and resume his duty.

The Inspector-General, R.I. Constabulary directs me to call your attention to the decision of the surgeon of the Force in this case, and to remind you of the recent Government instructions to medical attendants, and to hope you will exercise more care in future examinations before granting certificates such as that granted by you on the 13th May, 1876, to Sub-Constable Moutry.

I have the honour to remain, Sir,
Your obedient servant,
Owen McGuire, S.I.

M. D. O'Connell, Esq., M.D.,
Kilmallock.

To this letter Dr. O'Connell forwarded the following well-deserved replication, which effectually "shut up" the Inspector-General :—

Kilmallock, 10th June, 1876.

Sir,—I am in receipt of your favour 3rd instant as to Sub-Constable Wm. Moutry of this station calling my attention by directions of the Inspector-General, Royal Irish Constabulary, to the decision of the surgeon of the Force in reference to the above-named Sub-Constable's case, and reminding me of the recent Government instructions to medical attendants, &c., &c., and in reply I beg leave to state respectfully for the information of the Inspector-General, Royal Irish Constabulary, that I carefully attended to the recent Government instruction in my certificate of the 13th May, 1870, as to Sub-Constable Moutry, that Dr. Gelston, of Limerick, also concurred in opinion with me that this man was unfit for the service. I myself have had considerable experience in the army, and here at home for the last forty years, thirty-seven of which I am in charge of the constabulary here and during very trying times. Under all the circumstances I consider the communication you were called on to inform me about was to a man of my standing unnecessary, and a slight to the profession which I am bound to take notice of. If the decision was the result of a medical board I should at once have submitted, but I view the decision of the surgeon of the Force in Sub-Constable Moutry's case as *capricious*, *professionally unsound*, and *injurious* to the service. I would reject Moutry to-morrow for service in the common militia of the country, and surely the highly efficient Royal Irish Constabulary should *turn out* men more active and healthy than that corps.

I have the honour to remain, Sir,
Your obedient servant,
Morgan D. O'Connell, M.D.

To Owen McGuire, Esq., S.I.,
Bruff.

It seems to have been decided, in return for this rebuke, to serve out the recalcitrant medical officer, and the opportunity arose shortly afterwards. Having attended a case of injury at the requisition of the head constable, he addressed the following letter to the Castle :—

Kilmallock, 30th August, 1876.

Sir,—I have the honour to inform you, that on the 3rd of August instant, I was called up between two and three o'clock a.m., by Constable Rush, of this station to attend a man named Jeremiah M'Grath, then in Kilmallock Barrack, and who was suffering from a severe wound in his head and a compound fracture of frontal bone. He lost a great deal of blood. I dressed his wounds, put in a suture, and used other fiit appliances. On the following day my further attendance on this patient was discontinued on the part of the Constabulary by Sub-Inspector M'Guire, as he considered M'Grath, being a farmer, was able to pay for professional attendance. I now respectfully apply to you to be so good as to have payment ordered me in this case, and I must observe that, the call having been made at night makes me entitled to a double fee. I have been informed by the Sub-Inspector that similar claims to mine are now made to your department.

I have the honour to remain, Sir,
Your obedient servant,
Morgan D. O'Connell.
Medical Officer, Kilmallock Dispensary District and Union Workhouse.

To the Under Secretary, The Castle, Dublin.

To this communication he received the following reply:—

[reply.]

Dublin Castle, 13th September, 1876.

Sir,—With reference to your letter of the 30th ultimo, I am directed by the Lord-Lieutenant to inform you, that as you were sent for on the night of the 3rd of August by Jeremiah McGrath, the wounded man, you should apply to him for payment of your fee.

I am, Sir,
Your obedient servant,
T. H. Burke.

Morgan D. O'Connell, Esq., M.D., Kilmallock.

Dr. O'Connell does not appear to be the sort of man to leave the question uncontested, even with a Chief Secretary. He, therefore, replied as follows, and received at length, the succeeding answer :—

Kilmallock, 15th September, 1876.

Sir,—With reference to your letter 13th instant, in reply to mine of 30th August, in which it is stated "that as I was sent for on the night of the 3rd of August, by Jeremiah M'Grath, the wounded man, I should apply to him for payment of my fee." I have the honour to state for the information of His Grace the Lord-Lieutenant that I did not state in my application for payment for that visit on the night of the 3rd of August that I was sent for by Jeremiah M'Grath, but that I was requested by Constable Rush of this station to attend a man named Jeremiah M'Grath, lying dangerously wounded at the Barrack, and in making this request for my professional attendance the Constable did not state that M'Grath had sent for me. To confirm the foregoing statement, I have to request your attention to the important fact that the Sub-Inspector Mr. McGuire, notified to me on the following day on the part of the police, that they no longer required my attendance, McGrath being a farmer. This notice it is clear would not have been given if I had not originally been employed by the Constabulary in this case, and not by McGrath. I therefore submit very respectfully that the Constabulary are officially responsible to me for that nights' visit, and that they cannot lawfully or fairly evade that responsibility. Requesting that my application may be reconsidered,

I have the honour to remain, Sir,
Your obedient servant,
Morgan D. O'Connell, M.D.

The Under Secretary, The Castle, Dublin.

Dublin Castle, 30th September, 1876.

Sir,—I am directed by the Lord-Lieutenant to inform you in reference to your letter of the 15th instant, that Mr. Roche, Crown Solicitor, has been instructed to pay you the sum of one guinea for your professional services in a case of assault on 3rd August last.

I am, Sir,
Your obedient servant,
T. H. Burke.

M. D. O'Connell, Esq., MD., Kilmallock.

THE LATE EPIDEMIC OF SMALL-POX IN CONNAUGHT.

In their lately issued report the Local Government Board gave the following history of last year's outbreak of small-pox in Connaught :—

The most serious outbreak of the disease during the twelve months was in the province of Connaught, where 674 persons out of the whole 881 treated by the dispensary officers in Ireland were attacked ; the disease prevailing in the most virulent form in the unions of Claremorris, Loughrea, Swineford, Tobercurry, and Tuam.

The disease had existed in the Swineford and Castlebar Unions more or less in the year 1874, but the first case which was reported in the Tuam Union in the year 1875 was on January the 10th, when the medical officer of the workhouse furnished the particulars of the case of a "traveller" from Mullingar, who stated that—

"On his way towards Athlone he went into a cabin about six miles off, where he remained for two hours, and that there was a child there who had an eruption similar to what he laboured under."

He remained two nights in Dunmore, and from thence came the next report of a case, namely, on the 16th Jan.

The disease soon extended its ravages to Tuam, where 88 persons were attacked.

In the Ballinrobe Union, where there were 22 cases, the infection was reported to have been brought by the family of "an itinerant pedlar and tinker" from the Ballina Union.

In Castlerea Union, where there were 20 cases, it was stated that the disease was brought "by a tramp."

In the Claremorris Union, where there were 103 cases, the disease being more or less prevalent during the whole of the twelve months, the medical officer of the Ballyhaunis Dispensary District stated that he had no doubt that "inoculation" for small-pox had been practised in the district, and that he had no doubt but to that practice the importation of the disease might be entirely attributed there.

The medical officer had taken active steps, so far as he could, to prevent the spread of the disease, having—

"Supplied disinfectants, reported the matter to the guardians, had the houses lime-washed, and the yards cleaned up, and having on all available occasions cautioned the people against frequenting or attending 'wakes' in infected localities, and caused the speedy interment of the bodies of persons who died of the disease."

He also "re-vaccinated over 600 persons with manifest advantage ; those neglecting this precaution being in many instances struck down with the disease in the midst of, and to the exclusion of other members of the same family who had lately undergone the operation."

Dr. Roughan, the inspector in charge of unions in the county of Sligo, in reporting in April, 1875, on the question whether it was advisable that the Sligo Militia should be assembled for training, having regard to the prevalence of small-pox in certain parts of the county during some months previous, stated that—

"Small-pox of a very malignant type still prevailed to a serious extent in Tobercurry Union, and in the neighbouring unions of Swineford, Castlebar, and Claremorris ;" that "much alarm prevailed amongst the intelligent inhabitants ; that the magistrates had postponed holding petty sessions ; and that the public schools were closed."

The alarm and apprehension felt elsewhere when small-pox broke out were exemplified, however, in even a more remarkable degree in the Loughrea Union, where the disease assumed its largest proportions during the two last quarters of the year ending 30th September, 1875.

On the 1st of March, 1875, the medical officer of the Athenry Dispensary District, Dr. Leonard, reported that a very bad case of small-pox had come into the district from Tuam the day before, and that the following was the history of the case :—

"William Burke, aged about twenty-two years, a native of Newcastle, in this dispensary district, took ill on Saturday, the 27th of February, in Tuam, where he was employed as a baker's assistant. He was visited by Dr. Turner on Monday, who ordered his immediate removal to hospital : as also that his bed and blanket should be either disinfected or destroyed ; but instead of complying with the medical officer's instructions, he was conveyed by midday train to Athenry, where he arrived at about twelve o'clock, being exceedingly weak, and suffering from dreadful gastric irritation since he left Tuam. He had to remain in a house in Athenry for some hours, when a car was procured, and the poor sufferer conveyed to his father's residence, a distance of about six miles. I visited him at about nine o'clock p.m., and gave full instructions to his friends."

To the introduction of this case into the Athenry district may be attributed the attack of 171 persons (five of them being private patients), and the death of 49 of this number.

His removal into the Athenry District from Tuam was *primâ facie* a wilful infraction of the 38th section of the Sanitary Act, 1866, which provides for the infliction of a penalty not exceeding £5 on any "person with infectious disorder exposing himself, or on any person in charge of such sufferer causing such exposure ;" and the board at once directed their inspector, Dr. Brodie, to make inquiry as to the parties responsible for the act.

It appeared on inquiry that Mr. P. Corcoran, the baker in Tuam, in whose house he had resided, recommended him to return home, assisted in getting him ready for the journey, took a railway ticket for him, and put him into a railway carriage; and then fearing, as it was stated, detection by the constabulary, immediately left the station and went away.

The particulars having been reported to the Government, the Board were informed that the Attorney-General had advised that Mr. Corcoran should be proceeded against as had been suggested by the Board; and this, after some unavoidable postponement, was done, and Mr. Corcoran was fined £2 10s., or in default sentenced to one month's imprisonment.

William Burke died at his father's house shortly after arriving there; and the next four cases reported in this district were those of the father of William Burke, the Rev. Mr. Walsh, Roman Catholic curate, who had attended his dying bed, a member of the family of Dr. Leonard, and the parish clerk.

The Rev. Mr. Walsh was taken ill in "Kineen's Hotel," Athenry, and died there on the 29th March, the hotel having in the meantime been compulsorily closed in pursuance of the 39th section of the Sanitary Act.

Several fresh cases were then reported, and the Board of Guardians were requested to provide hospital accommodation for the treatment of persons labouring under the disease.

The Board of Guardians, on the 17th April, ordered an iron hospital, capable of accommodating 12 patients, from a firm in London, but very great difficulty was experienced in obtaining a site whereon to place the hospital, partly from the unsuitability of some of the sites proposed, and partly to the determined and violent opposition exhibited by persons in the neighbourhood to the establishment of an hospital at all.

However, eventually a house was rented near Athenry and fitted up and used for the purpose, two skilled nurses having been obtained from the Cork-street Hospital, Dublin, to attend the patients; and an assistant, relieving, and sub-sanitary officer was appointed.

During the excitement and alarm which arose in the neighbourhood of Athenry when the disease broke out, the workhouse van which was being sent to convey a patient to the hospital at the workhouse was attacked by a mob, the horse and driver sent back, and the van itself burned, having been maliciously set on fire.

The town or village of Athenry had been described at the commencement of the outbreak as in a very filthy and discreditable condition, but steps were taken to improve the sewerage and improve the sanitary condition of the place. It had been ascertained that those portions of it that were drained some few years since had escaped the disease, while the streets that were undrained had suffered severely from it.

On the 12th June, Dr. Brodie, local government inspector, reported to the Board that—

"the small-pox was on the decline," and that "it was to be hoped that with close attention to whitewashing, cleansing, and disinfecting the houses, together with the supply of clothes, bed-ticks, and fresh straw given to the patients leaving hospital, through the benevolence of a few charitable ladies who had raised a fund for the purpose, the disease would soon be got under;"

and on the 1st of August Dr. Brodie reported that no one had been attacked in the town during the twenty-two days previous to that date.

◆

SOUTH DUBLIN HOSPITAL.

CORRESPONDENCE.

A LETTER was read from the Local Government Board, stating that the Guardians were bound to pay the fee of £2 ordered by the justices at Tallaght Sessions to Dr. Seward for the examination of a lunatic. The justices had power, under the 14th section of the Lunatic Asylums Act (Ireland) of 1875.

Mr. Byrne explained that his objection was not to the fee, but to its being made on the wrong persons. The lunatic in question belonged to Kilkenny, and had only wandered into the County Dublin for half-an-hour when he was taken up by the police.

ELECTION OF APOTHECARY.

The election of resident apothecary in the room of Dr. Grant, who had retired from failing health, was then proceeded with. The salary is £100 per annum, furnished apartments, attendance, and first-class rations, with liberty to keep two apprentices, who should also receive rations. There were three candidates—Dr. John Moore Nichols, Dr. Thomas Myles, and Dr. John W. Hallahan. Upon the first poll the voting was for Dr. Hallahan, 21; for Dr. Myles, 19; and for Dr. Nichols, 19. On the second poll the voting stood: Dr. Hallahan, 20; Dr. Nichols, 17; and Dr. Myles, 13. Finally, Dr. Nichols was elected by a majority of 22 to 16.

◆

WEXFORD UNION.

The Medicine Contract.—Mr. Stephen Prendergast asked Mr. Peacock what right had he, as a member of the Finance Committee, to pass certain accounts for which he had no vouchers. You (Mr. Peacock) called on me to know what authority I had to pass certain accounts, and I told you how I did so; and now I ask you by what authority you passed accounts without vouchers? Show me your authority. Here is Leslie and Co.'s bill for medicines, and I want to know upon what authority it was passed.

Clerk.—The doctors have not certified that the medicines were supplied. The auditor passed the last accounts for medicines subject to the doctors' certificates, which are to be submitted to him at the next audit.

Mr. Prendergast.—I am very well aware of that, but it has not been done; still a cheque has been passed, and Leslie paid for the medicine. The medical officer of each district must certify that he has received the medicine in order to satisfy you before payment. Why, then, would any man sign a cheque without knowing whether the goods were received or not?

The Clerk said that no bill should be presented without vouchers, and he would take care that it should never occur as long as he was clerk of the union.

◆

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING OCT. 7, 1876.

Total registered deaths in Dublin and suburbs * ...	141	
Ten years average of same week	146	
Decrease of mortality below average	5	
Ratio of deaths, suburb of Rathmines ...	4·9	per 1,000
" " " Donnybrook †	9·4	"
" " " Blackrock ...	7·2	"
" " " Kingstown ...	22·5	"
" " Entire Dublin district ...	15·9	"
COMPARATIVE RATIOS—London	17·9	"
" " Glasgow... ...	21·5	"
" " Edinburgh ...	13·3	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week was 22, against an average of 43 for the corresponding week of the preceding ten years. The deaths from these diseases include 8 from fever (1 typhus and 7 typhoid), 3 each from scarlet fever and measles, 2 from whooping-cough, and 5 from diarrhœa.

Nine children died from convulsions.

Eleven deaths were caused by bronchitis, 1 each by pneumonia, asthma, and lung disease unspecified, 5 by heart disease, 3 by paralysis, 1 each by apoplexy and brain disease unspecified, 3 by liver disease, 1 by nephria, and 2 by kidney disease unspecified.

Seven deaths resulted from phthisis, 2 from mesenteric disease, 1 from scrofula, and four from cancer.

Two accidental deaths from fractures (the result, in each case, of "a fall whilst intoxicated"—inquests), 1 death from drowning, and 1 case of homicide were registered.

SUMMARY OF QUARTER ENDING SATURDAY, SEPTEMBER 30, 1876.

Births.—In the Dublin District the number of births registered during the quarter represented an annual ratio of 1 in 28·3 in every 1,000 of the population.

The number in the City was 29·7 in every 1,000, and in the suburbs only 23·5 in every 1,000 of the estimated population.

There was registered in London during the same period 35·1 in every 1,000 of the estimated population, in Glasgow 37·1, and in Edinburgh 33·9 in every 1,000.

Deaths.—The deaths registered in the Dublin district during the quarter amounted to 1,603, affording an annual ratio of 20·4 in every 1,000 of the population.

The number of deaths of inhabitants north of the Liffey was 19·5 in every 1,000, and the south of the river 21·2 in every 1,000. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown, the number was equal to an annual death-rate of 16·9 in every 1,000.

The deaths registered in Belfast represent an annual ratio of 22 in every 1,000, in Cork 21, in Limerick 22, in Waterford 19, in Galway 20, and in Sligo only 12 in every 1,000. In London 21·7, in Glasgow 21·5, and in Edinburgh 16·8 in every 1,000.

Diseases.—Dublin Registration District.—The deaths from zymotics amounted to 20·9 per cent. of the total deaths, and equal to an annual rate of 4·3 per 1,000.

The deaths from diarrhœa numbered 132, or 8·2 per cent. of the total deaths, and in the corresponding quarter of last year 140.

Fifty-two deaths were ascribed to fever (13 typhus, 30 typhoid, and 9 simple continued fever), 42 to scarlet fever, 20 to whooping-cough, 12 to measles, 11 to croup, 7 to diphtheria, 4 to quinsy, &c.

There were 2 deaths ascribed to small-pox during the quarter—1 that of a girl aged seventeen years, who died in the Meath hospital on the 16th of August; she had but "one indifferent vaccination mark." The other was that of a boy, thirteen years of age, who died in the South Dublin Union Workhouse. The cause of death furnished in the weekly return was "debility after small-pox." It would appear, however, from the Medical Officer's subsequent report that the information as to the cause of death given to the Registrar was erroneous, as the boy's death resulted from morbus coxæ—phthisis; he had been attacked with small-pox four years ago.

Convulsions caused 137, or 8.5 of the total deaths. In the corresponding quarter of last year convulsions caused 155 deaths.

Bronchitis was the cause of 133 deaths, pneumonia of 40, and lung disease unspecified of 19.

Heart disease killed 88 persons, aneurism 14, pericarditis 3, apoplexy 26, paralysis 32, cephalitis 10, epilepsy 8, insanity 3, brain disease unspecified 22, liver disease 21, jaundice 5, peritonitis 11, inflammation of the bowels 8, stomach disease 9, Bright's disease 7, inflammation of the bladder 3, stone 1, suppression of urine 1, and kidney disease unspecified 15,

One hundred and eighty-nine persons fell victims to phthisis, 33 to hydrocephalus, 28 to mesenteric disease, 12 to scrofula, 41 to cancer, 20 to dropsy and 1 to mortification.

Excluding 55 deaths in public institutions, the number of deaths registered during the quarter was 1,548, being equal to an annual mortality of 19·7 per 1,000 of the population, the deaths from the seven principal zymotic diseases representing an annual rate of 3·3 in every 1,000 persons. Of the other nine districts, the only one in which the deaths from the seven zymotics equalled an annual rate of 4 per 1,000 is No. 3, North City (Blackhall Street) District, in which the rate was 4·1 per 1,000.

Three deaths were homicidal, and 2 suicidal.

◆

TABLE *showing for* EIGHT LARGE TOWNS, &C., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, October 7th,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, OCTOBER 7TH, 1876.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	16	141	96	14	32	...	3	3	...	2	8	5	4	5	25
BELFAST . . .	20,687	182,082	21	129	72	16	6	...	...	2	...	2	4	5	...	...	9
CORK . . .	13,816	91,965	19	49	34	9	9	...	1	...	...	...	...	3	...	1	16
LIMERICK . . .	8,509	44,209	9	19	8	1	2	...	...	...	...	...	...	1	...	...	1
LONDONDERRY . .	21,865	30,884	8	14	5	...	1	...	...	...	...	...	...	...	...	...	...
WATERFORD . .	17,209	30,626	7	8	4	...	1	...	...	...	...	...	...	...	1	3	...
GALWAY . .	21,358	19,692	13	4	5	2	1	...	...	...	...	...	1	...	..	..	1
SLIGO . .	30,835	17,285	9	7	3	...	1	...	...	...	...	..	...	...	..	1	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 25, 1876.

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THE SUCCESSFUL TREATMENT OF DILATED HEART.

By J. Milner Fothergill, M.D. Edin., M.R.C.P.L.,

Assistant-Physician to the West London Hospital; Assistant-Physician to the City of London Hospital for Diseases of the Chest (Victoria Park).

(*Concluded from page* 312.)

W. S., aged fifty-two, a retired soldier, came under my care at the West London Hospital in June, 1875, with a dilated heart, and dropsy in the belly and legs. The pulse was fluttering and irregular, with frequent intermissions. He was placed under digitalis, iron, rest, and as good food as he could procure, and in a week or two he failed to reappear. In September he was back again, presenting the same symptoms. He gave as his reason for absenting himself that he was so much better that he had sought some work as a horsekeeper. Again the symptoms yielded to treatment. In the winter he came again as before with the most cheerful confidence in my capacity to relieve him. I urged him to take the workhouse for the rest of the winter, but he declined. Similar relief furnished by treatment.

On May 14th he again presented himself with swollen legs, pitting under pressure; ascites till his trousers would not meet, great oppression of breathing, a blue congested face, especially the nose, with an irregular, intermittent pulse, and orthopnœa. No albumen in the urine, which is very scanty. He was ordered tinct. digitalis, m. xv.; am. carb., gr. v.; fer. am. cit., gr. v.; inf. quassiæ, ℥j.; ter. in die.

On June 12th his trousers would meet, his legs were fallen; he said he made "plenty of water" under the medicine; he could lie down in bed. His pulse was still slightly irregular, but there was no intermitting. The area of cardiac dulness was much increased, but the impulse of the apex heat though extensive, was feeble. The first sound was thin and clear, but short.

July 17th.—Says he sleeps "beautiful," and that he can run 200 or 300 yards without discomfort. His legs are thin and free from dropsy, or, as he terms it, "as fine as a young lady's. Pulse nearly regular, though he had walked sharply up to the hospital. Says he can do as hard work as ever he did by a little extra beer. Area of percussion dulness becoming more normal. This improvement is very marked, considering the life led. This man had rheumatic fever more than twenty years ago, but he enlisted after it, and served in the Crimea. He was discharged from the army (the Rifle Brigade) for rheumatics, got well, and worked at coal-heaving; again enlisted in the 60th Rifles, served his time, and claimed his discharge in 1868, and has engaged in coal-heaving and other labouring work since. (While his heart was still excited by the walk to the hospital, a presystolic murmur was heard at the right apex, clear and unmistakable, but in a few minutes it was gone.)

Sept. 18th.—Still improving.

Such are cases where there does not co-exist valvular disease. Now a case of cardiac dilatation, with well-marked valvular disease may be recorded. It is perhaps desirable rather to select at first a case of dilatation of the left ventricle with mitral disease (insufficiency), than one where there is aortic disease, to illustrate this complex form of dilatation. Niemeyer has pointed out clearly how we frequently find enlargement of the left ventricle in mitral regurgitation, and Hayden (p. 976) holds similar views. Here the dilatation, with usual consequent hypertrophy, exists, as the result of over-distension of the ventricular chamber by the rush of blood from the gorged pulmonary vessels, driven forward by the hypertrophied right heart, and acted upon by the enlarged and powerful left auricle. The hypertrophy here is to check dilatation obviously, for there is no obstruction to the flow forward of the blood to be overcome; indeed, there are two outlets for the blood now, and not one. The history of such cases is usually as follows:—There has been an attack of rheumatic fever involving the vela of the mitral valve. Along with the endocarditis the muscle of the heart walls has been implicated in myocarditis. The softened muscle has yielded under the distending power of the incoming blood-current, and dilatation is established. Along with this there is enlargement of the mitral ostium, and the vela, contracted and puckered by the inflammatory process, are no longer equal to closing the orifice on the ventricular systole, and regurgitation takes place. It is a matter for question how far mitral regurgitation is anatomically possible as long as the vela of the valve are themselves uninjured. Some English authorities think it possible, while it is opposed by Rokitanski. Wilkinson King, in his well-known researches ("Guy's Hospital Reports," vol. II.) as to the incompetency of the tricuspid valve when the right ventricle is much distended, found that with all the pressure he could exert on the dead left ventricle very rarely did the mitral valve leak. Oppolzer and Kürshner think that valve failure from mere dilatation of the heart, with enlargement of the ostum, is anatomically impossible. But when, together with such dilatation, the valves are injured, and distorted, or shrivelled by a past valvulitis, the regurgitation becomes an undoubted and unquestionable fact. The valves, however, may still be competent to close the ostium when the ventricular chamber has been restored to its normal dimensions. Such cases of restoration have been recorded by my colleague, Dr. Andrew, and the subject of curable mitral regurgitation has been fully discussed by George Balfour in his recent work on the heart, where he upholds Naunyn's views ("Clinical Lectures on Diseases of the Heart," p. 164). A well-marked instance of such restoration is recorded by me in the *Lancet* (May and June, 1875), the subject being a young clerk in the Borough. A brief allusion is there made to the following case, which is at present under my care at the West London Hospital :—

Fred. Quire, aged 13, presented himself on the 15th of October, 1874, with the usual concomitants of mitral insufficiency, an enlarged left ventricle, &c. He had had rheumatic fever in the preceding month of June. The bruit was distinct, and heard well away to the left of the left nipple. He had no dropsy, but was short of breath on exertion, and generally feeble. He was put on the following mixture :—

Fer. pot. tart , gr. v. ;
Tinct. digitalis, m. v. ;
Inf. quassiæ, ʒss. ; ter in die,

which has been continued uninterruptedly till the present date.

On December 28th, 1874, he was very much improved, but the murmur was still audible when examined by my colleague, Dr. Wiltshire, in the presence of the resident medical officers of the hospital. He is an apprentice to an engineering firm, and continued his work steadily and unintermittingly, it being light and not irksome or injurious.

In June, 1875, he was again thoroughly examined by myself and others, and no murmur could be detected. He has frequently been examined since that date, and the heart is apparently perfectly normal ; it is of natural size, there is no bruit, there is no accentuation of the pulmonary second sound, and, though he is very fairly obedient to his instructions, there is no shortness of breath nor palpitation on exertion, and he frequently swims across the Thames without discomfort or inconvenience. He is growing fast, and is a sturdy broad-shouldered fellow.

To all practical intents and purposes this boy is cured, and will remain so until from any cause a dilated condition of the left ventricle and mitral ostium is induced, when the impaired and contracted mitral vela will again readily permit of regurgitation. He was shown to Dr. Wiltshire on Sept. 21st this year. All traces of mitral disease had disappeared.

This case is an excellent illustration of what may be done by suitable treatment in cases of mitral regurgitation, the result of rheumatic fever. For it to be successful in the highest degree it should be commenced early, pursued intelligently and persistently, and without fear of that mischievous idea, "the cumulative action of digitalis," which has done so much to retard the therapeutics of heart disease.

A still more striking case has yet to be related. It is that of the cure—temporary at least—of a dilated condition of the left ventricle, consequent upon aortic valvulitis, with double murmur, in a girl of twenty.

M. C., æt. 20, presented herself to me, at the West London Hospital, on April 10th, 1876, with distinct double aortic disease, great enlargement of her ventricular chambers, and with dropsy in her legs, shortness of breath, and orthopnœa, rare concomitants of aortic disease in its early stages. She was an unusually handsome, well-made, indeed, strapping girl, looking the picture of health to a casual observer. She had had no rheumatic fever, nor other ostensible cause of valvulitis. I had her father and mother attend with her, and carefully examined them ; but failed to find any thing in her family history, or in the condition of her parents, to warrant the conclusion of there being any congenital tendency to such disease. She herself had been in service for some years; had then returned to her parents, and been engaged in laundry work.

I put her upon—

Am. carb. gr. v. ;
Fer. am. cit., gr. v. ;
Tinct. digital mx. ;
Inf. quass. ℥j. ter in die.

And ordered her to keep in bed the greater portion of the twenty-four hours, and to be very quiet the rest of the day. No improvement followed, probably because in her anxiety to be useful, she did not fully carry out the orders as to quiet. Thinking the case an instructive one, I got my friend, Dr. Broadbent, to admit her into St. Mary's Hospital ; and from this point the remarks are his. I may say that at Christmas last she was very ill and almost persistently unconscious for a week, during which time she possibly had an attack of acute aortic valvulitis, as she was said to have had inflammation of the heart.

June 7.—On admission to St. Mary's Hospital she was found to be as follows :—Pulse rather small, sudden, and empty betwixt the beats. Temp. 99·6°. Urine sp. g. 10·15. No albuminuria. Impulse extensive and powerful ; apex beat in 7th. interspace, an inch behind the anterior line of the axilla. A loud, but rather short first sound ; no second sound. There was excessive dilatation, with little hypertrophy of the left ventricle. The dilatation was greatly in excess, from the short first sound and the small pulse. (If the case progresses favourably there will be hypertrophy of the left-ventricle, and the apex beat will be more to the right.) Port wine, 4 oz. Medium diet.

Tinct. fer. mur., ♏ xv. ;
Inf. digitalis, ʒij. ;
Sp. bœth nit., ♏ xx. ;
Mag. sulph., ʒss. ;
Aqua ℥j., ter in die.

June 13th.—The patient is much improved. Has had a good deal of palpitation in the morning. The apex beat is now almost in its normal position.

June 24th.—Had a distressing fit of palpitation, and the same on the 23rd ; it seems to be worse after taking the medicine. A belladonna plaster ordered. To leave off the mixture and maintain the recumbent posture.

28th.—Feels much better ; has had very little palpitation.

July 5th.—When seen by me in the hospital, she was looking very nicely. There was no swelling of her feet. Her heart sounds were much louder ; both the first sound and the systolic portion of the bruit indicating the recovery of tone in the left ventricle. Area of heart impulse much lessened. The left ventricle is much improved, the dilatation diminishing, and the hypertrophy increasing—the normal method of restoration after dilatation.

In the progress of this case two things are distinctly indicated. First, the futility of treatment and the stationary position of the case until complete rest was maintained. Second, the powerful effects of digitalis in reducing the dilatation and the palpitation, showing the influence exercised upon the cardiac ganglia, as it were the effect was just too pronounced. The progress of the case shows that except when the muscular walls are very much impaired and yielding, digitalis does not suit aortic cases. While the girl persisted in moving about, and repair was impossible, the digitalis was tolerated. When improvement was once inaugurated, the digitalis had to be withdrawn.

July 26th.—The heart is apparently now no longer a dilated but rather an hypertrophied heart. It is nearly an inch longer than the norm, and broad in proportion. The impulse is strong and the pulse regular. Very little palpitation experienced of late. The general condition is much improved.

Sept. 25th.—Condition persisting. Passed through last catamenia very comfortably. Tinct. of digitalis, in five minim doses three times daily in a steel mixture, is agreeing with her, and keeping the muscular walls from again dilating.

Such are a number of the more satisfactory cases met with in practice. It would be easy to supplement the number, but that is unnecessary. They sufficiently illustrate what may be done by well applied treatment. The permanent effect of digitalis in reducing a dilated heart is well shown in the aortic case, as also the stimulation of the cardiac ganglia evidenced by the attacks of palpitation, when the drug was pushed freely.

When, however, dilatation of the heart is found along with failing hypertrophy, a condition now commonly described in text-books (Hayden, p. 559), then the treatment of it is unsatisfactory, and necessarily but palliative. In such cases the hypertrophy has been accompanied by a gradually advancing atheroma of the arteries, especially of the coronary vessels, and this leads to an imperfect supply of arterial blood, the consequence of which is that the structure of the heart becomes deteriorated, and fatty degeneration is established. As soon as the hypertrophy is so undermined the dilating process recommences, and the walls gradually yield. In these cases we find the blended condition of hypertrophy and dilatation; but we must bear in mind that here the conditions are widely different as regards prognosis and treatment from those found where the condition has always been blended; and, though there is dilatation, the structure of the heart is sound. In these latter cases there is a fair prospect of treatment being successful: in the dilatation of failing hypertrophy, with degenerate muscular fibre, all that can be done is but to try to retard the downward progress. In treating blended hypertrophy and dilatation it is of the greatest importance to make an accurate diagnosis, else undeserved discredit may await the treatment. It does not, however, necessarily follow that no relief can be afforded, even in failing hypertrophy, as the following case will demonstrate:—

J. L., aged forty-five, a wheelwright, presented himself at Victoria Park on May 2nd. The notes of him then are: "First sound thin; second sound accentuated; failing hypertrophy; lithiasis; nocturnal dyspnœa." He was put upon potash, digitalis, and buchu, and in a fortnight steel drops were added, after food. After this he wrote me that he was at the Convalescent Home at Dover, feeling much benefitted. On July 8th he was feeling much better; the attacks of nocturnal dyspnœa had ceased; he felt more equal to exertion, and the first sound was of much better quality, showing increased vigour in the muscular fibres remaining sound and undegenerate.

The different cases given in this paper illustrate the different forms of cardiac dilatation, and their amenability to treatment, and especially treatment carefully adapted to the particular wants of each individual case. Good general information on the subject dealt with is sufficient for the coarse adjustment of the treatment, *i.e.*, the general line of therapeutic attack; but a certain amount of personal enthusiasm seems indicated in order to arrive at a satisfactory fine adjustment of the therapeutic measures for the relief of the individual, and the adaptation of these measures to the exigencies of the case before one. Enough has been said above to vindicate the title of this paper, and to demonstrate that a dilated heart is not necessarily beyond the reach of the therapeutic art.

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VOICE TRAINING AS A BRANCH OF SURGICAL SCIENCE.

By Charles Lunn.

It is with no small pleasure that I see my efforts to induce the members of the medical profession to take up voice training bearing rapid fruit. And the reason why they should do so is twofold. Firstly, the musical profession, as we now have it, is not sufficiently qualified, even if it be qualified at all, by scientific knowledge to carry out this obvious duty to mankind. Secondly, many of the principles of true training so apparently conflict with all that musicians are justly taught to admire, that the very training of these specialists of necessity forces them into the repudiation of what is true, and into the invention of what is false: besides, it is time for thoughtful men to reflect what can be done to improve the technique of the pulpit, the stage, or the platform, and not leave these three great human appeals to the mercy of those who, rightly or wrongly, undertake the entire culture of our public singers. To take the most simple point of difference; musicians train by "ear," forgetting or ignoring that the ear is the judge, not the guide; the approver of what is, not the director of what is not; the "break" or drag, not the motor power—not the steam which works the engine. The ear, then, is *not* the guide, but the check; the mind is the only guide. Supposing in a spoken word a consonant be feeble or absent, we do not enquire into the beautifulness (the music) of its sound, nor do we enquire into the ugliness of it, but we proceed to cause an excessive nerve force to rule certain muscles calculated by their right use to produce the desired effect. This is purely a force of volition directed on to a known locality.

Now this is just what takes place in voice. If it be desired to give a vowel (a, e, i, o, or u) loud and without an aspirate—a very difficult matter to some—then the will is directed on to a direct nerve action, ruling the rightly-adjusted parts for such sound, and this will-force affects the intrinsic nature of the parts appealed to, whether the result be musical or not; the first principle ofcontrolled words—whether uttered to the utterer's music, or to the music of another man not signifying—consists in a restitution of a disturbed law acting between the brain and the vocal organ, and secondarily, the organic relationship between laryngeal resistance and thoracic pressure. That a first attempt, producing what musicians would condemn as "ugly," may finally flourish and bloom into the uttermost radiance of beauty in sound, is shown by the just tentative and unopposed efforts of our solo violinists, and this also may ultimately be proved to be true respecting the training of the voice. But in order to this, known laws in Natural Physics must be put before fancy, known Psychical laws must be put before personal preference, and Physiology must be allowed to claim authoritative sway. Such can only be when those who know Actual Physics, who know Psychology, who know Physiology, take the matter in their hands, and insist on ruling where they have hitherto obeyed.

If a meeting were held to discuss this matter, and an attempt thereby made by men of known repute to define and approve an apparently correct method of voice culture, much will thereby be gained.

Pathological Anatomy of the Brain—

LOCALISATION IN CEREBRAL DISEASE. (*a*)

By Prof. Charcot.

Chapter IX.

Gentlemen,—We must examine these two systems in each of the great vascular territories. In entering upon this study we shall notice common points and differential points. First, we will take up the Sylvian artery, the most important and most complicated of the cerebral arteries. The account of the other two will afterwards appear easy and simple.

1. The Sylvian or middle cerebral artery passes into the fissure of Sylvius, of which we must separate the margins in order to lay the vessel open to view. But it has already given off from its upper surface, in a region called "the anterior perforated space" (formed by the white matter) a series of branches which enter separate holes, all the arteries running parallel to each other. These are the *arteries of the grey central ganglia*, or more exactly of the *corpus striatum.* We will leave on one side for the present the system of the grey nuclei, to be engaged only with the cortical grey matter. At the bottom of the fissure of Sylvius the *island* of Reil appears, at the level of which the artery divides into four branches, each of which deserves a special name. These branches follow the sulci which separate the convolutions of the island, and to these convolutions vessels are given off. These bend back afterwards from within outwards, to ascend to the surface of the hemisphere, where they are distributed to a certain number of fundamental convolutions, there mapping out secondary vascular territories which correspond with each of these convolutions.

We will not at present tarry over this description, but will go on to examine more minutely the method according to which the cortical arteries ramify in the substance of the pia mater before passing into the brain substance.

At the outset I must call your attention to the fact that the branches of the middle cerebral subdivide into branches of the third order, two or three from each secondary branch. These tertiary branches form a sort of vascular framework, on which is constructed a complete system of *arborisations.* This is a peculiar and quite original system of little vessels, which start not only from the ends of the branches, but from the trunks themselves. In opposition to most authors, M. Duret asserts that the *arborisations do not anastomose among themselves*, while the branches sometimes communicate with those of neighbouring territories.

The ramifications and arborisations are situated in the plane of the pia mater. On the inner surface of that membrane they give rise to the *nutrient vessels* of the brain matter, dipping vertically into it. All these nutrient vessels are already capillary (according to Robin's nomenclature). This characteristic distinguishes them from the vessels of the central ganglia, which, by the anterior perforated space, penetrate the white substance of the base of the brain, the latter having still the size and structure of arteries.

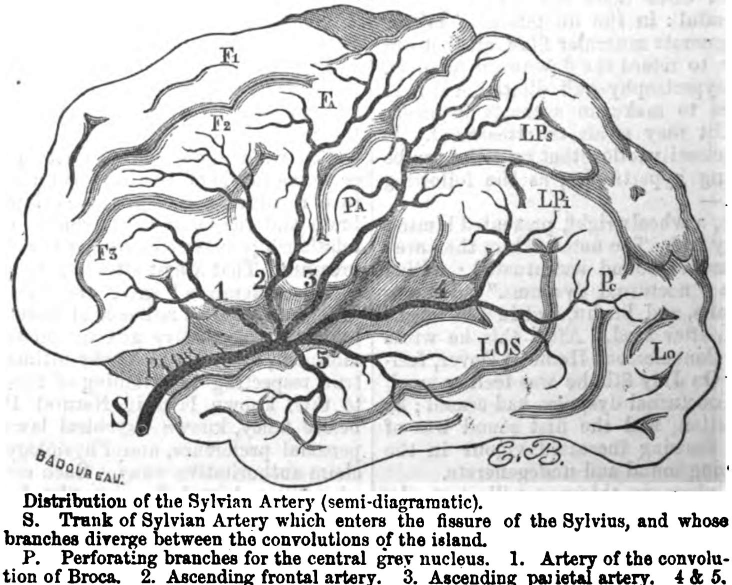
The time has now arrived for examining more closely, by means of sections for the microscope, the details relating to these *nutrient arteries.*

In a vertical section of the whole thickness one can distinguish, near the periphery, the grey substance in the form of a festoon, and of a thickness of from 2 to 3 millimetres, then within this the medullary substance consistency of radiating fibres and of commissural fibres, which connect each convolution with its neighbour. How, then, do the arteries appear in such sections? There are distinctly two sorts of arteries, as has been known for a long time, and especially noticed by Todd and Bowman; some of these arteries are long, others short.

1st. The *long* or *medullary* arteries arise from the *ramifications*, or rather are the ends of the *arborisations.* We see twelve or fifteen on a section of a convolution, three or four on the free surface, the others distributed on the two slopes, or in the sulcus. The arteries of the ridge are vertical, those of the sides are oblique, those in the bottom of the sulcus are again vertical. The arteries penetrate into the oval centre to the depth of three or four centimetres. They advance without any anastamosis except that of fine capillaries, and therefore constitute systems independent of each other. Finally, let us remark that their extremities approach the terminals of the central arterial system, *but there is no communication between the two systems.* The result of this arrangement is that on the confines of these regions there is a kind of neutral territory, where nutrition is carried on rather feebly. This neutral region is especially the seat of certain lacunar softenings, occurring in the aged.

2nd. The *short* or *cortical nutrient* arteries have the

Fig. 8.



Distribution of the Sylvian Artery (semi-diagramatic).

S. Trunk of Sylvian Artery which enters the fissure of the Sylvius, and whose branches diverge between the convolutions of the island.

P. Perforating branches for the central grey nucleus. 1. Artery of the convolution of Broca. 2. Ascending frontal artery. 3. Ascending parietal artery. 4 & 5. Parieto-sphenoidal rnd sphenoidal arteries.

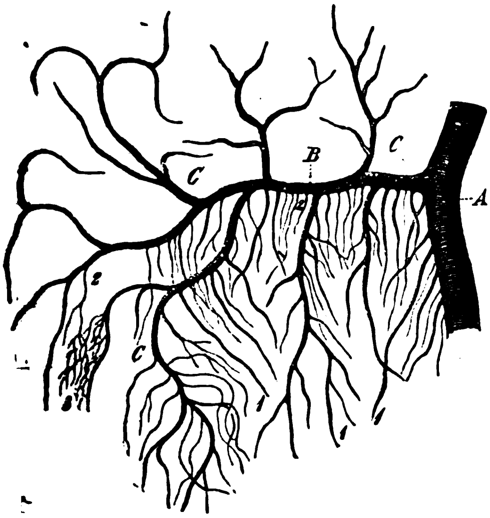
F1. F2. F3. 1st 2nd and 3rd frontal convolutions. Fa. Ascending frontal convolution. Pa. Ascending parietal convolution. L.Ps. Superior parietal lobe. L.Pi. Inferior parietal lobule. Pe. Curved fold. Lo. Occipital lobe.

(*a*) Translated from *Le Progrès Medical.*

same origin as the long ones, but they are more slender, shorter, and, so to speak, "they stop on their way." Some go as far as the margin of the grey matter in the direction of the medullary matter, others do not reach so far, and end in the substance of the grey matter. The short arteries give rise to capillaries, which, with those coming from the longer vessels, form a complete network.

In the convolutions the network possesses the following characters: 1. The first layer is half a millimetre in thickness. 2. The second layer corresponds with the two zones of nerve cells, and the network here is very close—the polygonal meshes being very fine. 3. On the border of the last layer the network becomes coarser. 4. Lastly, in the medullary substance the meshes are still larger, and are lengthened vertically.

Fig, 9.



A. Principal artery. B. Primary branch.
CC. Secondary branches.
1.1.1. Medullary arteries.
2.2. Cortical arteries.
3. Twigs of the cortical arteries in the cerebral pulp.

From the preceding information it arises that, regarded in an arterial light, the grey cortical matter and the subjacent white matter are in close relationship, since the vessels each receive are alike derived from arteries running in the pia mater. Are these vessels obliterated at any point? The grey matter and white matter would suffer simultaneously at the corresponding region, and would undergo that kind of mortification that is called "cerebral softening from ischæmia." The relation of these various parts enables us to give a systematic account of superficial softening.

Remember the general distribution of the nutrient vessels. They pass towards the central parts parallel to one another like so many rays. The white and grey regions of the cortex can be divided into a certain number f *wedges*, of which the bases are towards the surface, and he truncated summits are towards the central part. And hat is just the form which most of the "superficial ramollissements" take.

This at once brings back to the memory the appearnce of infarctions of the spleen and of the kidney. If he softening is old, that is to say, if it already dates ack some weeks, the grey matter appears depressed by reason of the destruction of its elements, and of the concomitant wasting of the subjacent white substance.

The superficial part of the faulty spot forms that which is called the *yellow layer.* This yellow colour belongs exclusively to the grey matter, the white matter when oftened being only whitish or sometimes slightly tinted ith yellow.

A. We have, in this case, supposed ourselves to be ncerned with the obliteration of a branch of the second r third order. The obliteration of the trunk of the sylvian artery itself might have the effect of bringing about the death of all the grey layer, and of the subjacent white matter.

The central parts would be quite safe if the obstruction were situate above the origin of the arteries of the corpus striatum.

B. You must not think, gentlemen, that *all* obliterations of this kind will of necessity always produce such disastrous results. There are some cases, truly rare, where such an obliteration affects the trunk or a branch of the middle cerebral artery. (I take this one for the sake of example, but the anterior or posterior would be just the same), where such an obliteration, I say, may in some cases produce only passing results, or none at all.

This being the case, gentlemen, shows that the three great vascular territories forming the cortex of the brain, and their smaller departments, are not independent, strictly speaking. They may, and really do, communicate, as a general rule. Are such communications easy, frequent, or, on the other hand, are they accidental, indirect? Here is a problem, on the solution of which our authors are not agreed.

Heubner asserts that the said communications are not uncommon, that they are formed by vessels not less than a millimetre in diameter. He founds the assertion on the results of injections in which he has found that the colouring matter injected into any one of the "departments," either by the principal arterial trunk or one of its its branches, penetrates quickly into the other departments.

He appeals also to pathological instances indicating that the obliteration of one of the vessels of the cortical system or of its branches, is not revealed during life by any evident symptoms, and in which death having occurred, the cerebral substance has not (at the autopsy) showed any trace of softening at the point corresponding to the obliteration. In the first place, as to the pathological facts to which Heubner refers, we must remember that they unquestionably exist. Still, if I may judge from the very numerous observations I alone have been able to collect, such cases are very rare.

And again, it is certain in the domain of normal anatomy, things are far from being always as Heubner has seen them. Duret's observations on this point have been very numerous, and almost always confirmatory.

Briefly, then, we learn from Duret as follows: a ligature is placed on each of the three arteries of the brain, on each side, just above their origin from the circle of Willis, then a fluid is injected into the middle cerebral. This fills first the territory supplied by that artery, and in most instances passes beyond its limits. The injected matter invades the neighbouring regions entering them little by little, the invasion passing from the periphery of the vascular territory invaded towards the centre. It is effected by the agency of small vessels belonging to the system of ramifications, being therefore only 1-4th or 1-5th of a millimetre in diameter, contrary to the opinion of Heubner, who believes that such intercourse takes place through vessels a millimetre in diameter. The number of anastomoses between the territories is very variable. There are cases in which one can inject one of the three grand territories by itself, the anastomoses not being sufficient to allow the injection to pass into the neighbouring regions. The communication existing in the peripheric zone of a vascular territory explains why the obliteration of a principal trunk often results in isolated softening of the *central* parts of the territory, the peripheric parts remaining unhurt. Such are Duret's conclusions. They are, in my opinion, more conformable to pathological facts than those of Heubner. I must add that M. Cohnheim, who had undertaken a certain number of partial injections of cerebral arteries, arrived at the same conclusions as Duret. If the arteries of the brain, says Cohnheim, are not absolutely *final* or *terminal* (we shall see presently what Cohnheim means by these words) they approach nearly to their type. Under this name *final* or *terminal* arteries [Endarterien] Cohnheim ingeniously designates the arteries or arterioles, which in their whole course from origin to capillaries, neither furnish nor receive any anastomotic branch. An example of terminal arteries, convenient for study, is furnished by the tongue of the frog, which is transparent, and in which it is easy to trace by the help of the microscope the effects of an obliteration.

You can easily imagine the fatal consequences of obliteration of a terminal artery. If we consider, on the contrary, an anastomosing artery, the course of the blood is generally re-established with ease by anastomoses. These can be obliterated in their turn, and it follows that an artery, which in normal conditions is *not* a terminal artery, may become so by accident.

The circulation of the brain furnishes many instances of terminal arteries. Thus, without including the ramifications existing in the pia mater, we may instance the nutrient arteries. We shall see that the system of arteries of the central ganglia is constructed entirely and strictly on this model. The same type is found in all the other circulatory systems where pathologically or experimentally occurs a lesion by vascular obliteration customarily called *infarctus*. Such are the spleen, the kidney, the lung, and the retina. All the viscera (M. Cohnheim remarks) where infarctus does not, as a rule, occur, have not this arterial distribution.

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ON THE GROWTH OF THE PHTHISICAL.

By Edward Williams, M.D.,

Consulting-Physician to the Essex and Colchester Hospital.

> "The growth, and often the rapid growth of the consumptive in all the stages of the disease, is a phenomenon that must have arrested the attention of those medical men who think concerning what they see."—Beddoes on "Pulmonary Consumption."

In perusing the essay from which the above is an extract, I became interested to ascertain the cause of so paradoxical a condition in which the muscles, tissues, and fat are being rapidly absorbed, while the bones are elongating and attaining their normal development.

In a paper published by me in the Medical Press and Circular, October, 1875, I endeavoured to show that emaciation in consumption arises from the prevention of chyle passing freely into the venous system, from obstruction at the mouth of the thoracic duct, thereby depriving the circulation of sufficient chylous supply, and the system in general of nutrition.

Admitting the existence of such obstruction, how is the fact to be explained, that while nutrition is withheld from parts that should receive the soluble materials of proteine as albumen and fibrin, yet that the gelatinous tissues should continue to be fully developed.

We are informed by that accomplished writer, Dr. Prout, that gelatine, though existing most abundantly in various animal structures, yet that it is never found in the blood or in any product of glandular secretion. (*a*)

Since the above observation, *Mulder*, by careful and exact analysis, discovered proteine, and ascertained this important result, that the chief constituents of the blood, albumen, fibrine, and caseine, contain the same organic elements, and hence arguing that proteine must be considered as the commencement and starting-point of all other animal tissues that are *produced from blood.*

It is further shown that the composition of the blood consists solely of albumen, fibrine, and caseine, with the colouring matter, which have this character in common, that they yield no gelatine.

Liebig, the greatest chemist of the age, while treating the subject of the origin of gelatine, finds great difficulty in connecting gelatine with proteine; in fact, he fails in the attempt, observing that the tissues yielding gelatine, on being acted on by caustic alkalies, shows that they contain no gelatine, and closing his remarks by the statement that no fact is as yet opposed to the law deduced from observation, that nature has exclusively destined compounds of proteine for the *production of blood.* (*a*)

But gelatine contains no proteine, that is to say, it is not a blood producer, and appears not in the blood vessels as a constituent of the liquor sanguinis. Yet the tissues mainly supported by gelatine—such as the organic tissues of the bones, of tendons, ligaments, and cellular tissue, with the skin and the serous membranes—are so considerable, and requiring so large an amount of gelatine, that with carnivorous animals they are instinctively impelled to seek a supply from the bones which they devour for the gelatine contained in them, since proteine or its compounds, albumen and fibrine, does not form it.

From the aforementioned premises, it is evident that gelatine passes not into the thoracic duct, therefore in obstruction of that duct the circulation of gelatine is not interfered with, and those tissues formed therefrom increase in growth, whereas the organs receiving from the thoracic duct have this supply abridged or curtailed, causing the emaciation with consumptives, and a gradual absorption of those tissues which are furnished with nutriment from the general circulation.

This corroborates the result of the previous inquiry into the cause of the emaciation in consumption, and fully justifies the conclusion there deduced, and further explains the circumstance referred to by Dr. Beddoes, of the apparent and rapid growth of those labouring under phthisis.

(*a*) Prout's Bridgewater Treatise.

(*a*) Liebig's "Organic Chemistry."

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ON ALCOHOL, CHLORAL, AND DEPLETION.

An Address to the LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY

At the Opening of the Session 1876-77.

By Dr. Myrtle, President.

After thanking them for the high honour of electing him as President of the Society, and asking for their assistance to enable him to carry out the many duties which devolved upon him, Dr. Myrtle said—

Gentlemen,—We, in our corporate capacity, have every reason to feel satisfied with our position and progress, whether we look to our numbers, the names on our roll, or to the state of our finance. Hitherto, the Leeds and West Riding Medico-Chirurgical Society has been a decided success, but success in the past, I beg you to remember, is no guarantee for success in the future, and with your permission I shall briefly touch on one or two points that strike me as worthy of notice at this our first meeting of the present session. In order to be successful and increasingly so, the most important thing to accomplish is to make our meetings more and more attractive, and in order to do so I would urge on all members regular attendance at each meeting; nothing acts so like a wet blanket on a meeting of any society as a thin attendance. Then we must have more workers and a little more variety in the work. Every member ought to make it an imperative duty and bring before us any new medical or surgical fact which he has observed, no matter how trifling it may appear to him, it may gather strength by exposure and grow into a tree yielding much fruit. During the last four years how many members have not only allowed valuable clinical facts to pass without laying them before us, but without taking note of them at all, and even now they may have vanished from their memories never to return. Let me therefore impress upon you the desirability, the absolute necessity of recording interesting and exceptional cases for your own as well as the public good, by all means be brief and to the point, but let us have the facts, if they are not new to all they will be to some, and need not take up much of our time either in relation or discussion ; of this we may be assured within ourselves we have abundance of men and material to make each of our meetings more and more attractive, more and more useful to ourselves, and consequently more and more auxiliary to the prevention, cure, or alleviation of disease.

To the younger members, and especially those connected with public institutions, I would suggest the propriety of their bringing before us any new methods of treatment both as regards surgical appliances and therapeutic agents ; besides, they might occasionally favour us with practical demonstrations by means of the syphmograph, laryngoscope, and ophthalmoscope ; as a rule, middle-aged practitioners have neither time nor opportunity to indulge in such investigations, and would feel deeply indebted to any one who would take the trouble to bring them forward. This ought to be done at the termination of the ordinary business, especially on those nights when there is a paucity of papers.

Hitherto we have almost entirely confined ourselves to the records of clinical cases. I have long felt that whilst this is by far the most useful work we could engage in, we would be all the better for an occasional change of diet, and I was glad to hear Mr. Wheelhouse at our last meeting suggest that we should occasionally have a subject brought before us which would lead to a debate, such as the London Clinical enjoyed over pyæmia. Now two difficulties stare us at the threshold—the first is what subject or subjects shall we select ; the second, who is to throw down the gauntlet. Once the glove is on the floor, I know there will be plenty of fellows ready to break a lance with the challenger. I would mention three subjects which might worthily engage our attention—the first is alcohol ; a cry, I think a fashionable cry, has gone forth against the principles and practice so recently taught and carried out by the late Dr. Todd. Alcohol is pronounced by many here in England and on the Continent to be useless as a food, injurious as a medicine, and some go so far as to trace every form of disease to the evil influence which the consumption of alcoholics entails on our moral and physical conditions not only as regards the individual more immediately concerned, but as regards the health and development, mental and bodily, of his progeny. Our hospitals, mad-houses, prisons, and workhouses are said to be filled by the victims of intemperance, murders and suicides are laid to its door ; in short, were it not for intoxicating drinks this earth might be a paradise, and disease, death, and doctors seldom heard of or seen. It occurred to me that among the members of this Society many must have had abundant opportunities of observing the effect of alcohol, first of all upon themselves, second, upon their friends, and third, upon their patients ; and it further dawned upon me that we might elucidate much valuable information by taking up the subject of stimulants and soberly discussing their merits as a food or inhibitory agent as regards the waste of tissue when taken moderately in a state of health, as a pathogenic agent when taken immoderately, and a therapeutic one when administered medically. The second subject has a close affinity to the first—it is chloral and the bromides, and the effects produced by long continued and increasing doses taken for the purposes of allaying recurrent pain, inducing sleep, or the prevention of epilepsy. I have been recently very much astonished to find so many patients, especially among the better class of females, given to the irregular use of some nerve sedative. The saying, "I could never get on without my bromide or chloral hydrate," is of daily occurrence, and the amount consumed is proportionately large ; for myself, I have observed one or two facts which are traceable to chloral drinking—reduction of the pulse and temperature, and absortion of the fatty tissue ; in several instances I have found a gradual disposition to the diminution of the red corpuscles, but beyond these and bromic acne I have seen no evil result from their uninterrupted and free exhibition. I would suggest that their use in *delirium tremens,* insanity, and neurotic affections generally might afford us another interesting topic for an evening's debate ; but the subject I have most at heart, and the one which I consider requires to be thoroughly opened up, is depletion. General and local—have we been right or wrong in repudiating this almost universal remedy in the treatment especially of all cases of active inflammation or passive congestion—was the constant practice of our fathers at variance, not with their empirical knowledge, but with our own, plus the light which recent scientific discoveries have thrown on pathological changes ? Since blood-letting has been cast aside as a useless and filthy garment, are the diseases for which it was once the sole, the sovereign remedy, more easily, more speedily cured by the present modes of dealing with them —are the complications and sequelæ of such diseases as pneumonia, pleurisy, peritonitis, apoplexy, and nephritis less grave, less frequent now than they were five-and-thirty years ago ? These are questions which might engage our very best thoughts ; the older I get the more convinced am I that in abandoning the lancet and the leech, as we have done, we have acted unreasonably ; the more I think of the practice of my early days, the more inclined am I to return to it once more ; in those days we not only bled, but we starved our patients and physicked them, calomel and antimony were literally dealt out—in the bleeding I believe we were right, in the rest wrong—and yet the results were highly satisfactory. I think we had fewer cases of collections of fluid in the chest—fewer cases of such severe paralytic affections, and more rapid recoveries than we have now. Some of you may say that was because we had more deaths ; that I do not admit. At the same time I can bring forward no proof in support of my view, because I have no authentic records to adduce. Your public hospitals might furnish these, and here again one would require to make a liberal allowance for the comparatively imperfect means of diagnosis in the time I speak of, when compared to the more accurate knowledge of the present day. Still, my general impression is, that the sooner we resume, under proper limits, the abstraction of blood in the treatment of cases where we have blood stasis to any considerable extent, no matter in what organ or from what cause, the better ; and I find that this view is much more generally entertained by practitioners like myself, who witnessed the effects of it in their early days, than any one would believe, seeing that entertaining the conviction, we still hesitate to put it into practice. For my own part, were I the subject of any form of disease for which I bled when I received my licence to practice, I should strongly insist upon being treated by means of general or local depletion in preference to any other.

Clinical Records.

ST. MARY'S HOSPITAL.

(Under the care of Mr. SPENCER SMITH.)

Ventral Hernia, with Symptoms of Strangulation.—Treatment by Ice, &c.—Recovery.

(Reported by Mr. GILES, House-Surgeon.)

M. W., a healthy-looking woman, was admitted to the hospital on October 2nd with the following history : About ten years ago she suffered from a femoral hernia, for which she was fitted with a truss. About five months ago the swelling "shifted," as she expressed it, upwards to the right side of the umbilicus, and she was attacked with symptoms of obstruction, which disappeared without active treatment. Three days ago similar symptoms set in ; constipation of the bowels, and severe vomiting.

On admission, a hard, nodulated, rough, inclastic tumour, about the size of a fist, which gave no sense of fluctuation or impulse, could be felt, with its anterior portion projecting apparently through some slit in the abdominal muscles, and lying immediately beneath the skin a little below, and about two and a-half inches to the right of the umbilicus. The tumour and the abdominal wall in its neighbourhood were very tender, pulse quick and full, temperature 101°. An ice-bag was applied over the tumour, but it occasioned so much pain that it had to be removed in a few hours, large hot poultices being substituted.

Oct. 3.—Patient about the same; had not vomited since her admission, but had had no action of the bowels. On examining the tumour it could no longer be felt immediately beneath the skin, but appeared to have slipped into the abdomen, where it could still be distinctly made out. An opening could be felt in the abdominal muscles at the site where the subcutaneous mass was felt the day before. The pain and tenderness continued as before.

Oct. 4.—On this day a consultation was held as to the case, and the opinion being that the tumour consisted of the caput cæcum coli, displaced, and filled with impacted fæces, she was ordered pil. colocynth co., gr. x., to be given at 12 p.m., and to be followed by ol. ricin, ℥j., on the following morning.

Oct. 5.—Bowels had been freely opened. The tumour was much less tender, but did not appear to be notably diminished in size.

Oct. 6.—Castor oil acted very freely. Abdomen much less tender. The tumour had almost entirely disappeared this morning. The motions contained a quantity of hard fæces.

After the above date the patient became rapidly better, and having been fitted with a belt and elastic pad, left the hospital on the 20th October, cured.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, October 13th, 1876.

Thomas Bryant, F.R.S., Vice-President, in the Chair.

INTESTINAL OCCLUSION DEPENDENT UPON TUBERCULAR DISEASE OF THE INTESTINES.

Dr. **Wolston** read notes of this case, which had also been seen by Dr. Sutton and Mr. Maunder. The patient was a young lady, twenty-five years of age, and somewhat mentally deficient, though quite capable of expressing all her sensations and wants. Up to the time of her illness, she had been considered by her friends to be in robust health. In the afternoon of the 20th February, having appeared perfectly well in the morning, she complained of headache, and in the evening sickness with colicky pains in the bowels came on. For the next few days she was better, and then the sickness and colicky pains, with constipation, returned, and continued, with slight intermission, till Friday, March 3rd, when she was first seen by Dr. Wolston. The patient looked as if there were nothing much amiss. The face was apathetic, but with no expression of distress or anxiety. There had been no pain or sickness that day. The tongue was white at the back, but clean at the tips and edges. There was slight febrile excitement. Pulse 80; temperature 99·5; urine thick and high-coloured. The most marked symptom was extreme tympaniti but there was no tumour to be detected anywhere, and there was no pain or tenderness on pressure. The catamenia were two months over due. The history of the case, with the constipation and extreme tympanites, led at once to the suspicion of intestinal obstruction. With that view, purgatives being contraindicated, the bowels were directed to be well fomented with hot water, and copious water enemata to be administered whilst nothing was to be taken by the mouth but a little milk and water to allay thirst.—March 4th. The patient had passed a restless night, with a good deal of pain, coming on in paroxysms, but no sickness. There was no pain or tenderness on pressure, but the tympanites had increased. Urine had passed freely. The enemata had caused no action from the bowels. The tongue was more coated. Pulse 80; temperature 90 deg. An enema, containing castor-oil and turpentine, was directed to be administered. This freely opened the bowels, but was followed by extreme pain and sickness, with no relief of the tympanites.—March 5th. There had been much pain and sickness during the night, nothing being retained on the stomach. Another enema was administered, which had the effect of quite emptying the bowel below the constriction, though it caused no relief to the tympanites.—March 6th. She was much worse; there was more pain and sickness; the vomited matters were stercoraceous; the abdominal distension was extreme; pulse 100; temperature 99·5 deg. Several attempts were made to overcome the obstruction by means of the forcible injection of tepid water, but the only result was increase of pain and sickness. She was ordered nutritive enemata of eggs, milk, and beef-tea thickened with arrowroot, with a dessertspoonful of brandy and fifteen drops of opium, to be administered every three hours, and ice dipped in brandy to be given freely by the mouth; the bowel to be washed out once in twenty-four hours with tepid water and turpentine.—March 7th. She had passed an easier night, with fewer paroxysms of pain, and had had several hours' sleep. There had been some vomiting and hiccough. The tympanites was extreme, but there was no pain or tenderness on pressure; pulse 100, full and firm. The tongue was cleaner; the urine free and normal. In the afternoon, the patient was seen by Dr. Sutton, who confirmed the diagnosis of intestinal occlusion, probably from a band over which the intestine had twisted, but without strangulating it completely. No change was made in the treatment.—March 8th. The patient had passed a good night, without pain or sickness, and had slept a good deal. There was some hiccough. Flatus had passed freely, and the abdominal distension was less; occlusion plainly not complete. Pulse 82; tongue clean; temperature 99 deg. During the next few days there was slight improvement; but on March 11th, the paroxysms of pain and vomiting returned; the tympanites again became extreme, and was but slightly relieved by puncture of the bowels with a small trocar. In the afternoon of this day, the patient was seen by Mr. Maunder, who confirmed the diagnosis as to the probable cause of the occlusion, but deprecated any surgical interference in her present state. He put her under chloroform, and, by manipulation of the bowels and inverting the body, tried to free the supposed entanglement of the intestine. Some flatus passed, but no other result ensued.—March 12th. There had been some pain and sickness during the night; in other respects there was no change; pulse 82. From March 13th to March 28th, the condition of the patient varied very little. The pulse remained about 80, and temperature at about 99 deg.: the tongue kept clean and moist, sickness was pretty constant, but the pain was comparatively slight, and easily relieved by hot fomentation and rubbing. A good deal of flatus was passed at times, but never any feculent matter. The urine was free and normal. The nutritive enemata were all well retained, and, save that wasting became manifest, the patient retained the appearance of health. March 28th. Sickness and pain existed; the pulse was 90; tongue clean. On this and the three succeeding days the electro-magnetic current was several times applied, and the peristaltic action of the bowels was thoroughly aroused, but with no effect, except the passage of flatus. Peristalsis was absent, unless when aroused by the electric currents.—April 1st. She was in about the same state; her tongue was clean, and pulse 80. During the next few days the watery extract of aloes, podophyllin, calomel, and croton oil were given, but only with the effect of increasing pain and sickness.—April 10th. Much pain and sickness were present; flatus freely passed, and the bowels were softer. She was weak and low. The wasting was very apparent; pulse 100, and feeble; temperature 99·6. From this date the patient steadily sank, and died somewhat suddenly on the 21st of April. The *post-mortem* examination took place the next day, and the chief features were as follows: On opening the abdomen, the intestines, moderately distended with flatus, presented the appearance as if they had been scattered thickly over with boiled sago, and on closer examination this was found to be a tubercular deposit, which extended throughout the entire length. Many of the deposits were as large as beans, looking like yellowish-white nodules on the surface of the gut, but being deposited really in the substance of the peritoneal covering. They were most extensively distributed in the neighbourhood of the cæcum. The intestines were extensively adherent to the peritoneum in many places, especially to the sides of the pelvis. They were also much glued together and puckered by adhesions, so that it was with much difficulty they could be removed and properly examined. Complete occlusion of the bowels was nowhere found, but they were tightly constricted in many places, so that their contents were contained in a succession of pouches. The internal lining of the intestines was healthy throughout. There were no signs of recent inflammatory action, or appearance of recently thrown out lymph, all the adhesions being old and firm.

Mr. **Maunder** was obliged to look upon this case as another instance where science and art of surgery must fail. The cavity of the abdomen always presented difficulties in the diagnosis of disease. The patient, however, was not sufficiently ill to guarantee any surgical operation. He thought that the partially imbecile condition of the patient tended to conceal those permanent symptoms by which any diagnosis might be made.

Dr. **Hilton Fagge** considered the case one of peculiar interest. He had carefully searched numerous records, but never yet found the report of a case in which tubercular peritonitis produced obstruction of the bowels. He did not, however, think the case so difficult of diagnosis, though he felt some diffidence in saying so, after the precise condition had been made known by a *post-mortem* examination. He would not say that the existence of tubercle in the peritoneum ought to have been recognised, but certainly the symptoms were not those of a local obstruction, but rather of some general disease. One great point leading to this conclusion was the very gradual way in which the constipation increased, a certain proof that there was no obstruction by a band, or other sudden local change. With regard to the character of peristaltic action, he considered that where the obstruction was due to a band, the vermicular action was less than when there was general disease of the small intestine. The general symptoms would lead to the view that there was some condition by which the intestines were held together, such as would result from a chronic form of peritonitis.

Dr. **Southey** agreed with Dr. Fagge that the diagnosis of the case did not present to him the difficulties suggested by Dr. Wolston, but with regard to the character of the peristaltic action in a case of a local obstruction compared with one of general obstruction, his experience went to prove precisely the opposite view to that expressed by Dr. Fagge.

Mr. **Brown** would be glad if some of the able men present would decide as to the point at issue between Dr. Fagge and Dr. Southey. He thought that, physiologically, binding down of the intestine would entirely prevent peristaltic action, from being recognised externally, whereas with the presence of a band peristaltic action was certainly excessive.

Dr. **Southey** repeated that there was most peristaltic movement in cases of cancer of large intestine, then in cases where bands existed, and least of all in cases of chronic peritonitis.

Dr. **Wolston**, in reply, said he was prepared to hear different views expressed as to the diagnosis, but owing to the absence of tenderness, the idea of turbercular peritonitis had not suggested itself to him. He might add that there was in this case no peristaltic action visible except under the influence of galvanism or excitement by the hand. He had punctured with the aspirator, but it had given such little relief that he had not persevered. He had employed the battery, one pole being applied to the mouth, and the other to the anus, and by this means he had certainly overcome constipation to an extent.

SEQUEL TO A CASE OF GASTRO-ENTEROTOMY—ARTIFICIAL ANUS IN THE SMALL INTESTINES.

Mr. **Maunder** read the account of the above case, from the time when the patient had been submitted to operation in November, 1875. The case was fully reported in the *British Medical Journal* for April 1st, 1876, p. 413, and appears in the new volume of *Transactions* of the Clinical Society. The patient's general health improved, and he was able to enjoy a good two hour's walk daily. The hard lumps, which Mr. Gordon Brown had detected in the abdomen, steadily increased in size; the appetite gradually fell off, and solid food became distasteful. Hiccough ensued, and week by week he became more feeble. The artificial anus, which Mr. Maunder had made in the right iliac region in the small intestine, continued healthy and adequate. To avoid inconvenience arising from the irregular action of the bowels through the artificial anus, Mr. Gordon Brown advised his patient to use an enema of half a pint of water daily. By this means he was able to clear his bowels before leaving his room in the morning, and had no further trouble. He wore a sponge-tent, which acted as a plug, and, at the same time, kept the orifice open. His death appeared to result from exhaustion, consequent on inability to take sufficient nourishment, and was most peaceful, seven months subsequent to the operation. Mr. Maunder thought he was entitled to say that the operation was eminently successful, inasmuch as it prolonged for seven months a life that threatened to become extinct in forty-eight hours. The patient was sixty-eight years of age, gouty, and with a feeble circulation. Much to the annoyance of Mr. Brown and Mr. Maunder, a *post-mortem* examination was obstinately refused. Mr. Maunder said that the operation had now been performed by Mr. McCarthy, Mr. Wagstaffe, and himself, once by each of the three. In answer to Mr. Bryant, he said that no motion or flatus had ever passed *per anum* after the operation.

Dr. **Greenfield** had made experiments in the dead house to ascertain what part of the bowel would come into view by making the incision according to Trousseau, at a little below the centre of a line drawn from the umbilicus to the right anterior superior spine of the ilium; in one case it was the cæcum, in another the sigmoid flexure of the colon, and in a third the ilium, eight feet above the cœcum.

Mr. **Maunder** replied that his colleague, Mr. McCarthy, had examined about seventy bodies with the same object in view, and in a very large majority of cases the lower part of the ilium had been seized and opened, so that the bowel was invariably opened above the seat of obstruction, and yet at a point sufficiently low for the purposes of digestion to be carried on.

Mr. **Wagstaffe** remarked that the person on whom he had operated was still alive, and that he passed fæcal matter both by the wound and by the rectum.

TRAUMATIC STRICTURE OF THE URETHRA AND NUMEROUS PENILE FISTULÆ CURED BY INTERNAL URETHROTOMY.

Mr. **Teevan** related particulars of this case. The patient was a sailor, who had injured his scrotum and penis by a fall twenty-one years previously. Numerous abscesses formed, and sixteen fistulæ resulted, through which all the urine passed. In the course of a few years, the fistulæ in the scrotum (eleven in number) closed, but those in the penile urethra remained open. For a period of more than three months Mr. Teevan tried three separate plans of treatment, with but partial success. 1. Retaining a catheter in the bladder; 2. The patient drawing off all his urine through a catheter for two months; 3. The application of heated wires and probes tipped with nitrate of silver. On January 6th, Mr. Teevan performed Dr. Otis's operation, and nine days afterwards all the fistulæ were closed, and remained so permanently. The points of interest in the case were—1. The stricture being a traumatic one of the worst description; 2. The fistulæ being in the penile urethra, where they were always most difficult to cure; 3. The fistulæ having been open for the long period of twenty-one years; 4. The failure of three different methods of treatment; 5. The permanent closing of the fistulæ nine days after the stricture of portion of the canal had been enlarged by Dr. Otis's urethrotome to its natural calibre, which was ·31; 6. Subsequent to the operation, no catheter was left in the bladder, nor was the urine drawn off.

Mr. **Heath** said the case was an ordinary one. If a stricture is dilated, the fistulæ heal, and if in the case referred to, the stricture had been cut or split, they would have healed without any of the varied treatments employed by Mr. Teevan. He thought that caustic probes had long been set aside, and at the present time it was the general custom of every hospital not to retain the catheter in the bladder after operation.

Mr. **Maunder** said the treatment was not novel, unless indeed Otis's operation could be considered novel. He never kept a catheter in, unless he had a fear of hæmorrhage, and after splitting a stricture, he should never retain the catheter.

Mr. **Teevan** affirmed the case was a rare one; that few people had met with sixteen fistulæ in any case, and these fistulæ did not heal, notwithstanding the stricture had been dilated sufficiently to admit No. 9 catheter. He affirmed that Mr. Heath could not show a single English book in which it was advised not to retain the catheter. He should like to know how Mr. Heath would have treated the case?

Mr. **Heath** said that instead of occupying unnecessary time he would have at once introduced a Holt's dilator and split to the full size. He had not referred to any English books, but he knew what was the treatment invariably practised.

HYDATID IN THE ORBIT.

Mr. **Higgens** furnished a report of this case. The patient, a girl, æt. 14, who had always been delicate, came to Guy's Hospital, having for a month had pain in the right eyeball, which had then begun to protrude. It was pushed downwards and forwards, but the lids could be easily closed. Movement of the eyeball upwards was impossible, but other movements were perfect. There was diplopia when vision was directed upwards; the eye read Snellen x. The optic disc was red, greatly swollen, and bulging into the vitreous; the retinal veins were large and tortuous, and their visible number were greatly increased. The arteries were of about the normal calibre. There was no pulsation in or about the orbit, and no *bruit* could be detected; but there was some fulness deep in the orbit beneath its roof. It was thought there was a growth situated between the globe and the superior rectus muscle, passing backwards and involving the optic nerve. Twelve days after being first seen, the eye became inflamed and painful; there was swelling of the upper lid, œdema of the conjunctiva, and increased impairment of mobility of the globe. There were no rigors and no constitutional disturbance. An abscess of the orbit being suspected, an incision was made through the conjunctiva beneath the upper lid, and a director passed backwards came against a firm substance at the back of the orbit, which was incised and blood only escaped. A fortnight subsequently the protrusion was increasing. An incision was then made through the soft parts in a line parallel with the upper border of the orbit. The lachrymal gland was found pushed forward and was removed. Behind it was a firm growth, which was torn away with the fingers and the handle of the scalpel. The growth collapsed, and was then found to extend to the apex of the orbit and to be closely connected with the optic nerve, whence it was scraped away. It was an extremely thick walled cyst, composed of inflammatory tissue, inside which was a thin pellucid cyst, which separated easily, and which the microscope demonstrated to be made up of a delicate membrane, presenting an appearance of serrated fibres. The contents of the cyst had escaped; no hooklets nor daughter cysts were found. The whole tumour was nearly as large as the eyeball, but its central cavity was very small. After the operation, the wound was stitched up and the edges of the lids were pared and united so as to prevent subsequent damage to the eyeball from exposure. Some suppuration occurred at the site of the wound; but the patient made a good recovery. A month after the operation, the eye was found to deviate downwards; there was no mobility upwards; the lid could be raised to a very limited extent. The patient read Snellen 2½ easily; she had double vision when attempting to look upwards. There was a plentiful secretion of moisture, notwithstanding the absence of the lachrymal gland. The swelling of the optic disc had quite subsided, but there was some haziness of its inner border. The retinal vessels were quite normal.

Queen's University in Ireland..—The following degrees were conferred on the 13th inst. :—*Doctor in Medicine:* First Honour Class: William M'Geagh, John Jagoe Whelby. Second Honour Class: Jeremiah Mullane, Arthur A. Woods. Upper Pass Division: Robert George Camac, George Louis Latour. Unclassed: Alfred Allen, Thomas Archer, Samuel Bateman, Thomas Beattie, Charles H. Bennett, David Bradley, Robert A. Brannigan, James F. Brodie, Richard J. Burke, William Coates, Fredk. H. Collins, Michael Collins, Jephson J. Connell, Patrick J. Dempsey, Arthur Derham, Dunbar Dickson. John S. Dillon, Justin F. Donovan, Michael Dundon, Robert Eccles, F. Meagher Geoghegan, Charles Good, Thomas Greer, Henry Hunter, John B. Isaac, James M. Kennedy, Gilbert Kirker, George Laffan, Wm. M'Afee, Michael J. M'Carthy, Mark A. M'Donnell, Robert M'Ivor, R. D. M'Master, Robert B. M'Vittie, James Magill, Edward G. Marks, Henry Melony, John Mulrenan, Francis H. Murphy, Channing Neill. Maurice J. O'Sullivan, James Pedlow, Thomas F. Riordan, Charles D. Tanner, John E. Wales, Archibald Wallace, William Williamson. *Honorary Degree Doctor in Medicine;* Richard Eustace, R.N. *Master in Surgery:* Alfred Allen, Thomas Archer, Samuel Bateman, Robert Beattie, C. H. Bennett, Robert A. Brannigan, James F. Brodie, Richard J. Burke, Robert S. Camac, William Coates, Fredk. H. Collins, Michael Collins, Jephson J. Connell, Patrick J. Dempsey, J. Dunbar Dickson, John T. Dillon, Justin F. Donovan, Michael Dundon, Robert Eccles, Turner J. Fisher, Samuel Fergus, F. Meagher Geoghegan, Charles Good, Thomas Greer, Thomas Kyle, George Laffan, George L. Latour, William M'Afee, Michael J. M'Carthy, Mark A. M'Donnell, William M'Geagh, Robert M'Ivor, Edward Marks, Francis H. Murphy, Henry Molony, Jeremian Mullane, Channing Neill, James Pedlow, David Robertson, Thomas F. Riordan, James Rose, Maurice J. Sullivan, Charles D. Tanner, John Wales, John Jagoe Whelpy, William Williamson, Arthur A. Woods.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 25, 1876.

SIR WILLIAM GULL AND DR. GEORGE JOHNSON.

OUR readers will doubtless remember that as far back as July we drew attention to some extraordinary statements made by Sir Wm. Gull in the evidence he gave in the Bravo case. We said that that physician was apparently about to establish a new precedent for the conduct of consultees. We further remarked that the precedent is one which will not meet with the sanction of the profession generally, and will not be conducive to the public interest if followed by other consulting physicians. Since that time the conduct of Sir Wm. Gull has been the subject of very general comment, so much so that we may safely say that the judgment and the verdict which have been recently passed upon his evidence both by the medical press and the Fellows of the College of Physicians, have been already discounted by the opinion of the profession.

However, as our readers are aware, the whole matter, including the conflict of evidence and differences between Sir William and Dr. Johnson, was referred to the College of Physicians, and the conclusions arrived at by the Censors of the College have been recently communicated to the parties concerned. The Censors are of opinion that the perusal of Sir Wm. Gull's evidence was calculated to prejudice in the opinion of the public the position of Dr. Johnson and the other medical attendants of Mr. Bravo, and that, although he may have had no intention to disparage the character of his professional colleagues, certain portions of his evidence were "very objectionable." They even remark that Sir Wm. Gull's infringement of at least the spirit of the bye-law of the College which relates to the conduct of Fellows in consultation was "disastrous," and that the consequences arising from such infringement show how necessary it is that physicians in consultation should strictly observe that bye-law. On the other hand, they think that Dr. Johnson's evidence indicated considerable warmth, and might naturally give offence to Sir Wm. Gull, although they think that Dr. Johnson was led to give his second evidence from a sense of public duty, and in self-defence to correct that part of Sir Wm. Gull's statement which tended to throw discredit upon Dr. Johnson and his medical colleagues. With most of the conclusions which the Censors have arrived at, the profession will heartily agree, but it must be admitted that they have not fully considered the matter in all its bearings, and that they have endeavoured to put the best construction they could upon the conduct of Sir Wm. Gull.

It has been urged that, although this physician's statement in evidence was certainly open to the censure of the College, his actual conduct at the consultation gave no offence at the time, and that it was on the former and not on the latter grounds that his behaviour was impugned by Dr. Johnson. It has also been stated that the "little bit of glorification" which he showed in his statement to the jury, although it gave just ground for complaint, was founded upon a defective memory. The treacherousness of Sir Wm. Gull's memory was certainly very remarkable, especially in a man who had risen to great eminence in his profession, but we do not see how such a plea can be advanced in extenuation of the objectionable character and inaccuracy of certain portions of his evidence, and which evidence appears to us even far more open to censure than the course which he pursued during the consultation itself.

The Censors of the College of Physicians very naturally opened their remarks by expressing their regret that a public contest should have occurred between two senior and distinguished Fellows of the College, and that when it did occur means were not taken to settle the differences by mutual conference without reference to the censors. It was, however, only right that a subject of so much consequence to the character of the gentlemen concerned should receive some official notice, and that the general verdict which the profession had come to on the merits of the question should either be wholly endorsed, or qualified, by the verdict of that College which is supposed to watch over the interests and conduct of its Fellows, and to resent any breach of professional etiquette of which they may be guilty. In our opinion it is more to be regretted that any reflections whatever should have to be cast upon the conduct of a physician whose eminence in his profession should have been the best guarantee of the most irreproachable behaviour in his intercourse with his professional brethren, and whose strict integrity and courtesy of manner should entitle him to as much respect and consideration as his great talents and high position have won for him.

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CONDITION OF LUNACY IN ENGLAND AND WALES.

The state of lunacy in this country is a topic which cannot fail to interest all classes of the community. The statesman, the physician, the sanitarian, and the general public must all feel some interest in the treatment of, and in the provision that is made for, one of the most dreadful diseases in existence, and one by which not any of us can say we shall never be afflicted. It may therefore be worth while to glance at the 13th Annual Report of the Commissioners in Lunacy which has just appeared, and, although it is deficient in some of that particular kind of information we expected to derive from it, to cull a few of the more important facts in connection with the subject.

It appears that on January 1st, 1876, there were 64,916 registered lunatics on the official books of the Commissioners, showing an increase of 1,123 over that of the year preceding. Of this number 7,509 were private patients and 57,407 paupers. The average annual increase of lunacy during the last ten years has been 1,726, but the total increase of the past year over the one preceding has been less than in any other year of the series commencing in 1859. The increase during the year of private patients, is 119 as against 98 of last year, and an increase of 1,004 paupers, as compared with 1,668 of the same year. There has been an increase of 1,606 paupers in county and borough asylums, and a decrease of 352 of this class is in licensed houses, but this is owing to the opening of the second Kent Asylum at Chartham, and of additional wards at the New Lancashire Asylum at Whittingham, as well as by the extended accommodation now provided at the Surrey Asylums, both at Brookwood and Wandsworth. But with regard to the prevalence of insanity at the present day, it would appear from the tables contained in the Report, that lunacy is decidedly on the increase, as the proportion of lunatics is 26·76 per 10,000 of the present population, as compared with 22·26 per 10,000 of the population of 1866.

There are 15,509 lunatics confined in workhouses, being an increase of 133 over the number last year; and this number includes 4,204 patients resident in the Metropolitan District Asylums at Leavesden, Caterham, Hampstead, and Clapton. At the commencement of the year there were 2,796 lunatics confined in registered hospitals; and 399 patients confined under certificate in unlicensed houses, of which 193 were chancery patients.

On the whole, the Commissioners report favourably with regard to the general condition of the various lunatic houses and asylums, as well as to the treatment and personal welfare of their inmates. Some places, however, continue to be "dangerously overcrowded," and we regret to say that the representations of the Commissioners on this point are too frequently and persistently ignored by the local authorities. A favourable report is also given of the lunatic wards in workhouses and with respect to the accommodation and diet supplied to the inmates; but they animadvert in the strongest terms on the practice of sending to these workhouses patients suffering from all varieties of insanity without subsequently taking steps to promote their removal to an asylum, and the result of which is that many lunatics are deprived of the benefit of medical treatment until they either die or their case becomes chronic. And here again the representations of the Commission seem to have been without effect, for they say: "We have constantly drawn attention to this subject, both in our annual report and in other ways. . . . and in any future legislation we think that more stringent provisions should be made to prevent delay in sending patients to asylums, and also to restrict, as a general rule, the admission of cases into the workhouse, unless they have passed through the asylum and are certified by the medical superintendent as being harmless and chronic, and suitable for removal."

In justification of the above remarks, the report contains many instances of the evils attached to the indiscriminate reception and detention of insane persons in workhouses. Thus, two male patients destroyed themselves at the Marland Workhouse, Rochdale. One of these cases was sent to the workhouse by the relieving officer with the usual order "of unsound mind," and at the back of this order was written by the master "attempted suicide; brother cut his throat; cousin hanged himself." Yet, in this case *no* notice was given by the relieving officer to a justice, pursuant to the 67th section of the Lunacy Act.

Considering the large number of asylums scattered over the country, the very large number of lunatics under control, and the fact that the great majority of them must necessarily be left to the care of nurses and keepers, we must not be surprised to find in this report several instances in which the designs and actions of lunatics have escaped the vigilance of their attendants, and even taken away their own lives or the lives of others. Consequently, we find that one case of suicide took place at the Cheshire Asylum, another at Durham, a third at the Littlemore Asylum, Oxfordshire. A patient at the North Riding Asylum, Yorkshire, destroyed himself through the carelessness of an attendant; while an attempt at suicide which took place at the Bristol Asylum, was very skilfully frustrated by the physician who had charge of the case. The facts connected with the last-mentioned case were remarkable, and will be found recorded in our "Current Topics." Other cases of murder or suicide are recorded; but the most deplorable of all because they are preventible, are those which have taken place in our workhouses; and two or three cases are given to illustrate the mischief done by placing lunatics suffering from acute mania in workhouses, instead of at once removing them to an asylum. These, as well as all the other cases to which we have referred, will be found fully detailed in the report, and are well worthy of the consideration of those who are specially interested in the management or improvement of our public and private asylums.

We may remark in conclusion that this Blue-book contains also a good deal of other interesting information to which, for want of space, we have not been able to notice; and in the appendix will be found full descriptions and reports of each of our various hospitals and county asylums. Nevertheless, it would add very much to the value of these reports if they could go into other matters than the statistical details above quoted on the general condition and management of the asylums themselves. It would be highly instructive to have more particulars respecting the proportion of recoveries and the mortality among our lunatic population, and to know more about the habits, family history, and physical health of the patients, the causes of their disorder, the prevalence of various complications such as general paralysis, epilepsy, &c., the results of different kinds of treatment moral and physical, the means of exercise, occupation, or amusement adopted, and several other subjects generally omitted or but cursorily noticed in these reports.

THE PHARMACO-MEDICAL INVASION.

The English counter-prescribers seem to have been at last brought to bay, and a combat *a l'outrance* between them and the Medical Defence Association is about to commence. It does not need that we should inform our readers that throughout England the medical and surgical wants of certain classes of the community have been openly and constantly catered for by druggists or druggist's boys, of whom it cannot be pretended that they knew, or could know, even a smattering of medicine or surgery. Indeed, to do them justice, they were not usually guilty of any such misrepresentation, for they prescribed without seeing the patient, and did not at all excite themselves about the possibility that they were doctoring the wrong disease or giving the wrong medicine. This method of treating the sick existed everywhere, and in some districts was almost the only system which did exist, and as the druggist, who never saw the patient, and was completely innocent of medical knowledge or skill, had supplanted the doctor, who was supposed to be specially educated in such subjects, deaths, both by neglect and poisoning, were every day occurrences, and it became necessary to put some check upon the illegal practice of physic by drug-vendors. The Medical Defence Association took the matter in hand, and having achieved a sweeping and authoritative judgment in their favour from Baron Bramwell, have, without difficulty, brought many counter-prescribers to the block. It was not to be expcted that the chemists and druggists would yield a long enjoyed privilege without a determined fight. Experience shows that their combativeness is not in the least influenced by any consideration whether the practice for which they contend is legal, just, expedient, or honest, or the contrary, and they have already manifested their determination not "to let their bone go with the dog," even when the bone is plainly the dog's property purloined by themselves, and kept for their own gnawing, in spite of every appeal to their ideas of fairness. We recollect how bitterly they have battled for the licence to defraud the public by adulterations, and how they were rewarded for their courage by Mr. Sclater-Booth with a permit to do so within limits, and with such encouragement it is not likely that they will tamely surrender the right to earn a living by pretending to medical education and competency, which they do not themselves suppose that they possess. In the manner of other great powers, they are negotiating amongst themselves at the present movement for material support against their enemy the doctor, and the Council of the English Pharmaceutical Society has been challenged to come forward and be the champion of the counter-prescribers, and to pay away the Society's public funds for the protection of this illegal and criminal practice. We observe, with some surprise, that they have returned rather a cold reply to those who have begged for their aid, and are evidently troubled with that inconvenient appanage for a chemist's and druggist's council—a conscience, the possession of which has brought down upon them the wholesale abuse of the *Chemist and Druggist*, the exponent of the counter-prescribers. Whether the Pharmaceutical Society decides to enter the field or to stand neutral does not much matter in the long run, for we are confident that the event of the contest is already decided, and the counter-prescribers must be content to run the peril of breaking the law if they mean to continue their trade in doctoring. Neither the public nor Parliament will sustain them in so gross a misuse of their trade, for no thinking person, except those who earn an income by thinking all on one side, will say that it is expedient that persons who pretend to no medical skill shall be allowed to treat persons whom they never see, and to administer death-bearing drugs with little care and no knowledge. The Legislature is sufficiently liberal on this point, for it allows any amateur to advise any fool who will ask or take his advice, but it does not allow such a person to receive fees for such service, or put himself forward as educated and skilled. This the prescribing druggist does, for no one can doubt that the money paid to him is as much a return for his advice as a price for his medicine, and it is notorious that such persons cultivate a medical reputation, and do their best to represent themselves as being, if not legally qualified, at least as competent and experienced as those who are.

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COUNTER-PRESCRIBING.

The pressure of other matters has prevented us noticing the long and able address which Professor Redwood recently delivered at the Pharmaceutical Conference held at Glasgow. In that address Professor Redwood drew the attention of the Conference to the practice of counter-prescribing, and to the relations existing between the pharmacists and the medical profession. He spoke on this vexed question with so much moderation and good sense, that we are not surprised that some of our contemporaries have felt bound to endorse most of the remarks he made on the occasion above referred to. Our views on this subject was laid before our readers many months ago when commenting on the case of the *Apothecaries' Company* v. *Nottingham;* but some of the observations of the President of the Pharmaceutical Conference are so just and so in accordance with what we have already offered, that we may be excused for drawing attention to them. It was forcibly urged by Professor Redwood that of the 14,000 chemists in Great Britain, the greater part have little to do with the dispensing of physicians' prescriptions, but are principally engaged in supplying medicines to be used by the public on unprofessional responsibility, and that it would be unreasonable whilst heads of families and others were considered justified in treating their slighter ailments according to knowledge empirically obtained, that men who through being continually engaged in the preparation and sale of medicines might be supposed to have a knowledge of their properties, should be debarred from imparting that knowledge when appealed to. Besides, the public, rightly or wrongly, place confidence in the power of the chemist to advise "not only with regard to the properties and doses of medicines, but also in the treatment of diseases, with regard to which he possesses no real qualification. In this direction from simple questions and trivial cases he may be led on step by step, unless he has strength of mind and firmness enough to resist the temptation which a desire to satisfy customers, to retain and not to discredit or weaken the favourable opinion previously formed of his knowledge, with other considerations natural to a man of business, into a habit of prescribing for which no sound justification can be advanced." At the same time Professor Redwood would not have any one thus appealed to travel beyond the bounds required for the safety and convenience of the public, and he admits there should be some control exercised over the assumption of a duty which so obviously affects the interests of the public as does that of the treatment of disease.

It is, moreover, as we remarked on a previous occasion, only fair to consider, when talking of the chemist usurping the office of medical adviser, how many there are in our profession who trespass upon the province of the chemist and druggist. One of our medical contemporaries thinks there is far more work to be done by pharmacists whenever they will give their undivided energy and attention to the duty of preparing remedies for public use on the prescription of medical men. But to this very considerate remark the *Pharmaceutical Journal* justly retorts that "an important factor is at present much wanting—the prescriptions." The fact is, that the medical men who prescribe form but a very small portion of the profession, and we are sorry to say that a great number not only make up their own medicines, but sell drugs and other things indiscriminately, and carry on a trade little different from that of an ordinary chemist. Besides, the prescriptions are most wanting just in those neighbourhoods where the practice of counter-prescribing is most rife. It is not the fashionable chemist who does much prescribing business, but the chemist in the back street. The former is well supplied with prescriptions, and sells to the surrounding gentry a large amount of aërated waters, scents, and other fancy articles. The latter makes up nice cough mixtures for Mrs. Brown's only child, or liniments for her husband's sprained ankle. It stands to reason if every member of the profession was to write prescriptions, chemists could have little or no further motive for prescribing themselves, inasmuch as they would know that they must eventually make up the prescriptions of their customers. Until this is the case we cannot expect that counter-prescribing, much as it is to be deprecated, will be entirely given up, and until this is the case we are not justified in throwing all the blame upon the chemists. But the abolition of counter-prescribing would be productive of much good. As we said months ago, "if every member of the profession tried to confine his practice to prescribing, and every chemist to dispensing only, there is reason to believe that the good intentions of the chemist will have to yield to a strong pressure from without." This difficulty could only be got over by the general public being better educated than they are at present with respect to the respective claims of the pharmaceutical and the medical profession upon their confidence in the hour of illness.

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Notes on Current Topics.

The Coming Pharmacopœia.

We understand that a meeting of the Pharmacopœia Committee of the Medical Council was held on the 20th of October, as we announced in our last issue that it would be. The views which are urged upon the committee as to the amendment of the Pharmacopœia in many material respects, and the incorporation of the "additions" in its text, have not, we regret to say, found favour with the committee, for they have decided that "as the new publication is to be a reprint, and not a new edition, the committee cannot concur in any alteration of the text, except so far as regards the correction of errors." The tender of Eyre and Spottiswoode for the printing of 5,000 copies was therefore accepted, and Professor Redwood was retained as its editor. We fear that the majority of the committee who arrived at this decision have lost sight of the fact that they are about to print a work not for their own benefit or profit, but as a standard of perfection, officially binding upon pharmaceutists and prescribers. In such a work imperfections of any sort are quite unjustifiable, and haste in publication is a very insufficient excuse for the presence of even a single error. We believe that in this matter the views of Mr. Macnamara and Dr. Aquila Smith—the only special authorities upon materia medica which the committee contains—have been disregarded, and that the work is likely to be hurried through in a form which will probably need amendment at a heavy cost before long. We hear that the old edition is all but sold out, but it does not seem to us that this is a reason for the issue of a discreditable book, and as the committee will meet again on the 27th, we trust that wiser counsels may prevail.

The Famine in the Army Medical Department.

It is not a pleasant consideration that at the moment when war threatens to break out, and the British army may stand in need of all its valour and efficiency, the surgical care of the soldiers is unprovided for, and if the war be inevitable, we must enter upon it with an entirely insufficient and badly organized medical corps. It may be assumed that we accurately describe the state of affairs and are justified in what we say, inasmuch as the army medical service is not now able even to provide for the permanent medical offices of the state. The Royal Hospital of Kilmainham—the Chelsea Hospital of Ireland—is now under the care of a civil practitioner, there being no army surgeon to be had to replace the usual surgeon, who is absent. To make matters worse, typhoid fever has shown itself in the institution.

The Medical Defence Association and the Prosecution of Illegal Practitioners of Medicine.

The necessity for the existence of this useful association arises from the unaccountable difficulty of moving the medical corporations to prosecute offenders against their charters or against the Medical Act. Were it not for the energetic action of the Defence Association, quacks, prescribing chemists, herbalists, and bonesetters, and unqualified practitioners of every description, could drive a roaring trade, as many of them are still doing for a time, without let or hindrance. This spectacle is no doubt a disgrace to our civilisation, but the inaction and supineness of the medical profession as a body is, in great measure, responsible for it. The profession is armed with the means of protecting itself and the general public against illegal practitioners, but has hitherto declined to move in the matter. The public, ignorant of the means of discriminating between the legal and the illegal practitioners, are therefore unable to protect themselves.

The time has come for a cessation of this period of inaction, and the Medical Defence Association, already successful in recovering fines, varying from £5 to £20, from about a dozen prescribing chemists and quacks of the stamp of the notorious "Dr." Kahn, is now preparing for action on a still more extensive scale. It is the duty of every legally qualified practitioner to second the efforts of this association, either by voluntary contributions to its funds or by enrolling themselves in the list of members. By the rules of the association "every registered medical practitioner" is "eligible for election as a member," and "every candidate for election must be proposed and seconded by two members of the association, and elected by a majority of the council," the subscription is 10s. 6d. annually.

The names of intending members and contributions to the funds will be received by the Treasurer, Mr. W. Spencer Watson, at 7 Henrietta Street, Cavendish Square, or by Mr. George Brown, of 12 Colebrooke Row, Islington.

Extraordinary Case of Swallowing Foreign Substances.

In the last annual report of the Commissioners in Lunacy will be found the particulars of a remarkable case, of which the following is a slight abridgment:—A female patient, E. W., æt. 43, was admitted for the third time to the Bristol Asylum on June 15, 1875. On the occasion of her first residence there, in 1863, she swallowed (with a suicidal intention) the entire contents of a domino box, fifty-four dominoes in all, fifty of which were recovered by vomiting alone, with fragments of stone, weighing fourteen ounces, while four dominoes and some stones passed through the intestines. In May of 1871, she was re-admitted to the above asylum, still with suicidal tendencies, and after two actual attempts, she was again removed to Wells, and discharged thence recovered in 1873. Finally, as already mentioned, she returned to the Bristol Asylum in 1875, that is, twelve years after the swallowing of the dominoes. The certificate again gave a history of renewed suicidal attempts.

On the 31st July, 1875, she got possession of fifteen shutter screws, and in the course of three-quarters of an hour she swallowed thirteen of them. The screws were new ones; and thirteen of the same pattern weighed twenty-four and a-half ounces avoirdupois weight. To prevent injury to the coat of the stomach, Dr. Thompson administered a mess of tapioca pudding and gruel, of which she took a large quantity. The screws consisted of a body two and a-half inches long, half an inch thick, with a square head, and with a raised collar nearly three-quarters of an inch in diameter; consequently, an attempt to recover them by the œsophagus was out of the question, while their passage through the pyloric valve was very doubtful. On the 10th September, however, the patient passed some of the screws by the bowels, and the rest were passed at various intervals up to the 4th of

February, when the last was passed in the same manner. During these months the patient suffered much pain of a spasmodic nature. The treatment chiefly consisted in attention to the diet, subcutaneous injections of morphia, night and morning, then ounce-doses of olive oil, and subsequently large doses of castor oil. It appears, also, that on the 3rd of August E. W. passed a large piece of a chamber utensil by the bowel, which was followed by severe hæmorrhage. This woman, Dr. Thompson remarks, "is a melancholiac of the most abject type, and with a touch of moral obliquity. Perhaps she did not wish to commit suicide, but rather to draw attention to herself, and to cause trouble."

There have been many cases recorded in which the most extraordinary substances have been taken into the stomach, and the one to which we are now drawing attention is not the least remarkable of them. But, as the Commissioner observes, the facts connected with this case are also interesting from a purely medical point of view, affording a remarkable instance of the recurrence, after a lapse of years, of a morbid propensity once developed in the mind of a patient of the melancholic type, with a suicidal tendency; and also as showing how much may be done by skill and care to remedy an injury which at first might seem likely to prove fatal.

Sanitary Eucalyptus Oil Soap.

The *Eucalyptus globulus,* a tree so common in Australian vegetation, has recently created considerable interest in this country on account of its supposed disinfecting properties. From the tree are obtained a tannate gum resin, a volatile acid, and a volatile oil. The aroma of the volatile acid may be detected in the air in the vicinity of the tree, and it is considered to give to the atmosphere an invigorating and healthy tone. The active principle of the *Eucalyptus* has recently been utilised by Messrs. Whitaker and Grossmith in conjunction with a soap. The soap has a pleasant aromatic odour derived from the volatile acid, and is refreshing and soft to the skin, and may be considered an addition to the toilet.

Ovariotomy in Dublin.

Ovariotomy has been performed twice in Dublin during the last week—on Thursday at the Coombe Hospital, by Dr. Kidd, and on Saturday at the Rotunda Hospital, by Dr. Aubin. Dr. Kidd's case was complicated by the presence of extensive adhesions, which were broken down with much difficulty. Dr. Aubin's case also presented very unfavourable symptoms. The patient was greatly emaciated, and there was much ascetic fluid in the abdomen. Notwithstanding these unfavourable features, at the date of the last report both patients were progressing satisfactorily.

Thames Mud Butter.

The statement that much of the Dutch butter in the London market is the offspring of Thames mud, which has been always looked upon as a myth, is again revived, and a description is now given of the process by which it is presumed to be made, the nature of which we give *quantum valeat.* It is said that multitudes of little balls are made up of cork, with hair matted on the outside. These are sprinkled in suitable places upon the Thames mud, and in process of time they catch all the greasy globules which the tide carries past them, and which accumulates in a shape resembling dirty tallow, and causes them to grow in size, when they are at length gathered by persons paid for the purpose. This narrative does not sound probable, but it is given in the papers in authoritative form.

Woman Doctors.

As we last week predicted, the Senate of the Queen's University in Ireland have agreed to admit female candidates for their M.D., at and after the next University Session.

The London Student Class.

The following is the number of new entries at the various London and provincial medical schools:—St. Bartholomew's, 131; Guy's, 95; University College, 79; St. Thomas's, 43; The London, 35; King's College, 28; Middlesex, 38; St. George's, 33; Charing Cross, 31; St. Mary's, 28; Westminster, 9; Owen College, 42; Leeds, 32; Liverpool, 22; Sheffield, 16; and Bristol, 17. The new entries at St. Bartholomew's this year is, we believe, the largest number ever entered in one year at any London Hospital. At Charing Cross, in addition to thirty-one full entries, there are nine entries for special courses; and at Guy's there are four entries for special courses. There are also several special entries at some of the other hospitals.

Hospital Saturday Fund.

A public meeting of the promoters of the Hospital Saturday Fund was held in Exeter Hall on Saturday evening last. The result of the collection was made known by the Chairman of the Committee, Mr. Mercier, who stated that the Fund up to the present time amounted to £5,450, a trifle less than that of last year. The first year's collection was £6,400, while the expenses were very large. The second year resulted in a collection of £5,473, with an expense of £470 less than the first. The second year's collection was made on the 31st of July, when eighty-two ladies took charge of as many collecting tables, and £490 was collected by their instrumentality. This year 160 ladies interested themselves in the movement, and a much larger sum was collected, and the actual cost of collecting had been very small, leaving a good sum to be divided among the hospitals and dispensaries. A resolution, expressive of approval of the Hospital Saturday Fund was moved and carried, and the Secretary announced that a cheque from the Stratford Committee had just been received amounting to £225. A vote of thanks to the Chairman brought the proceedings to a conclusion.

The Small-pox Epidemic.

Under the authority of the managers of the Metropolitan Asylums District, Sir William Henry Wyatt, Chairman of the Leavesden Asylum Committee, have already drafted large numbers of imbeciles from the Hampstead Asylum to those institutions, and early in the ensuing week the latter will be fully prepared for the reception of small-pox patients, should the epidemic continue to progress.

An Obstinate Mute.

The *Portsmouth Times* reports a strange case which has occurred on board the training ship *Impregnable*, at Portsmouth. Shortly after his entry a boy was discovered thieving, and was in consequence birched. He immediately ceased to speak, and was sent to the hospital, where he was treated for dumbness, and where he remained for four months. Whilst there, according to the report of the medical officer in charge, he behaved very badly, and the hospital authorities stated that they could keep him no longer. It was also alleged that he had spoken to at least half a dozen of his fellow-patients; and when he got on board the *Impregnable* he was found to be in possession of a letter that he had written to his friends, stating that he had not spoken for a certain length of time, and that he expected to be discharged from the service shortly. The authorities were communicated with, and pending their decision the lad was placed behind a screen with a sentry in charge of him, but he tore down the screen, assaulted the sentry, and otherwise misconducted himself, and for this and his misbehaviour at the hospital he has been again flogged.

Intemperance in Dublin.

The Recorder of the City of Dublin, Mr. Falkiner, has signalised his first licensing sessions, and achieved for himself great public popularity by a vigorous, courageous, and independent onslaught on the whiskey-drinking mania, which had grown to the dimensions of a perfect pestilence under the free-and-easy rule of the late Recorder. Of late years public-house licenses and transfers had been dealt out with so liberal a hand, and the trade in whiskey had become so lucrative that almost a tenth of the houses in every leading street were occupied by "shebeens" and gin-palaces, whose blandishments seduced to intemperance even the steady, industrious working man. The Recorder opened his assize with an eloquent phillipic against the system, and declared his intention not to countenance it, and he carried his beneficent views into effect by refusing almost every application for a new license which came before him. How far the public house speculators had presumed upon the good nature of his predecessor may be judged from the facts that great sums of money—in one instance as much as £8,000—had been spent in anticipation of a grant which was nevertheless refused. The whole respectable population of Dublin is under a debt of gratitude to Recorder Falkiner, who, if he has the courage to persist in his good work, will have fought almost as grand a crusade as his noble fellow-countryman, Father Mathew.

Desault.

Last Sunday week was fixed for a grand *fête* of the town of Loire, in the Haute Saone Department of France, to celebrate the inauguration of the bust of the great surgeon Desault. The bust is said to be a work of the highest artistic merit, and it has been presented to the town by the sculptor. The eulogium of Desault was spoken after his death in 1795 by the immortal Bictat. "The creator of the first school of clinical surgery was he," said Bichat, "who created surgical anatomy. The inventor of the apparatus for the treatment of fractures by permanent extension, a skilful operator, and a great teacher, a physician of genius, Desault, who was but the son of a poor peasant, raised himself by the pure force of his talent and his industry, to the highest scientific position. From the age of twenty-two he attracted crowds to his lectures and occupied successively every position of honour which was open to any surgeon of his epoch. In 1795, while engaged in the case of the unhappy Dauphin, the son of Louis XVI., then a prisoner in the Temple, he died suddenly at the early age of fifty-one of what some called a low fever, but what others described as poison. It is sufficient to say that he was the master and mentor of Bichet, Dupuytren, Larrcy, and Chopart, and that he was to all intents the initiator and founder of the first surgical school of the nineteenth century.

The Modern Treatment of Lunatics.

On Thursday last the foundation stone of a large asylum for imbecile pauper children, under the management of the Metropolitan Asylums Board, was laid at Dareuth, in Kent, by Dr. Brewer, chairman of the board. The cost of the building is estimated at £75,000, and the accommodation, 500 children. Time was when lunatics were treated rather as criminals than as guiltless beings whose sufferings might be alleviated by proper treatment. At the present time things are very different. Modern medical science does not consider keeping lunatics out of harm's way its sole duty, but our professors of physiology have for years devoted themselves to the amelioration of the condition of those of their fellew-creatures who are deficient in brain power. For adult imbeciles there is perhaps little to be done, but with children of weak intellect the case is not hopeless. Practical experience has long since shown that a great majority of imbecile children might, by proper and judicious training, be made of use to themselves and others. Medical science, remarks *The Observer*, has discovered that the passion for imitation which exists in all living creatures might be employed either for good or for bad. Under the old system of indiscriminate confinement this love of imitation acted badly in the case of idiots, but men of science came to the conclusion that children possessed of faculties for imitating bad habits might by proper associations be brought to learn good ones by the same means. For some time the Metropolitan Asylums Board has been endeavouring to develop this idea, and the result of several years' experience shows that a large percentage of the pauper imbeciles of London are actually capable of learning to work, and doing something towards earning their own living. At the new asylum the classification system is to be carried out, children being educated together in various sections, according to their capabilities, every care being taken to avoid baneful influences of any kind. Every thinking person will join in the heartiest wishes for the success of the movement, which is fraught with such vital consequences to the community at large.

As a sad sequel to the ravages of war in the East, Dr. Zieman has just returned from a tour in the Czernagorska mountains. He reports a fearful state of disease, and gives as his opinion that if the war continues much longer the whole country will be entirely depopulated.

"A Daniel come to Justice."

Three prosecutions for the milk of sulphur fraud were heard in the Belfast Police Court on the 5th instant, and miscarried, in consequence of the stupidity of the stipendiary magistrate, Mr. Orme. We need not apologise for using so uncourteous an expression towards a representative of the law's dignity, because Mr. Orme candidly confessed that his brains were incapable of enclosing the arguments pro. and con., and after halting between many opinions, and having almost decided to impose a heavy fine, he escaped the dilemma by giving up the enigma, and dismissing the cases, without prejudice, because, as he avowed, he could not understand it.

If the authorities at Belfast mean to carry their prosecutions further, we advise them to bring the delinquents before some judge whose comprehension is capable of taking in the subjects brought before him for decision. Such a confession of mental muddle as that of the Belfast stipendiary is a novelty of magisterial candour, but it is to be regretted that the complainants should be sent away unsatisfied, because the head of Rhadamanthus is not roomy enough for their complaints.

Dr. Richard Henry Pope has been placed on the Commission of the Peace for the county of Donegal.

The Royal College of Surgeons of Edinburgh has re-appointed Dr. Andrew Wood its representative on the General Medical Council for a period of three years.

The Committee of the Hospital for Diseases of the Throat, Golden Square, London, have just received a donation of £250 from the Rev. Henry H. Hughes, of Layham, Suffolk.

The Goldsmith's Company have voted a sum of £1,000 to the Chemical Society to aid in the formation of a fund to which £1,000 has already been promised for the promotion of original research in the science of chemistry.

The promoters of the Hospital Saturday Fund in London must be greatly disappointed at the result of their labours. This year it was confidently predicted that the collections would double those of last, whereas they have not quite reached the amount of 1875, and are less than the 1874 collection by £1,000.

A very successful *conversazione* was held in the College of the London Hospital on Friday evening, which was set on foot by the London Hospital Medical Society. Upwards of 400 visitors, representing sections of the various medical and scientific associations of London, accepted the invitation, and a most enjoyable evening was the result.

The *Students' Journal* states that a large part of the school buildings of St. Bartholomew's will be entirely rebuilt on an extensive scale next summer. It is not unlikely, too, that certain measures may be taken to utilise still further, for the practical instruction of the more advanced students, the vast multitude of cases annually under treatment at this hospital.

Stimulants for Workhouse Patients.

The "Todd" line of treatment of disease by stimulants has become of late years a hobby, so over-ridden that it has at last been made unpopular and ridiculous in the eyes of the public. The abuse of stimulants in workhouses has brought about an *emeute* amongst boards of guardians, in deference to which doctors are reducing the amount of their whiskey and porter prescriptions, and we hope that the movement will gain and keep its strength until the medical use of alcohol is brought within proper extent. We would naturally be the last to suggest that any limit should be placed to the necessary use of alcohol in disease, nor do we think that any money consideration should be allowed in the least to hamper the discretion of workhouse physicians. But it is evident that some control is necessary, because the appetite for liquor on the part of workhouse inmates is voracious, and there is a great inducement to medical officers to purchase popularity amongst them at the expense of the ratepayers by ordering a daily dram or two, on the theory that they are infirm or sick. The consumption of drink in some workhouses is so outrageous as to be altogether indefensible, and incapable of explanation, upon medical grounds, and the guardians have our sympathy in doing their duty as controllers of waste so long as they allow fair independence of judgment and discretion to the medical officer. The waste of money is the smallest of the evils caused by the over-stimulation of paupers, and we give no countenance to the idea that whiskey or beer is at all necessary to able-bodied workhouse inmates for the maintenance of their health. We see no better way of approaching the question than the appointment of a committee in each workhouse to see and examine the persons to whom grants of stimulants are made, and to form a judgment as to whether they are ill enough for the doctor's ministrations. If they are, the doctor must be the judge of their medical wants, and must do what he conceives necessary to their health.

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Correspondence.

THE FIRST CONVICTION UNDER THE VIVISECTION ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of the 7th inst. you express your approval of the conviction recorded against me for an alleged offence under the Vivisection Act at Sunderland. In that spirit of fairness which I have found generally animates journalists in this country, you will doubtless afford me an opportunity to place my view of the case before your readers. My position is this, I did not break the law, therefore I deserved not punishment. First let me state the legal objections to the conviction. Section 6 of the Act says: "Any exhibition to the general public, whether admitted on payment of money or gratuity, of experiments on living animals calculated to give pain, shall be illegal;" and a subsection runs—"And any person publishing any notice of any such intended exhibition by advertisement or a placard, newspaper or otherwise, shall be liable to a penalty not exceeding one pound." I was summoned under the sub-section. The announcement in the placard to which so much objection has been taken was as follows: "Interesting experiments will be made, showing the effects of poisons upon animals." Concisely stated, the technical objections to my conviction are these:—1. The alleged offence was not the complete offence intended by the Act to be punished, the experiments not having been made. 2. The words in the placard did not come within the meaning of the Act, inasmuch as (*a*) I did not state in the placard that I intended to experiment on vertebrate animals, therefore it ought to be assumed that I meant invertebrate animals, experiments on which are permitted by the Act; (*b*) I did not say I intended to experiment on living animals; and (*c*) I did not say I would cause pain to living animals. But what were the real circumstances of the case? I may premise that I am a German, therefore can scarcely be expected to know the provisions of every new law passed at Westminster. While, as I now learn, the Vivisection Act, then a bill, was before Parliament, I had given instructions for the printing of the placard, and within three days of the passing of the Act the placard was issued. Up to that time I had not been aware that there was anything in the laws of England which could prevent me making the experiments I proposed, but on the existence of the Vivisection Act being brought to my knowledge a few days afterwards, I at once abandoned the idea of illustrating my lecture in the way I had intended, and no experiments were made during my address. I was, however, fined by the Sunderland magistrates for publishing my intention—my abandoned intention. "If," as the *Standard* observes, "the clause which is taken as rendering the mere announcement of an intention a misdemeanour must be considered on such a subject unreasonable," what must we feel when we find a person convicted under it who has voluntarily abandoned the intention on learning that it is illegal for him to make the experiments? "Ah," but say my prosecutors, or as many of the inhabitants of Sunderland who know the circumstances maintain, persecutors, "you spoke disrespectfully of the Act." I certainly did condemn the Act, as it interferes with my professional studies; but surely it is not a criminal offence, an offence to be urged against one in a court of law, that the defendant spoke disparagingly of an Act of Parliament. At any rate, I can find no clause in the Vivisection Act under which a person can be punished for speaking disrespectfully of it. Nor is there, so far as I can see, any clause providing punishment for a person who has merely said that if the Act had not come into operation he had intended to experiment on animals. Then it is urged against me that I declined to express regret for having broken the law. Had I published anything which I believed to have been a breach of the law, no one would have been readier to apologise. But as I believe I did nothing of the kind, and had nothing to regret. Yet although my able legal agent, Mr. Hines, forcibly stated these arguments, the Sunderland justices convicted me, though in the smallest penalty. I attribute their decision to the way in which the prosecution was conducted, which led the magistrates to make the error they did. If, as a talented local justice, Mr. Ritson, who presided at my lecture, recently observed, the magistrates occasionally may be too lenient, may it not happen that in some cases they are too harsh, and even convict where they should not. If others murder justice, I will not. I will doubtless some day be in a position to relate the secret history of this case, how certain medical men living in my own locality, inspired by professional jealousy, stirred up in a few well-intentioned gentlemen in London who had assisted to induce Parliament to pass the new measure for the prevention of cruelty to animals, the desire to pursue me as they would pursue a hare—a desire which ought to be very foreign to their natures, but a desire fed by an anxiety which made them (at most regardless as to whether the opportunity was a good one or not) eager to show the world what a wonderful instrument for the suppression of cruelties they had badgered the Legislature into giving them. I may say here that I am a subscriber to the local branch of the Society for the Prevention of Cruelty to Animals, which, I may add, declined to prosecute me. A word as to the alleged unprofessional character of my conduct in giving the lecture on "The Balham Mystery," in which I maintained that Mr. Bravo was poisoned with tartar emetic and laurel water. Being a legally qualified medical practitioner, I hold that if I see medical evidence degrading to the medical profession, I have just as much right to criticise it as the editor of any medical journal. The word doctor, as you are aware, means teacher. I am a teacher who likes to instruct all who seek instruction, not secretly, but openly, so far as decency will permit. I trust I shall always fulfil the first motto given me by my earliest schoolmaster, "Do thy duty in thy calling."

I beg to subscribe myself, yours truly,

Gustav Adolph Abrath, M.D.

Cumberland, October, 1876.

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EMPHYSEMA CAUSED BY DYSTOCHIA IN A PRIMIPAROUS PATIENT, AND FOLLOWED BY ACUTE MANIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Some time ago I was called to visit Mrs. ——, in labour with her first child. On examination I found the os rigid and œdematous, and about the size of a crown-piece. The pains had commenced the evening before, and the liquor amnii had escaped.

The labour progressed slowly, but the rigidity and constriction of the os yielded after the administration of an enema and sedative draught, and the following morning, about 1.30 o'clock a.m., the child was born with cord twisted round neck, body, legs, and foot.

Towards termination of labour the pains became very strong, and the patient made violent expiratory efforts. Placenta was easily removed. I now noticed for the first time a swollen condition of left eye, cheek, neck, and chest on same side, without discolouration, and having an emphysematous crackle on pressure, owing to the pressure of air in the subcutaneous areolar tissue. In forty-eight hours afterwards this rare complication in primiparous labour had almost disappeared without the necessity of having recourse to puncturing or bandaging.

After the lapse of some days this woman was attacked with acute mania, and finally succumbed to the latter disease.

As regards the causation of *Emphysema*, whether in primiparous labour, whooping-cough, hysteria, or foreign bodies in bronchi, I believe Dr. Mapother rightly ascribes it to the air being pumped into the posterior mediastinum during forced inspiration and retarded expiration. The air cells near the root of the lungs not being firmly enveloped in pleura, as we find the lung elsewhere, burst when over-distended. Moreover, the conical terminations of the bronchial tubes tend to confine the air, and the cells at the root give way. not being so well supported as those along the side.

Yours, &c.,

Charles Garland, L.K.Q.C.P., L.R.C.S.I.,
Medical Officer Donoughmore Dispensary.
Carrickmacross Union.

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ASCARIS LUMBRICOIDES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I was consulted on the 29th ult. for a boy, six years of age, who his mother said had been suffering from worms for some months previously. I accordingly prescribed two powders of santonine, four grains in each, one to be taken in castor oil each night in succession. On the following morning after taking the first powder, the boy passed four large round worms (ascaris lumbricoides), measuring from ten to thirteen inches in length. After the second powder he passed five more of the same worms, varying in length from seven to ten inches. Further administration of the santonine has not exterminated any more of those "unwelcome tenants," so I conclude from this and the rapid improvement in the patient (who before treatment was quite emaciated), that he is now quite free from helminthiasis.

Yours, &c.,

Morgan D. O'Connell, Jun.

Kilmallock, Co. Limerick.

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Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Licentiates of the College on Monday, October 16 :—

Collins, Floyd, Ware.
Downes, Edmund, St. Mary's Hospital, W.
Dunbar, James John Macwhirter, 77 Ladbroke Grove, W
Fry, John Blount, Swindon.
Greenish, Robert, 20 New Street, N.W.
Khory, Rustomjee Naserwanjee, 49 Elsham Road, W.
Merriman, John William Conyers, 45 Kensington Sq., W
Page, William Henry, 27 Flaxman Road, S.E.

Street, Alfred Wm. Frederick, Royal Free Hosp., W.C.
Thompson, Arthur Hirst, Gomersal, Leeds.
Tomlinson, Edward Denham, Preston.
Traill, Mark Windeyer, University Hospital, W.C.
Woollett, Charles Jerome, Monmouth.

The following candidates, having passed in Medicine and Midwifery, will receive the College Licence on obtaining a Qualification in Surgery recognised by this College :—

Byam, Samuel Henry, 14 Milner Street, S.W.
Goulder, Frank Samuel, 16 Holford Square, W.C.
Sugden, D'Arcy, St. Bartholomew's Hospital, E.C.

King and Queen's College of Physicians of Ireland.—At the annual stated meeting of the College, held on St. Luke's Dan, 1876, the following officers were elected for the ensuing year :—President—Samuel Gordon, M.B., Dublin ; censors—Thomas Hayden (Vice-President), Wesley B. Jennings, B.A., Dublin, Thomas W. Grimshaw, M.D., Dublin, John Wm. Moore, M.D., Dublin ; Registrar—J. Magee Finny, M.D., Dublin ; Treasurer—Aquilla Smith, M.D., Dublin ; Examiners in Midwifery—Edward B. Sinclair, M.D., Dublin, and Fleetwood Churchill, junr.; Professor of Medical Jurisprudence—Robert Travers, M.D., Dublin ; Representative on the General Medical Council—A. Smith, M.D.; Agent to Trust Estates—Charles Townsend ; Law Agent—Charles Woodward. The following licentiates of the College were on the same occasion elected to the Fellowship :—Walter Bernard, M.R.C.S. Eng., 1852 ; James Cuming, M.D., Queen's Univ., Irel., 1855 ; Christopher John Nixon, L.R.C.S.I., 1868 ; John Mallet Purser, M.D., Dublin, 1874 ; Richard Newman Townsend, L.K. and Q.C.P.I., 1865, B.A., Oxon.

Royal College of Surgeons, Edinburgh.—At the annual meeting of this Collega, held on she 18th inst., the following office-bearers were elected for the ensuing year :—President, Dr. Henry Duncan Littlejohn. Presidents of Council, Dr. Andrew Wood, Mr. William Walker, Professor J. Lister, Dr. P. Heron Watson, Dr. John Smith, and Dr, J. D. Gillespie, Examiners, Dr. Archibald Inglis, Dr. Peter David Handyside, Cr. James, Dr. Gillespie, Dr. Henry D. Littlejohn, Dr. P. H. Watson, Dr. David Wilson, Dr. John Smith, Dr. Argyll Robertson, M. Joseph Bell, Mr. Thomas Annandale, Dr. John Duncan, Dr. Robert J. Blair Cunydghame. Secretary and Treasurer, Mr. Joseph Bell.

The Death-rate in Foreign Cities. — The annual rates of mortality, according to the most recent weekly returns per 1,000 of the various populations were :—In Calcutta 23, Bomday 27, Madras 39, Paris 23, Brussels, 24, Amsterdam 21, Rotterdam 19, The Hague 20, Copenhagen, 18, Stockholm 27, Christiania 17, Berlin 25, Hamburg 25, Breslau 25, Munich 31, Vienna 25, Buda-Pesth 30, Rome 21, Naples 24, Turin 16, Brooklyn 22, Philadelphia 20, Boston 25.

Vital Statistics.—According to the Registrar-General's most recent returns the health of the country continues remarkably good, and the mortality exceptionally low. During last week 5,675 deaths and 2,945 births were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,730. The mortality from all causes was at the average rate of 19 deaths annually in every 1,000 persons living. The annual death-rate was 18 per 1,000 in Edinburgh, 18 in Glasgow, 19 in London, and 19 in Dublin. In the other large towns the rates of mortality were —Birmingham 14, Bradford 15, Newcastle-upon-Tyne 17, Hull 17, Sunderland 17, Brighton 18, Bristol 18, Wolverhampton 18, Sheffield 19, Plymouth 20, Liverpool 21, Leeds 21, Portsmouth 21, Leicester 22, Norwich 23, Manchester 23, Nottingham 23, Oldham 24, and Salford 29. The annual death-rate from the seven principal zymotic diseases averaged 2·9 per 1,000 in these towns, and ranged from 1·6 and 1·7 in Brighton and Sheffield, to 7·5 and 8·3 in Portsmouth and Salford. Thirteen deaths were referred to scarlet fever in Portsmouth. Small-pox caused 8 more deaths in Salford, 7 in Liverpool, and 16 in London.

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THE URINE OF THE FŒTUS.

Dr. Englisch, in the *Wiener Medical Zeitung* (*Medical and Surgical Reporter*, May 27th, 1876), gives some interesting information upon this subject. He is convinced, from a series of preparations exhibiting defective conditions of the fœtal uro-genital system, that a fœtu may attain the age of seven or eight months without ever producing a drop of urine. The kidneys may be wanting, or rudimentary, the ureters obliterated, the bladder undeveloped, &c., and yet the fœtus may attain the above age. He believes that diseases of the kidney are of much greater frequency in children than is generally believed. It is a matter of no small importance whether the ureter pursues a longer course than usual within the walls of the bladder, as it is on the side in which this occurs that hydronephrosis results. In the numerous examinations of the immature fœtus made by Dr. Englisch, he found that at this period the walls of the uretus are in the closest contact, so that, even by the aid of a microscope, no interval could be detected. At a later period a slit is observed, which becomes first elliptical, and then rounded in form. Stenosis, or partial adhesion of the walls of the ureter, has also been observed. Obstructions to the outflow of the urine are of such frequent occurrence that it is not surprising that the presence of albumen should often be detected.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

SUBSCRIBERS who have not yet sent in their subscriptions for last year are respectfully reminded of the omission.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

A. B. C.—By 30th Section of the Pharmacy (Ireland) Act, 38 and 39 Vic., cap. 57, passed 11th August, 1875, it is provided "that it shall be unlawful for any person to sell or keep open shop for retailing, dispensing, or compounding poisons within the meaning of the Sale of Poisons Act (1870), or medical prescriptions, unless such person be registered as a pharmaceutical chemist or a chemist and druggist under this Act. . . and any person acting in contravention of this enactment . . . shall for every such offence be liable to pay a penalty of £5, provided always, that nothing in this section contained shall affect any licentiate of Apothecaries' Hall, or any legally qualified medical practitioner. Nothing in this Act contained shall interfere with the making or dealing in patent medicines, or with the business of wholesale dealers in supplying poisons in the ordinary course of wholesale dealing, or of chemists or druggists who are practising as such in Ireland upon their own account at the time of the passing of this Act." There is no registered chemist and druggist in Ireland, but any person who was selling poisons or drugs before 1875 may continue to do so, but may not compound prescriptions. It is not decided whether the phrase "retailing, dispensing, or compounding poisons within the meaning of the Sale of Poisons (Ireland) Act, 1870," includes the making up of sheep-washes and such like preparations, and at present such a sale by unqualified persons is tolerated. The Pharmaceutical Council is, however, now considering the advisability of creating a druggist's licence to remove the ambiguity.—ED. M, P. & C.

ALNWICK INFIRMARY.—At the annual meeting Mr. W. Hindmarsh, solicitor, read the report, in which it was stated that the finances were in a most satisfactory position. The committee expressed great satisfaction at the manner in which Dr. McNamara had discharged his duties as house-surgeon, and the other honorary medical men attached to the establishment. The number of patients admitted had been 720, of whom 703 were out-door patients, and 17 in.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Please to inform me in your valuable journal if there is an American University of Philadelphia.

A SUBSCRIBER.

[The University of Pennsylvania is in Philadelphia, and is a genuine chartered institution. The University of Philadelphia was a swindle and lived by the sale of bogus diplomas. Its charter was cancelled by Government, and its doors are, we believe, closed.—ED. M. P. & C.]

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Researches Cliniques et Therapeutiques sur l'Epilepsie et l'Hystérie. Par le Dr. Bourneville. Paris : Delahaye et Cie.

Clinical Studies. By Sir John Rose Cormack, M.D., F.R.S. Vols. I. II. London : J. and A. Churchill.

A Manual of Dental Anatomy. By Charles S. Tomes, M.A. London: J. and A. Churchill.

Infant Feeding and its Influence on Life. By C. H. F. Routh, M.D. London: J. and A. Churchill.

Healthy Skin. By Erasmus Wilson, F.R.S., F.R.C.S. London: J. and A. Churchill.

Who's to Blame. A Story of the Alcohol Question.

Annual Report for the Parish of Kensington. By Dr. Dudfield.

The Sanitarian. The Westminster Review. New York Medical Record. Le Progrès Medical. The Clinic. Philadelphia Medical Times. New York Medical Journal. La France Medicale. The Students' Journal. El Anfiteatro Anatomico Espanol. The Dental Review of Medicine, &c., &c.

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VACANCIES.

Middlesex Third County Lunatic Asylum.—Medical Superintendent. Salary, £700, with furnished house, &c. Full particulars will be found in our advertising columns. (See Advt.)

East London Hospital for Children.—Assistant Surgeon. Particulars may be obtained of Ashton Warner, Esq., at the Hospital. (See Advt.)

General Hospital and Dispensary for Sick Children, Pendlebury, Manchester.—Superintendent. Salary, £100, with board and residence. (See Advt.)

Dublin Fever Hospital.—Resident Medical Pupil. For particulars apply to the Registrar at the Board Room, Cork Street. (See Advt.)

Essex and Colchester Hospital.—House Surgeon and Apothecary. Salary, £100, with board and lodging. Further particulars of the Secretary, Colchester.

Central London Sick Asylum District.—Assistant Medical Officer and Dispenser. Salary, £110, with partial board. Applications to the Clerk, Cleveland Street Asylum, Fitzroy Square. W.

Kensington Dispensary.—Resident Medical Officer. Salary, £150. with furnished apartments. Particulars of the Hon. Sec., Dispensary House, Kensington, W.

Sheffield Public Hospital.—Assistant House Surgeon. Salary, £65, with board. Apply to Dr. J. C. Hall, Sheffield.

Worcester General Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Secretary.

Norfolk Hospital.—House Surgeon. Salary. £100, with board, &c. Address the Secretary at the Hospital, Norwich.

Newcastle-on-Tyne Dispensary.—Assistant Surgeon. For particulars as to salary, &c., apply to the Secretary.

Bury Union, Lancashire.—Medical Officer for the Workhouse. Salary, £[illegible]30, with extra fees. Apply to the Clerk of the Union.

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APPOINTMENTS.

Blair, A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer and Public Vaccinator for the Parish of Ferryport-on-Craig, Fifeshire.

Brodribb, C. A., M.R.C.S., a Surgeon to the Hastings Dispensary.

Burroughs, B. P. B., M.R.C.S.E., Junior Medical Officer to the West of England Sanatorium, Weston-super-Mare.

Garlick, G., M.B., L.R.C.P.L., M.R.C.S.E., Medical Registrar to the Hospital for Sick Children, Great Ormond Street.

King, F., M.R.C.S.E., a Surgeon to the Royal Cornwall Infirmary, Truro.

McComb, W. T., L.A.H.D., Apothecary to the City of Dublin Hospital.

Reid, W. L., M.D., Out-door Accoucheur for the Western District of the Glasgow Lying-in Hospital.

Renton, J. C., M.B., F.F.P.S.G., Extra Dispensary Surgeon to the Western Infirmary, Glasgow.

Swanzy, H. R., M.B., F.R.C.S.I., Ophthalmic Surgeon to Dr. Steeven's Hospital, Dublin.

Tanner, J., M.D., M.R.C.P., An Assistant Physician to the Metropolitan Free Hospital.

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Marriages.

Franklin—Denne.—On the 17th inst., at St. Saviour's, Eastbourne, George Cooper Franklin, F.R.C.S., of Leicester, to Lucy Hannah, younger daughter of William Denne, F.R.C.S., of Eastbourne.

Harrison—Harris.—On the 18th inst., at the Parish Church, Leeds, Richard Harrison, L.R.C.P., M.R.C.S. Lond., of Dartmoor, Devonshire, to Marian, eldest daughter of J. Harris, of Lake House, Snaresbrook, Essex.

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Deaths.

Allan.—On Oct. 9th, at Killaha Castle, Killarney, James A. Allen, M.D., Surgeon H.M.S. *Revenge*.

Angus.—At Great Coram Street, London, John Angus, M.R.C.S.E., aged 65.

Beck.—On Oct. 11th, at Herne Bay, Henry Beck, F.R.C.S., aged 7[illegible].

Bennett.—On Oct. 18th, at Mille Crux House, York, T. Marshall Bennett, M.D., aged 33.

Crawford.—On Oct. 10th, at Eythorne, Kent, James Robt. Crawford, L.F.P.S.G., aged 42.

Edenborough.—On Oct. 14th, at Manor Road, Holloway, Alfred Edenborough, M.R.C.S.E., aged 69.

Hewitt.—On Oct. 9th, at North Walsham, William Hewitt, L.S.A.L., aged 70.

Maul.—On Oct. 21st, at Southampton, without previous illness, Edward Harman Maul, M.D., aged 63.

Orr.—On Oct. 7th, at Portsmouth Road, Surbiton, William Orr, Surgeon, aged 41.

Pilkington.—On Oct. 9th, at Accrington, William Binns Pilkington, L.R.C.P.L., aged 25.

Wade.—On Oct. 11th, at Wath-upon-Dearne, Johnathan Gawtress Wade, M.R.C.S.E., aged 65.

Wright.—On Oct. 13th, at Edinburgh, Thomas Strethill Wright, M.D.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

GENERAL HOSPITAL and DISPENSARY for SICK CHILDREN, PENDLEBURY, near MANCHESTER.
VACANCY. The Office of Lady Superintendent of the above Institution is vacant. The Hospital contains at present 84, and when complete in June next, will have 168 beds. Ladies who have undergone a thorough course of hospital training, and who can prove by testimonials and certificates, their fitness for the Office, are invited to apply to the Chairman of the Board of Governors, 5 Mount Street, Manchester, on or before October 31st. Salary, £ 00 per annum, and everything found.

EAST LONDON HOSPITAL FOR CHILDREN, Ratcliff Cross.—Notice is hereby given that applications are invited from Candidates for the office of ASSISTANT-SURGEON to this Institution. The Hospital contains 35 beds, with an average attendance of 100 out-patients daily.

Attendance is required two afternoons in the week. Further particulars may be obtained from the Secretary, at the Hospital.

Rules 7 and 8, Section viii. of the Rules or Bye-laws, are as follows—

"7. Every Surgeon eligible to this hospital shall be a Fellow or Member of the Royal College of Surgeons of England, or a Fellow or Licentiate of the Royal College of Surgeons of Edinburgh or Ireland, or otherwise legally qualified to practise Surgery in England.

"8. The Physicians and Surgeons in this Hospital shall not practise Pharmacy."

Applications to be sent to the Secretary, at the Hospital, on or before Thursday, the 2nd November proximo.

A Special Court of Governors will be held for the purpose of electing an Assistant-Physician and an Assistant-Surgeon, on Tuesday, the 7th November, 1876, at the Coal Exchange, at 3.30 p.m.

THOMAS CHARRINGTON,
Chairman of the Board of Management.
EDWARD S. NORRIS, Treasurer.
ASHTON WARNER, Secretary.
Hospital, Oct. 10th, 1876.

MIDDLESEX.—THIRD COUNTY LUNATIC ASYLUM, BANSTEAD DOWNS, near SUTTON.—The Committee appointed to provide this Asylum are prepared to receive applications for the appointment of MEDICAL SUPERINTENDENT. Candidates must be married, not over 45 years of age, and Fellows, Members, or Licentiates of one of the Royal Colleges of England, Scotland, or Ireland, and duly registered in Medicine and Surgery under "the Medical Act, 21st and 22nd Vic., cap. 90." It is essential also that Candidates should have had experience in the treatment of the Insane in Asylums or Public Institutions. The salary will be £700 per annum, with a house supplied with planned furniture only, rates and taxes free, coals, gas, milk, and such vegetables as the garden may produce. The appointment will be held subject to such rules and regulations as the Committee may from time to time determine, and be determinable by either party on one month's notice. Printed forms, on which applications must be made, may be obtained on written application to the Clerk to the Committee at the Asylum, and the said form must be returned duly filled up, together with copies of testimonials, on or before WEDNESDAY, the 8th NOVEMBER, and notice will be given thereafter to such selected Candidates as the Committee may desire to see. All canvassing in person is strictly prohibited, and will disqualify Candidates, and no travelling expenses will be allowed. The appointment of the successful Candidate will be on date the 1st day of February, 1877, and he will be expected to commence his duties on that or such subsequent day as the Committee may hereafter appoint.

By order of the Committee.
Dated this 13th day of October, 1876.

LINCOLN LUNATIC HOSPITAL.
(OPENED IN 1819.)
THE RIGHT HONOURABLE THE LORD MONSON, President.
THERE are a few VACANCIES for PATIENTS of both sexes in this INSTITUTION.—This Hospital was the first in England to adopt the most beneficent system of non-restraint, and that system is still carried out in the greatest perfection. The Hospital stands in its own well arranged grounds of over 8 acres, and occupies a most healthy and delightful site, the views from the grounds and building being of a most extensive character. The Hospital has an experienced Resident Medical Superintendent, and is visited by four Honorary Physicians and Surgeons. The business of the Institution is conducted by a Board of Governors which meets weekly, and regulates the terms upon which patients are admitted.
By Order, RICHARD HALL, Secretary.
Board Room, Lunatic Hospital, 1876.

ONE MILLION STERLING
Has been paid as
COMPENSATION FOR DEATH AND INJURIES
Caused by
ACCIDENTS OF ALL KINDS,
By the
Railway Passengers' Assurance Company,
HON. A. KINNAIRD, M.P., Chairman.
PAID-UP CAPITAL AND RESERVE FUND, £180,000.
Annual Income, £200,000. Bonus allowed to Insurers of 5 years' standing.
Apply to the Clerks at the Railway Stations, the Local Agents, or
64 CORNHILL, and 10 REGENT STREET, LONDON.
WILLIAM J. VIAN, Secretary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 1, 1876.

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Pathological Anatomy of the Brain—
LOCALISATION IN CEREBRAL DISEASE. (a)

By Prof. Charcot.

Chapter X.

Gentlemen,—I close a digression which I think will not have been inopportune, and I return to the individuality of the vascular territories of the brain. That feature does not exclusively belong to the great territories; it is also found in the secondary departments into which the primary divide, and which correspond to the arterial ramifications of the second or third order. Between these regions of the second order, as also between the great territories, the communications are practicable, but oftener very difficult. It results from this disposition that the obliteration of one of the secondary branches may have—and often will have—the effect of causing mortification in a very limited region of the cortex. Here is a capital point for study of cerebral localisations. It might happen that the lesion, thus limited, may correspond exactly with one of the convolutions or a group of convolutions, endowed with special properties and represented during life by special phenomena.

That exact localisation of lesions of the cortex, produced by the obliteration of arterial branches of the second or third order, will be specially interesting to study for the middle cerebral region, as you can easily suppose. It is, indeed, in that great region that experimentation tends to put the important motor centres, and it is there also that clinical medicine (with the aid of pathological anatomy) has located the faculty of articulate language.

It is, consequently, important to be well acquainted with all of the chief arteries arising from the middle cerebral, and to closely examine their mode of distribution in the fundamental convolutions of the region. The sylvian artery divides, or at least gives origin, to four chief branches. The distribution of these has been carefully studied by Duret and Heubner.

The first Duret calls *external inferior frontal.* It is, strictly speaking, the artery of the third frontal convolution (Broca's). Many times have I myself seen obstruction of this trunk alone cause softening limited to the territory of this convolution alone, and even confined to its posterior part. Let me state a fact in confirmation. It concerns a woman, named F———, in the Salpêtrière under my care. She had been seized with aphasia. There was no trace of paralysis, of motion, or sensation. The aphasia was, in this case, the *only* symptom, and atrophy of the third convolution was revealed by the autopsy, the sole lesion to account for the disease. Here, gentlemen, you have a fine and indisputable example of cerebral localisation!

The second branch is called by Duret the anterior parietal. I would rather name it the *artery of the ascending frontal convolution.*

The third branch (the posterior parietal—Duret) is named by us *the artery* of the *ascending parietal convolution.*

The fourth branch goes to the curved convolution, and to *the first sphenoidal convolution.*

The two convolutions to which the second and third branches of the middle cerebral run, would be, according to Ferrier's experiments on the monkey, the seat of the motor centres of the members. You perceive that as a result of their arterial supply, these two convolutions could be injured by themselves. I do not know whether the complete destruction of these two central convolutions has ever taken place, but the ascending parietal convolution has been wholly destroyed, being according to Ferrier, in the monkey, the centre of movement for the upper limb, and partly for the lower. In this case the convolution in question was replaced by a depressed yellow plate. The ascending frontal was in great measure unhurt, but clearly atrophied. While the thalamus opticus and corpus striatum were quite uninjured (that fact is distinctly stated), there yet was a complete and permanent hemiplegia of the upper and lower

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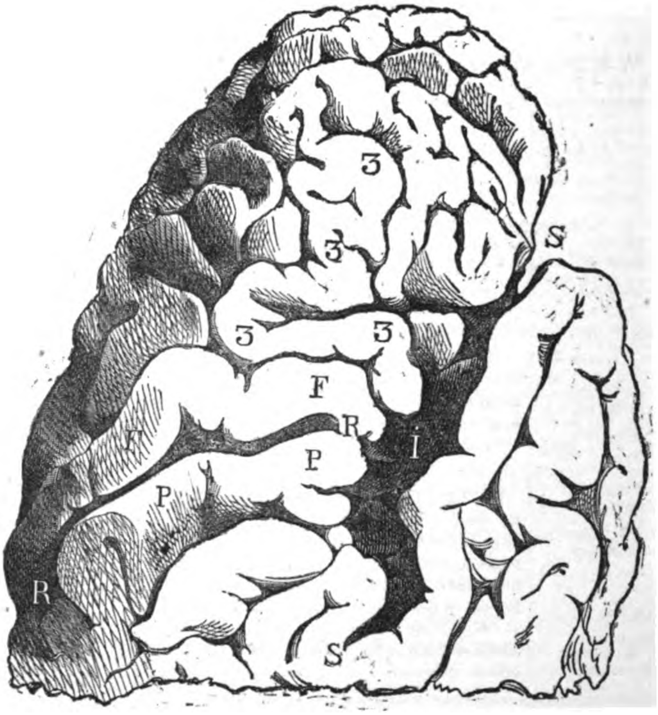
(a) Translated from *Le Progrés Medical.*

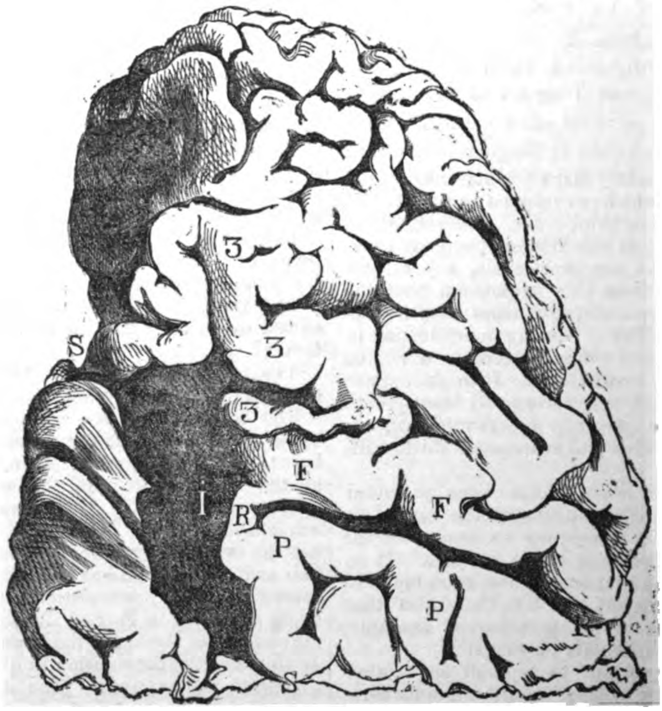
FIG. 10.



Third convolution of the right side (normal size).

F, transverse frontal convolution; RR, fissure of Rolando; PP, transverse parietal convolution; SS, fissure of Sylvius; I, the island.

FIG. 11.



Convolution of Broca of the left side atrophied at its posterior part.

F, transverse frontal convolution; RR, fissure of Rolando; PP, transverse parietal convolution; SS, fissure of Sylvius; I, the island.

limbs of the other side. Here we have a result, gentlemen, which contrasts strikingly with the observations in two other cases of extensive injuries of other parts of the grey matter of the brain. Thus, in a case of injury limited to the square lobe (yellow patch) there was no sign of a corresponding paralysis. In another case, we have to do with a yellow patch involving a large extent of the inferior surface of the sphenoidal lobe, which, as you are aware, is supplied by the posterior cerebral, and during life there had not existed the slightest trace of hemiplegia in this case. These examples will suffice, I think, to convince you that it will be possible some day, perhaps not far in the future, to judge exactly and from indisputable evidences, the localisation of the least affection of the superficial parts of the brain.

After the particulars into which I have entered on the subject of the middle cerebral artery, I believe it my duty to be concise in speaking of the other vascular territories.

II. The anterior cerebral is much less frequently the seat of great changes than the middle cerebral. This peculiarity is doubtless partly due to its relation to the internal carotid.

The anterior cerebral furnishes three chief branches:—The first supplies the two inferior frontal convolutions; the second, of greater importance, is distributed to the convolution of the corpus callosum to the corpus callosum to the first frontal convolution (internal and external surface), to the paracentral lobule, and on the convex surface of the frontal lobe, to the first and second frontal convolution—finally, to the upper end of the ascending frontal convolution; the third branch of this artery is destined for the square lobe, and may suffer injury confined to it self, of which I have before furnished an example.

III. *The posterior cerebral* is the seat of alterations by embolisms and by thrombosis, less frequently than the middle cerebral, but much more commonly than the anterior cerebral. Also ischœmic softenings from the posterior lobes is much more frequent than those of the anterior lobes. The territory of this artery is divided into secondary departments corresponding to the three arteries of the second order.

The *first* of these goes to the convolution of the "hook;" the *second* to the inferior part of the sphenoidal lobe, comprising the inferior sphenoidal convolution and the fusiform lobule; the *third* goes to the lingual lobule, to the angular lobule, and to the occipital lobule.

◆

THE ADULTERATION OF FOOD, AND BRITISH LEGISLATION RELATIVE THERETO.

By Dr. C. R. Alder Wright,

Lecturer on Chemistry at St. Mary's Hospital.

The term "adulteration" may be broadly regarded as signifying the substitution for a more or less considerable proportion of the article sold as genuine, of other substances intended either to increase the total weight of material, or to give to the mixture the appearance, and to cause it to simulate the properties of a better quality of goods than that actually sold; in either case the purchaser is defrauded, inasmuch as he pays for an inferior article the price due for a superior class of goods. The same result is manifestly arrived at, if any important constituent be wholly or in part abstracted or omitted from the substance sold, the purchaser being kept in ignorance of the circumstance, and being led to believe that the article supplied is of a quality superior to its actual nature. Thus, the addition to milk of ordinary water, or the subtraction from it of cream, constitutes an adulteration; the admixture of cheap fatty matters with cow's butter, or the addition of roasted acorns or chicory to coffee, of sand to sugar, of starch to mustard, of sulphuric acid to vinegar &c.,; are adulterations when the alteration or admixture is not specially required by, or not duly notified to, the purchaser of such altered articles. In short, adulteration means the selling of an inferior or debased substance under the name of a superior or genuine article.

So far from being a device of modern invention, the adulteration of food is a practice that has flourished for many centuries, more especially in the case of wines, malt liquors, and bread; and on account of the injury to health likely to be caused in many instances by the addition of deleterious ingredients to the food-stuffs thus manipulated, such practices have for centuries been rendered illegal by special enactments, and penalties have been inflicted on those perpetrators, who have been caught *flagrante delicto.* Thus, Entick states ("History and Survey of London and Westminster." London, W. Ward and Charles Tilley, 1766) that in the reign of Henry III. punishments were inflicted for various offences connected with the sale of food, *e.g.*, short-weights, deficient measures, admixtures &c.; whilst in the reign of Edward I. the imperial and municipal laws against adulteration were extended in their operation, and were more generally enforced; in A.D. 1274 he states that "engrossing, forestalling, and all sorts of frauds and impositions in the sale of provisions, has now got to such a height as to oblige the Legislature to provide new laws against such practices, especially against bakers for short weight and bad materials in bread, and against millers for bad measure. Therefore, his Majesty commanded the Mayor of London and the sheriffs to enforce those laws and also to regulate the price of provisions, especially of poultry and fish, by which laws the baker for the first offence was to forfeit his bread; for his second offence to suffer imprisonment; and to be pilloried for the third. The miller was to be carried in a tumbril or dustcart through certain streets, exposed to the derision of the people; accordingly, an ordinance was published by the Mayor and other magistrates in this form." Twenty-one years after (1295), "the King sent a precipe to the Mayor and Sheriffs of London, to punish corporally all bakers, brewers, and millers convicted of bad practices, and also to oblige millers to return the flower by weight according to the weight of the grain sent to be ground"; and, in 1311, Edward II. issued a special writ enacting, amongst other restrictions on wine dealers that "every wine to be set at its value without mixture," whilst about this time various prosecutions of bakers appear on record for selling bread made of objectionable materials, "so that persons by eating that bread would be poisoned or choked." One, Alan de Lyndeseye, was twice convicted of selling bread "made of false, putrid, and rotten materials, through which persons who bought such bread were deceived and might be killed," and for these offences he was pilloried on each occasion. In 1364, vendors of bad and adulterated wines were compelled to drink some of their own mixtures, and were thoroughly drenched with the remainder which was poured over them; at the same time their trade privileges were lost. In the middle of the fourteenth century several of the guilds of tradesmen dealing in articles of food, agreed amongst themselves to draw up codes of regulations for their respective trades, amongst which regulations prohibitions of short weight, and of adulteration generally, bore an important part; for example, the association of spicers and pepperers issued such an ordinance in 1361, whilst, in 1370, the vintners guild agreed "that four men of the trade should be chosen and sworn to search into such defaults, and to oversee that the ordinances are well and justly kept and observed from year to year; and that no wines shall be exposed in taverns for sale before that the four persons aforesaid shall have seen that they are good and fit for sale." (Riley's "Memorials of London.")

It thus appears that Acts for the repression of adulteration of food are of considerable antiquity, and also that something very much resembling the modern organisation of inspectors and analysts was in vogue centuries ago, the chief difference being that the antique systems only attempted to deal with one or two kinds of provisions at a time, and that chemical science, being then practically not in existence, was not called into requisition as a means of proving the existence of adulteration in the substance condemned.

During the last century various enactments have been made at different times with a view to the repression of adulteration of various kinds of food, and some of these are so worded as almost exactly to correspond with certain clauses in the most recent laws relating to the subject; thus, in 1777, an Act was passed whereby a fine of five pounds was inflicted on any one who should "mix, colour, or stain tea," and these very phrases also occur in the most recent Act on this subject (Sale of Food and Drugs Bill 1875); in the reign of George IV. it was enacted that any person using either alum "or any preparation or mixture in which alum should be an ingredient" for the manufacture of bread, should be liable to a fine not exceeding £20, or to imprisonment for from three to twelve months in default. By the same Act, power was also given to inspectors to enter the premises of any baker, in order to search for, and if found, to seize adulterated bread or the materials used in its manufacture; if such substances were found on the premises of any baker, he was liable to the above-mentioned penalties, whilst punishments were also provided for the obstructing or hindering these officers in the execution of their duty. Another Act relative to adulteration was passed in the reign of William IV. (6 & 7 Giugl. IV. c. 37).

Notwithstanding, however, the praiseworthy desire on the part of the legislature and the more respectable portion of the food trades to put down the practice of adulteration, this evil has always existed to a greater or less extent. Of late years the rapid strides made by science have given great facilities for the employment of certain special malpractices of the kind, flavouring matters of numerous kinds being obtainable by various chemical processes; these are often extensively used along with cheap materials as a basis to manufacture spurious viands of peculiar or agreeable flavour or taste, wines, liqueurs, and malt liquors being the chief substances thus fraudulently manipulated and adulterated; the modern diffusion of knowledge and the extension of science have thus acted both injuriously and beneficially on the purity of the food supply of the population. On the one hand, it has enabled many to judge for themselves by simple tests whether the substances sold are really what they are represented to be; and the mere knowledge that most deleterious ingredients can now be readily detected by chemical analysis serves as an effectual deterrent from their use in numerous cases, and thus greatly tends to improve the quality of the food supply. On the other hand, it has rendered people aware of the nature of many adulterations who would a few decades ago have remained in ignorance of the possibility of making large sums of money by such malpractices, such knowledge being then confined to a comparatively small number of people, or not existing at all. In this respect the progress of education reminds one forcibly of the old story of the ostler who on being asked by his father confessor whether he had ever greased the teeth of the traveller's horses to prevent their eating their allowance of oats, replied, "No"; but on being asked the same question again some weeks later answered, "Faix, since your riverence was so good as to tell me the thrick, I've been timpted to thry it, and be the powers a beautiful plan it is altogether!"

In 1842, the laboratory at Somerset House was established by the Board of Inland Revenue for the purpose of detecting and suppressing the adulteration of tobacco and snuff, at that time carried on to a large extent; the immediate result of this step was that as soon as sufficient experience had been gained to enable the staff to detect the nature of the fraudulently admixed substances, the obnoxious practices rapidly diminished in frequency. Such bodies as peatmoss, starch, malt-combings, ground wood, fustic, chicory leaves and roots, coltsfoot, rhubarb, dock, and other leaves of different kinds were thus prevented to a great extent from taking the place of genuine tobacco. The success of this experiment led to the placing of the examination of many edible products liable to duty in the hands of the department, *e.g.*, pepper, tea, coffee, lime-juice, &c., &c.; and as regards these additional substances, the results have been satisfactory with reference to the quality of imported produce. Manifestly, however, the examination of a cargo by the Somerset House testers and its being found free from injurious admixtures is but little guarantee that the foods retailed up and down the country are unobjectionable; whilst many articles of food, not being subject to duty, are never examined at all by the Government analysts.

The evils arising from the sale of adulterated foods by retailers became so great about the middle of this century that when the well-known *Lancet* Commission examined the subject carefully, the number of samples found to be adulterated frequently outnumbered the pure substances met with in the retail trade. Then Dr. Hassall's results were that pure bread and unadulterated milk were almost impossible to procure, alum being almost invariably present in the former, whilst the latter was watered to an astounding extent, frequently exceeding 50 per cent.; of 49 samples of bread consecutively examined not one was pure. Tea was almost equally bad, turmeric, "lie tea," starch, Russian blue, China clay, and more especially exhausted leaves being almost always present. More than 80 per cent. of the specimens of coffee examined were adulterated with mangel-wurzel, beans, chicory, acorns, and various other substances; even the chicory used to adulterate the coffee was frequently itself adulterated in turn with powdered roasted carrots, &c. Cocoa was very frequently admixed with large quantities of flour or starch, and in order to hide the addition was then coloured with metallic or earthy substances, ochre, &c. Pepper was mixed with linseed, rice, wheat, mustard, &c. Pickles invariably contained copper, and spices were frequently increased in bulk by the admixture of flour, arrowroot, starch, sago, &c. Notwithstanding that out of many hundred substances examined many were of a nature where adulteration was unprofitable or very difficult, it was found that about 65 per cent., or nearly two-thirds, of the total quantity of samples examined were adulterated, and it appeared that the goods supplied to the poorer classes of customers were almost invariably impure, and frequently to a large extent.

Mr. Wanklyn only found six pure samples of milk out of 56 specimens of the material supplied to the London workhouses, whilst out of hundreds of samples from other parts of the country, more than half were found to be adulterated; although the names and addresses of all the delinquents were published, yet not one action for libel was brought (although one at least was threatened).

(To be continued.)

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ON THE IDENTITY OF SO-CALLED SIMPLE CONTINUED FEVER, AND TYPHOID FEVER.

By Thomas P. Tuckey, M.B.,

Medical Officer of the Ballyholey Dispensary of the Fermoy Union.

Simple continued fever has long been considered as a distinct disease, different from true inoculated fever on the one hand, and enteric fever on the other. It is my object in this paper to endeavour to prove its identity with typhoid fever. Although young as a physician, it has been my good or bad fortune to be witness of a very extensive epidemic of fever, hence I have some experience, and have watched most carefully the primitive type. I have seen during the last three years over 300 cases of fever, and can come to no other conclusion but that simple continued fever *so-called* and typhoid fever are one and the same disease.

My friend, Dr. Russell, of Fermoy, a gentleman who has wide experience of fever, stated to me that for [illegible] years he had had only one case of true typhus, and that all his other cases were of a typhoid or enteric character. On expressing to him my surprise that various [illegible] had called the fever of the past twenty years by very different names, gastric, bilious, simple continued, &c., he said that as far as he could see, the organ the most frequently attacked had been seized upon to name the prevailing epidemic. In other words, the genus was the same, but the species different. In some epidemics gastric symptoms prevailed, in others derangement of the liver and bowels, in others, again, though often of long duration, there were no complications. As the union medical officer pertinently expressed himself to me, there were no complications, only the fever *went on.*

It is for such fevers as the last that I claim an identity with typhoid, and it is worth our while to see what writers on the subject of fever have said on the subject. Let us turn to Copland, whom all acknowledge to be most worthy of attention. Amongst other forms of fever he enumerates :

"Common continued fever," nervous fever, and typho-enteric fever; to my mind but one and the same disease. Thus, of simple continued fever he states that it continues "usually for several days, its duration varying from two, three, or four days, to as many weeks ; and, again, "the digestive mucus surface is often severely and prominently deranged ; when the stomach is affected there are *retchings and vomiting early in the disease, pain, and tenderness in the epigastrium and constipated bowels ;* whilst the tongue is red *at its sides and point, and loaded with a dirty yellowish fur."* Again, "when gastric or gastro-enteric affection comes on—*looseness or diarrhœa is the most frequent symptom. The stools are from three or four to eight in the twenty-four hours, and are at first feculent, fœtid, dark, and thin. They subsequently become in unfavourable cases watery and of an ochery hue."*

Of nervous fever, he states that there is sometimes pain at the epigastrium, nausea and vomiting, an irregular or relaxed state of the bowels, or offensive evacuations, "the urine is pale, partial sweats, the pulse becomes small, weak, and very quick ; hearing dull, the tongue becomes brown or black, incrusted, and fissured. He then enumerates some of the fatal symptoms, such as clammy sweats, diarrhœa, involuntary evacuation, tympanitic abdomen. He also calls attention to sore throat, "so severe and early as to resemble cynacose maligna," paralysis. And, again, "the affection of the mind continues for some days, or even weeks, after the bodily functions are restored. Instances may even occur of permanent insanity, being the consequence." "*Relapses are not infrequent after the mild forms* of fever." This fever, especially its gastric and enteric states, may pass into a low or typhoid form of dysentery." Dr. Copland's definition of typho-enteric fever is much the same as other authors. Let us, for comparison sake, put the symptoms of the three fevers in a tabular form. I have myself heard the three names given to fevers by gentlemen of long standing in their profession. I think we shall see that the difference is one in degree and not in kind.

A glance at the following Table, in which I have inserted Dr. Copland's own words, I think is enough to convince anyone that he is treating of the same disease in which the symptoms are alike, but in one fever the symptom which is most prominent is subordinate in the others. The only discrepancies are in the temperature, which Dr. Copland has not paid very great attention to, as in only one of the fevers does he even mention the number of degrees, and in the mode of termination ; and even in this the difference is not so great as it appears, as in writing about the mode of recovery in nervous fever, he enumerates a number of symptoms, which are necessarily gradual in their action, and nowhere does he say that the fever goes off as it used in spotted typhus, *i.e.,* by true crisis. I am particularly anxious to be explicit on Dr. Copland's views, as I am sure they are those of a large number of professional gentlemen *still practising,* who hold that the fevers enumerated by Dr. Copland exist as individualities, and are not different types of the same disease.

Let us now turn to those modern writers : Dr. Aitken makes no mention of simple continued fevers, and only admits "febricula" to be distinct from typhus and typhoid (of course excluding relapsing fever), which no one disputes to be a distinct disease. Sir Thomas Watson admits only typhus and typhoid, having first confessed that he once believed in their identity.

	SIMPLE CONTINUED.	NERVOUS.	TYPHO-ENTERIC.
Pulse.	100-120, small, weak, irregular; intermittent when a dangerous attack.	Soft, feeble, and quick ; about eleventh day very quick and unequal.	90-120 in later stages, soft, compressible, feeble, small, irregular, or intermittent.
Temperature.	Heat of surface generally rises over 100°.	Heat of skin natural or diminished.	Skin warm and dry in evening and night, cooler in the morning.
Tongue.	White, foul, loaded or furred; again red at its sides, and point loaded with dirty yellow fur.	Loaded or covered with a dirty mucus, afterwards brown or black, incrusted, or fissured.	Tongue furred, with red edges ; afterwards dry and brown, or red and glazed, and marked by fissures.
Gastric Symptoms.	Tenderness at epigastrium ; looseness or diarrhœa of an ochery hue ; vomiting early.	Fœtor o the breath and of the discharges, an irregular relaxed state of the bowels, pain at the epigastrium, nausea and vomiting.	Stools colour of yellow ochre, offensive. The abdomen is distended, occasionally bilious vomiting, abdominal pains, breath very offensive, flatulence, and diarrhœa.
[illegible]	Pain in head, throbbing of arteries, brilliant expression of eyes, marked acuteness of senses, watchfulness and restlessness, moaning and incoherent muttering, dilated pupils, and coma.	Countenance pallid or transiently flushed, head heavy, continual restlessness, want of sleep, tremor, hearing dull, coma, unconscious evacuations, low delirium, early stupor, and delirium.	Headache, wakefulness or disturbed sleep, slight delirium about twelve days, pink flush on cheeks, tremor of limbs, subsultus carphology, somnolence, coma.
Lung Symptoms.	A common and early complication, either to bronchial surface or congestion of substance.	The bronchial surface is the part chiefly affected ; substance of lungs sometimes complicated.	Bronchitis, pneumonia, &c., may severally occur in a varying proportion.
Affection of Throat.	Sore-throat or inflammation of fauces sometimes accompany.	Sore-throat, occasionally so severe as to resemble an attack of aganose maligna.	Laryngitis and pharyngitis may occur.
Crisis.	By subsidence of the prominent morbid actions indicative of a gradual decline.	Often announced by a true crisis.	Return to health gradual.

Murchison, one of the greatest living authorities on fever, admits that there is such a disease as simple fever, but I think that no one can mistake his description, or take it for that of a case of typhoid fever of such a type as to come under the nomenclature of simple continued fever so-called.

No physician of long experience whom I have spoken to on the subject has even disputed the existence of a fever, "non-specific, characterised by its frequent full and often firm pulse, white tongue, thirst, constipation, high-coloured urine, hot and dry skin, absence of eruption, severe headache, and by its subsidence in from eight to ten days with copious perspiration."

Such a fever is very different from the kind commonly called "simple continued fever," and Murchison asserts in one place that a patient may "make a good recovery and then this illness is spoken of as simple continued fever." He points out that medical men often call enteric fever *without abdominal lesions* simple continued fever, and calls attention to the fact of such cases being registered as cases of typhoid, and also makes this remarkable statement, "that most of the febrile attacks known in England as simple continued fever, or febricula, are abortive attacks of enteric fever." I do not know the opinions held by the majority of the profession in England, but I am sure that many of my Irish brethren believe in a fever distinct from febricula on the one hand, and typhoid on the other, and called by them simple continued fever. The characters of such fevers are: a temperature of 101° to 102°; a pulse for the first few days pretty full, and from 90 to 100 in its beat, becoming by degrees weaker and quicker; partial sweatings, breaking out at intervals; the urine high-coloured and scanty, but in some cases almost normal in quantity and appearance; the tongue white with red edges, sometimes, in bad cases, becoming dry, black, and fissured, with sordes about the teeth; the bowels sometimes too free, at other times requiring opening medicine; delirium about the tenth day, sometimes severe, having a tendency in fatal cases to pass into torpor and coma; slight bronchitis almost universal, and sometimes running on into pneumonia—a very fatal combination. The fever continues from fourteen to twenty-one days, and cannot be said to terminate by any decided crisis. It may run on, however, for eight and ten weeks without any decided complication, the temperature and slight delirium being the most prominent features. Recovery ultimately takes place, the patient being reduced however, to a very living skeleton. The fever is infectious when a family are crowded together in a small cabin, rarely failing to attack successively every member of the family unless the infected are sent into hospital at first. The attack may be so slight as not to cause any suspicion beyond that the person is suffering from general malaise, and the infected one may even walk about during the whole period of the attack, or go to bed for as short a time as a couple of days. Such is the fever whose identity with typhoid I shall endeavour to prove.

I have rarely failed in adults on careful search to find a few rose-coloured spots, different in no way from those seen on the bodies of patients acknowledged to have typhoid fever. I consider the temperature to be the most reliable diagnostic, as the rose spots are not always present, according to Murchison, Barthez, Rilliet, and others, and have been seen in other diseases besides typhoid fever, according to the last-mentioned physicians and Sir Wm. Jenner, I think they are not so reliable for diagnosis as the temperature, which, as far as I have had opportunity of judging, always shows the characteristic rise in the evening and fall in the morning, the "temperatures each morning and evening being each day about a degree (Fahr.) higher than those of the day preceding," but there being always a temporary arrest or remission of about 2° in the morning.

It would take up too much space to give in detail a record of the symptoms of the cases in proof, I will content myself with giving a general history of the cases.

Catherine Sheehan, æt. 15, was seized with a rigor, having been for some days previously complaining of general malaise; she vomited and had bleeding from the nose. When I saw her the next day she complained of headache, pains in the limbs, pain under the left breast, and also in the belly; her pulse was 94. Her pulse during the disease varied greatly, being generally, however, higher in the evening and lower in the morning; her tongue was at first whitish with prominent red papillæ, and red edges, afterwards it became dry and brown, and her lips covered with sordes; her urine was little changed, her bowels moved four times in the twenty-four hour, at first very liquid and yellow, afterwards more of the colour of burnt amber. She had pretty severe delirium and partial sweats. She had no tympanitis, no spots, her face was flushed, she had cough and bronchial râles. The worst feature of her case was a sore throat, which was very severe. Her whole mouth and fauces became red and swollen, she had great difficulty of swallowing, and ultimately the whole of the mucous membrane became detached, and she actually *spat up the lining of her mouth and throat into a basin.* She became gradually better, but there was no sign of a crisis. The girl was for a long time afterwards in a bad state of health.

I put this case because it may be taken as the type of the general run of cases I have seen, several of which I sent into hospital, and which were pronounced by various medical men to be simple continued fever. The sore throat, however, though seen several times, was not frequent; it occurred, however, in this case, and, therefore, I think it necessary to mention it.

The next case I will give is that of John Reeffe, æt. 12. I did not see this boy until the tenth day. As far as I could gather of the disease when I saw him he was lying in bed with seemingly not much the matter with him; he had eaten some toast with apparent relish some time previously; his tongue was quite clean, his face clear. His mother sent for me because she said he was "one day up and another day down." His pulse was quick, 110, his bowels constipated, he complained of slight headache, he had no pain in the belly, and pressure in the iliac region caused no uneasiness. He had no cough or pain in his chest, his urine was clear as when in health. During his whole illness his tongue remained clean, his urine clear, his bowels natural. Towards the end indeed, he had some slight delirium, but nothing alarming. Several successive crops of rose-coloured spots appeared on his abdomen. He ultimately recovered, the amelioration of his disease being ushered in by a sort of crisis by sweating, a symptom which he had not had during his illness. He has worn to a complete skeleton, but quickly got strong and well. I give this case because the boy communicated the disease to several of his brothers and sisters, as also to his mother. They were pronounced by a no mean judge of fever to be suffering from simple continued fever.

The next case, though one of aborted typhoid, is interesting, as being that of a girl who took the fever from her sister who had a fever, of long duration which was stated by an experienced practitioner to be simple continued fever.

Two hours previously to my seeing Bridget Swiney, æt. 20, she was seized with shivering, and vomited several times. When I saw her she was bleeding profusely from the nose, her face was flushed, her pulse was over eighty, and temperature 99, her tongue was somewhat furred. I ordered an emetic of

Tinc. sulph, grs. xxx.;
Emet. tart., grs. ss. ft. pulv. emet.

Her sister had just recovered from fever, and looked dreadfully pale and worn.

With the exception of the epistaxis there is nothing beyond the temperature worthy of note. I may state that I saw her sister once during her illness, and detected five or six rose spots on her abdomen. Her sister, as far as I could trace, caught the prevailing fever from patients of mine—her cousins—who had undoubted typhoid fever with the tache Roseés and diarrhœa, of which one died. I detected no rose spots on Swiney's skin, but I think, on comparison with Wunderlich's table given by Murchison, there is no doubt that this was a case of typhoid. It is interesting to note that an emetic was given within two hours of the initial rigor. It is asserted that emetics have the power when given very early of cutting short a fever. Was the abortion of this attack to be attributed to the exhibition of an emetic.

On comparison of the Tables given above with that furnished by Murchison, I think the identity of simple continued fever with low typhoid cannot well be disputed. Murchison states that there is always a temporary remission of about 2° in the morning. Doubtless this is often the case, but I have myself found the remission to be much more irregular in some cases. The temperature of the case of Bridget Swiney agrees very closely with that of Murchison's Table. As this was pronounced to be simple continued fever it is all the more valuable. It had the commencement which is usually seen in cases of simple continued fever so called. I have seen several other cases of fever, which agreed in their symptoms with those mentioned by Copland, terminate as suddenly, or nearly so, as this, and have noticed that it was generally cases which set in with great violence which terminated thus.

I think it is worth while calling the attention of the profession to the fact of the identity of the several fevers which are supposed to exist independent in their identity from typhoid fever. It is astonishing what a number of professional men still refuse to recognise typhoid unless they see it complicated with diarrhœa and other abdominal symptoms. They will call one case typhoid because the patient has liquid stools and another simple continued fever because, though the symptoms may be much the same, there is an absence of diarrhœa or even constipation. This causes great confusion, and besides is injurious in practice. It throws men off their guard, and draws away their attention from the dangers for which they must be always on the watch. Perforation of the intestines and collapse may occur without any diarrhœa; hence, practitioners may lull themselves into the fancied security that everything is going right, when in reality everything is wrong. We all have read of the man who walked into hospital some three miles and died in three or four hours after (Murchison). I myself saw a case somewhat similar, and suppose that many practitioners have seen the same. Such cases are often put down as failure of the vital powers; I am persuaded that often the real cause is perforation of the intestines. Another grave cause why medical men should recognise the identity of the two fevers, if there be sufficient cause, is the fact that simple fever is generally supposed to be noncontagious while no one can dispute that typhoid fever is. Among the poor, my experience has been that as sure as one case appears in a cabin, so surely will others arise, whether from contagion or the inhabitants being all exposed to the same atmospheric influence I do not pretend to say, but still think it a strong point in the argument for contagion that a family will be for years free from fever, though they have always the cesspool before their doors, and that when one of the family who is in service comes home ill with a disease which turns out to be fever the rest take it almost immediately. I hope I have not been tedious. I shall be satisfied if I have removed from the minds of at least some that simple fever is different from typhoid, and I am sure shall have done some good if I have helped to simplify the fever which is often such a scourge, and thereby opened a way for a more solid line of treatment.

Dr. Frankland reports, as the result of his analysis of the waters supplied to the metropolis during September, that the Southwark and Lambeth companies delivered water which, through inefficient filtration, was slightly turbid, and contained moving organisms. With these exceptions, the river waters furnished by the London companies were clear and transparent, and contained, as in August, a remarkably small proportion of organic impurity.

Clinical Records.

ST. MARY'S HOSPITAL.

Under the care of Dr. Cheadle.

Reported by Mr. J. Coumbe, House Surgeon.

Acute Yellow Atrophy of Liver—Jaundice—Low Temperature—Delirium—Sickness—Coma—Rise of Temperature to 101·4, *and Death.*

B. A., a gentleman's servant, a well-nourished, strongly-built man, aged 20. About the 14th of August he felt indisposed, and became jaundiced. He had syphilis eighteen months ago, and has lived freely of late. On the 18th he was admitted. He was very yellow, complaned of pain and tenderness over the hepatic region, liver dulness extends an inch below costal cartilages, bowels confined, stools pale, urine sp. gr. 1028, full of bile, no albumen, temperature 97, pulse 60, tongue furred, appetite bad, not thirsty. He vomited an amber-coloured fluid on the 15th. Was ordered

℞ Potass. bicarb., ʒss;
Tr. hyrs. cy., ℈ij;
Aqua, ℥j., T. D. S.;
Calomel, gr. iij. statim.;

His bowels acted twice, stools pale.

23rd.—No improvement.

℞ Rep. pulv.; Pulv. jalap co. ℈ij.;

28th.—He seemed dull and stupid. Powder repeated. Was ordered, dilute nitrohydrochloric acid compress over liver. During the night he was sick, and complained of much pain.

29th.—Was ordered

℞ Res. Pyodoph., gr. ½;
Ext. Tarax., gr. viij.,

which acted well; stools light; he improved slightly; less pain; liver still enlarged.

30th.—Very dull and stupid.

31st.—Insisted on getting out of bed, saying he was "all right." During the night he was sick, brought up some blood and coffee ground matter. He was decidedly much worse.

Sept. 1.—Hot bath; temperature 97.

℞. Calomel grs. v., and grs. iij.;
4 tis horis, 3 doses.

Wrapped in blankets, his surface became warmer, skin moister, pulse quicker and better tone, urine sp. gr. 1028, full of bile, no tyroseine or seveine found.

2nd.—Hepatic dulness diminished, extending from 6th to 8th rib in nipple line. Pulse 60, temperature 96·4, comatose, tongue bitten, pupils contracted, stertorous breathing, sphincters relaxed, bladder empty.

3rd.—Morning. Pupils dilated, respiration 20, stertorous, limbs flaccid. Afternoon. Temperature 99, pulse 100, full and soft. Evening. His temperature gradually rose to 101·4, respiration 60, pulse 120. Died 12.40 a.m.

Post-mortem twenty-six hours after death. Liver small (about the size of an infant's), shape normal, weight 32 ounces, tough and hard, colour of burnt ochre; gall bladder and ducts empty, no obstruction in gall bladder or ducts. On microscopical examination very few liver cells could be seen; the tissue consisted of fibrous tissue, the liver cells being replaced by small oil globules. The fibrous tissues were more distinctly seen towards the centre, where in some instances nothing else was visible, the oil globules appearing in great numbers towards the periphery of the lobules. The lungs, kidney and spleen were congested, otherwise healthy.

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Foreign Medical Literature.

A CASE OF ACUTE ANTERIOR MYELITIS (ATROPHIC SPINAL PARALYSIS, INFANTILE PARALYSIS) IN THE ADULT.

(Translated from the *Progrès Médicale* by the late Francis M. Luther, M.D., Cappoquin.)

It has long been believed that atrophic paralysis was a malady peculiar to childhood, hence the name of *infantile paralysis* adopted as its designation by the greater number of authors. The facts which show that this variety of acute myelitis may be met with in the adult are not numerous; thirteen or fourteen observations, some of which even would hardly bear critical analysis, are all the cases of atrophic spinal paralysis in the adult that we can count up to the present date. Duchenne (of Boulogne), who was the first to declare that the paralysis called infantile might be met with in the adult, only reports in the last edition of his "Treatise on Local Electrisation" three observations in support of his statement (Observations lxix., lxx., lxxi.). In two even of those cases the patients had not been submitted to Duchenne's inspection until long after the invasion of the malady; it is to be remarked too, that one of them was only ten years old when the first symptoms appeared, which it is true were reproduced at the age of twenty-one years.

Other cases of acute anterior myelitis in the adult have been published since: these observations are due to Messrs. Charcot (three cases in men of 15, 19, and 35 years—one case in a woman of 60 years, who died at 67), Bernhardt (three cases in men of 20, 22, and 35 years), Cuming (one case in a man of 40 years), and Kussmaul (three cases in a man of 28 and women of 18 and 33 years). Messrs. Bourneville and Temturier have published (in 1874) in the *Progrès Médicale* an excellent critical review of all the medical works relating to spinal paralysis in the adult. I think it useless to give a *résumé* of an article so recently published, I therefore refer the reader to it, and pass at once to the narration of the new case that has fallen under my observation.

Case.—Philippe Gosnet, æt. 23, trumpeter in the 74th Regiment of the Line; is a well-built intelligent lad; he answers with much precision the questions put to him.

The patient had small-pox at three months old; he is greatly pitted; in 1874 he entered the Vincennes Hospital for a mild typhoid fever, and went home on furlough during a three months' convalescence. The patient's mother died at 59; she was paralysed in her right side for four years before her death; his father lives in the enjoyment of good health, as also a brother and sister; before entering the army Gosnet was a field labourer.

The symptoms that brought Gosnet to hospital supervened very rapidly in the month of September, 1875, during the autumn manœuvres; Gosnet was then with his regiment in the department of Eure. On the evening of the 12th September he went to rest quite well, having dined with a good appetite and strolled about the camp; for several days there had been heavy rain, and Gosnet went to sleep on the damp earthen floor of his tent; the next morning the patient awoke with his right arm paralysed; he felt neither general malaise, headache, nor pain; he thought he had fallen asleep in an awkward position, and that his arm was simply numbed, such also was the opinion of the physician who saw him.

Gosnet continued to perform his duty; he held his bugle with his left hand, and all the day followed the officer who commanded the school of musketry; the numbness of the right arm, far from disappearing rapidly increased; on the 13th, the paralysis of the right upper limb was nearly complete; the patient could only move his fingers, and he was incapable of giving a good grip.

Three days after those first symptoms the patient, on getting up, felt that his left leg could with difficulty support him, that it bent under him; his comrades raised him into an upright position, and Gosnet was then able to walk to the ambulance, whence he was directed to the hospital at Bernay.

The paralysis of the left leg went on increasing; at the end of three days it had attained its maximum; the patient could no longer lean on it; it was impossible for him to walk; nevertheless, in bed he could still execute some movements: flexion and extension of the toes, flexion of the leg on the thigh, the heel dragging along the bed.

During twelve days the paralysis of the right arm and left leg continued stationary, the general state was very satisfactory, the appetite continued good, there was, by the patient's account, no sign of fever (the temperature was not taken at the hospital of Bernay), but pains supervened soon after his entering the hospital. These consisted of darting pains in the paralysed extremities, mainly in the leg, then in pains in the loins; his sufferings were more severe by night than by day. At no time did the patient experience formication in the extremities, nor pains round the body; the sensibility of the paralysed parts has never been diminished, neither has any difficulty been noticed in urinating or defecation.

Prescriptions and Treatment.—Sulphur baths, friction of the affected limbs with camphorated spirits of wine, tincture of nux vomica internally; three blisters were applied successively to the right arm. At the end of twelve days the paralysis of the lower limb lessened; at the same time the darts of pain disappeared. Soon the patient could hold himself up and walk, but the left leg was still very weak, and the right arm remained paralysed. About a mouth after the patient's entrance into hospital the patient noticed a wasting of the paralysed extremities, more particularly of the arm. On the 23rd November, 1875, the patient was relegated to Val de Grâce, and placed under Professor L. Colin, who prescribed the employment of electricity and cold douches. At the end of the month of December I took charge of Ward No. 30, where the patient lay, and found his state to be as follows (20th December, 1875):—

All the muscles of the shoulder, and of the right arm and some of the muscles of the right fore-arm are paralysed and in progress of atrophy. The patient can neither raise his right arm nor bend the fore-arm on the arm, nor extend the three last fingers of the right hand; he is obliged to make use of the left hand in order to move his right arm; the hand being placed in pronation, the patient cannot supinate it (paralysis of the supinator longus and brevis) neither can he hold the hand in forcible extension on the forearm (paralysis of the radii muscles); the movements of pronation, of flexion of the wrist and of the fingers, those of extension of the thumb and of the index are preserved as well as the movements of abduction of the fingers and apposition of the thumb, this latter being, however, limited. Gosnet asserts he can extend the fore-arm on the arm, but on seeing him do it one is satisfied that he contrives to execute this movement by allowing the fore-arm to obey the force of gravity.

The atrophy of the muscles of the shoulder and arm is evident; it affects in particular the pectorals, the deltoid, the biceps, and the triceps brachialis; when the patient is upright or sitting the head of the humerus, no longer sustained by the deltoid and supra-spinatus, itself also atrophied, hangs loose from the glenoid cavity. In the fore-arm the atrophy is less marked; it appears to affect mainly:—

1st. The extensor communis digitorum (in consequence of the paralysis of the muscle the three last fingers of the right hand are in a state of permanent demi-flexion, the patient can't straighten them, while extension of the thumb and of the index is easily affected by the aid of the extensor proprius.

2ndly. The supinator longus and brevis.

3rdly. The radials, particularly the second which is the direct extensor of the wrist (Duchenne).

In the hand the muscular prominences of the thenar and hypothenar eminences persist, the inter-osseal spaces are not depressed as in progressive muscular atrophy. The comparative measurement of the healthy and of the affected sides are as follows:—

Left arm (in the middle) 24 centimetres in circumference.
Right arm 21 ditto.
Left fore-arm (upper third) 23 ditto.
Right fore-arm (upper third) 22 ditto.

Electric exploration of the muscles shows as follows: the pectorals, the sub and supra-spinatus, the biceps, the brachialis anticus, the triceps, the coraco-brachialis do not contract under the influence of the strongest current (Moren's Battery), so likewise with the greater part of the deltoid; a small fasciculus of the anterior edge of this muscle contracts slightly, but without sufficient force to impress motion upon the arm; it is only seen to stiffen under the skin at the moment of the passage of the current. In the fore-arm the extensor communis digitorum, the supinator longus and brevis, and the muscles of the radius are insensible to electricity; the other muscles of the fore-arm and those of the hand appear to us to enjoy their normal contractility.

A little fragment of the posterior part of the deltoid removed by Duchenne's *emporte-pièce*, and submitted to microscopic examination, presents the following characters:—The transverse normal striation is absent from almost all the fibres; one can only discern longitudinal striæ and the sarcolemma containing a finely granular matter without any large fat corpuscles. The nuclei, which are coloured with picro-carmine, are not altered. Two or three fibres only in the whole preparation still show the transverse striæ and an appearance resembling the normal. A minute arteriole removed with the fragment of muscle is unaltered.

The sensibility is intact—as perfect in the right arm as in the healthy limb.

The disturbance of mobility is happily much less serious in the left lower limb than in the right upper limb; the patient walks without limping, but he still complains of weakness in the limb, and as soon as he tries to run the limb bends under him and the limping reappears. In bed all the movements of the foot, of the leg, and of the thigh are executed with regularity; all the muscles contract under the influence of electricity. The thigh and the left leg present traces of atrophy, as simple inspection and mensuration prove:—

Right-thigh	(middle)	... 36 centimetres.
Left thigh	(*idem*)	... 35 „
Right leg	(upper third)	... 30c. 5
Left leg	(upper third)	... 28c. 5

The sensibility is intact in the left lower limb.

There is no difficulty in urinating or in defecating; no disturbance of nutrition, except the atrophy of the muscles. All these functions are performed with regularity; the patient eats three meals a day. Examination of the internal organs—lungs, heart, &c.—gives only negative results.

The diagnosis arrived at is *acute anterior myelitis, with consecutive atrophic paralysis*. Treatment:—Local electrisation, cold douches.

The *Medical Times* prints the following as a copy of a label taken off a bottle of medicine supplied by a firm of druggists of Cork:—"*Caution*.—To all medicines for outward application this label is attached to the bottles, in order to distinguish it from others for internal use, but persons unable to read should not be allowed to administer medicines, and never give or take a dose without first perusing the label.—Signed, ———."

The health of the country continues in a most satisfactory state; the marvellously low rate of mortality having been returned last week by the Registrar-General, of 12 per 1000 in Edinburgh, 16 in Dublin, 18 in London, and 21 in Glasgow. These figures are lower than we ever remember to have seen them in Edinburgh, Dublin, and Glasgow, speaking volumes for the preventive medicine of the day.

The polling for election of a member of Parliament to represent Glasgow and Aberdeen Universities takes place on Monday next and four following days. The candidates are Dr. Anderson Kirkwood, proposed by Dr. Mitchell, and seconded by Professor Robertson, and the Lord Advocate Watson, proposed by Mr. King, and seconded by Professor Ogston.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 1, 1876.

FOOD IN ITS RELATIONS TO HEALTH.

Apropos of an article which recently appeared in this journal "On What to Eat and Drink," we find from the last number of the *Boston Medical and Surgical Journal* that Professor Austin Flint has been reading a paper on the same subject before the American Public Health Association. In that article we summed up our view of this question by saying, that it is best not to be over careful as to what we should eat or drink, but to partake of all things in moderation, while at the same time we should eschew whatever our natural instincts or aversions prompt us to avoid, and whatever experience has shown to be prejudicial.

In the paper to which we refer, we are glad to see that the able professor at Bellevue Hospital has been guided by the same principles as those upon which our own remarks were based, while some of his observations on this important subject are so practical and original, that we shall not hesitate to draw particular attention to them. In allusion to the old saying, that we do not live to eat, but eat to live, he observes "that we are not to eat merely to live. Alimentation has ends beyond simple existence. We must eat to secure the complete development and growth of all parts of the organism. Eating is indispensable for attaining to and for maintaining the capabilities of body and mind." After remarking, as we have recently contended, that normal instincts having obvious reference to the needs and welfare of the organism, are entitled to precedence over human judgment, he remarks that, as respects the quantity of food needed, popular notions by no means correspond to the requirements of health. Physiology, experience, and common sense, are alike opposed to the idea that we should always rise from the table with an appetite, that food should never be taken except at fixed times, no matter how great may be the desire of it, and that a full diet tends to impair the faculties of the mind, and to debase the best sentiments of our nature.

"The conditions of perfect health," says Professor Flint, "are *first*, a sufficient appetite, *second*, the gratification of normal appetite before the food reaches the abnormal degree expressed by hunger; *third*, the satisfaction of appetite by an adequate quantity of food. With regard to the question whether the appetite is infallible as a guide in dietetics, Dr. Flint says that it is so under normal circumstances, and that it is at all events more reliable than rules based on theoretical ideas, popular notions, or on purely physiological data. "Moreover, it was evidently not intended that the quantity of food should be accurately adjusted to the needs of the economy. To do this is impossible, and therefore it is necessary to elect between the risk of taking either more, or less food than enough. Which is to be preferred? Undoubtedly it is better to incur the risk of taking too much than too little. Nature provides for a redundancy, but there is no provision against a persistent deficiency, *ex nihilo nihil fit*." This last observation is, to say the least, very original, and whatever may be its merits as respects the practical adoption of the principle which it inculcates, it is certainly worthy of consideration, and places the subject on quite a different standpoint to that from which it is usually regarded. Equally happy are his remarks when he combats the popular notion that the functional ability of the digestive organs is maintained in proportion as they have little work to do. "Physiology and experience teach otherwise. It is a law of the living organism that deficiency of functional exercise impairs function, and that prolonged suspension of function leads to organic changes which destroy functional capacity." There is not only much truth in this remark, but it would have much weight in the consideration of certain points in the physiology of appetite which Professor Flint has not touched upon. As he says, appetite is, as a rule, a reliable guide in dietetics, but it is so only in a positive and not in a negative point of view. Its presence is generally a sign that the system requires food, but its absence is by no means a sign that nourishment is not required. And one of the reasons why this fact should in practice receive particular attention, is the law just mentioned—namely, that deficiency of functional exercise impairs function, and that as regards the stomach, a persistent deficiency in food-supply renders that organ less and less able to digest and dispose of a proper quantity of food when it is obtained. And this law, moreover, shows the fallacy of pushing too far the principle upon which both Dr. Flint and we ourselves have put so much stress, viz., the value of our normal instincts in regulating the quality and quantity of our food, for reliable as most of those instincts are under ordinary circumstances, the possession or not of a healthy appetite is certainly one of the most unreliable signs on which we could depend. Were we all to abstain from eating until we felt a keen appetite for our food, such, for example, as is often felt by the huntsman after a good ride across country, most assuredly many of us would die of starvation.

On the other hand, we must admit that the principle laid down by Professor Flint, that a full diet is better than a spare one, and that "it is vastly better to incur the risk of taking too much than too little," is a principle which should not be generally acted upon, except under great reservation. That it is impossible to accurately adjust the quantity of food to the requirements of the system, and that nature provides for a redundancy, but not for a deficiency of food, are facts which are too often overlooked both in the maintenance of health and in the treatment of disease. But great as are the resources of nature, we must be careful not to draw upon them too much, or irrespectively of the peculiar circumstances of the case. A persistent course of full living may be all very well, and any redundancy thereof will be amply provided for by Nature, if only the demand for food is really great, if all the animal and organic functions of the body are fully active, and if, moreover, the functions of all those eliminating organs by which Nature has provided against a redundancy of food are in a healthy and active state. But directly these organs get a little out of gear, or have more work imposed upon them than they can bear, then the prejudicial effects of full living will be only too apparent. If, therefore, a man is subjected to much physical or much mental exercise, or to both, and if at the same time the excretory function of the skin, kidneys, and bowels are duly attended to, then a full diet may not only be indulged in with impunity, but be absolutely necessary. Where, on the other hand, these conditions do not exist, we should certainly consider ourselves safer under a restricted or even a spare system of dietary.

Then much will depend upon idiosyncrasy and peculiarities of constitution. It is astonishing how some people will lead an active life both of body and mind, and keep in perfect health, upon a supply of food upon which others would almost starve. Whether this is owing to a difference in the assimilative functions of different individuals, or to some more recondite peculiarities in the relations subsisting between tissue waste and tissue renovation, we cannot say, but the fact remains incontrovertible and pregnant with useful suggestions. Professor Flint is disposed to ridicule this notion. He says that "an exaggeration of individual idiosyncrasies is a common error," and that "the idea of innate peculiarities of the physical constitution is a not uncommon form of egotism." We think, however, the profession will join with us in asserting, not only that this idiosyncrasy is one of the least disputed facts in physiology, and one of common observation, but that it is more frequently exemplified in respect of the stomach and digestive organs than of any other part of the system.

A great deal more might be said on this interesting topic, had we not already trespassed too much upon the space allotted to us, and perhaps upon the patience of our readers. But, as Professor Flint truly remarks, this subject is a large one—it touches the sources of public health—and that it touches the question of either the progress of our people in mental and bodily vigour, or, on the other hand, degeneracy of both mind and body.

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THE ANNUAL REPORT OF THE REGISTRAR-GENERAL.

It is not our intention to give the reader a long analysis of the 37th Annual Report of the Registrar-General, but many of the facts it contains are so interesting, instructive, and even suggestive, that we should not be doing our duty as medical journalists did we not take some notice of them. And perhaps there is no part of the report more interesting than that which shows the influence of sanitary improvement upon the health and mortality of the population. In the first place our readers must have remarked, in perusing our former analyses of these returns that certain high rates of mortality continually prevail in particular districts of England. Thus while the mortality of England in the year 1874 was 22·3 per 1000, the death-rates in Lancashire, Durham (county), Northumberland, and the West Riding of Yorkshire, have always been remarkably high, averaging even last year as much as 25 to 27 per 1000. The reporter in commenting upon this fact, remarks that if the sanitary laws had been administered in these counties, as well as they have been in London, no less than 26·400 lives would have been saved during the year. So that it is owing to the high rates continually prevailing in three or four counties that the death-rate of the entire country is never below 20 per 1000.

The Registrar-General has often in his Quarterly Returns drawn attention to the fact that the large towns have, in virtue of their importance, been the first to benefit by the administration of the sanitary laws, and that consequently it is by improvement in the sanitary condition of our smaller urban or rural districts that we must in a great measure look for an abatement in the general death-rate of the country. But that this great sanitary work is not only being ably carried out, under the directions of the medical staff of the Local Government Board, but has already been attended with great success, will be apparent by noticing the remarkable diminutions in the mortality of certain districts previously noted for their disgraceful insalubrity and bad sanitary conditions. The Report draws our attention to the great change that has taken place in the healthiness and mortality of Whittlesey, Wisbech, Orsett (Essex), Salisbury, Wolverhampton, Coventry, Macclesfield, Kingston-upon-Hull, Newport, Merthyr-Tydfil, and several other places, but the scope of this article will only allow us to enter into details as respects one or two of the above-mentioned places. Thus in North Witchford, in Cambridgeshire, the average annual mortality fell from 27 per 1000 in 1841-50, to 21 in 1851-60, and to 20 in 1861-70; while the results were still more remarkable in the four years 1871-4, the mortality of the district being reduced to 17 per 1000. Again, Merthyr-Tydfil, the great centre of the iron industry in South Wales, had the high mortality of 28 persons in 1841-50, and the still higher of 28 in the next decade, the result of deficient drainage, the absence of any system of scavenging, and a scanty and impure water supply. In fact, according to the very careful investigations of Mr. Dyke, it appears that the death-rate of that district in the 11 years, 1845-55, before any sanitary improvements were begun was as much as 33 per 1000, whereas after the works of paving, nuisance removal, main drainage works had been completed, and after the introduction of the improved water-supply, the mortality declined to 26 per 1000, followed by a further decline of 25 per 1000 in the seven years 1866-72.

One of the most interesting and gratifying statements in these voluminous Reports is in reference to the remarkable and exceptionally healthy state of two districts in England, their average annual mortality for the years 1840-71 being as low as 15 per 1000. These very salubrious regions are Glendale and Rothbury. And no more striking proof of the salubrity and good sanitary conditions of these places could be found than in that afforded by the small mortality among the children. In the Rothbury district the village of Harbottle has 120 inhabitants, and Dr. Frank Richardson states that among them are 37 children under 14 years of age. During the last twenty years "no child has died." An instance is given of a farmer and his three shepherds the latter having occupied their present situations nearly thirty years. There are 47 children in these households, and not a single death has yet occurred in the four families. The district of Rothbury contains several very large ancient parishes. That of Alwinton, on the southern slopes of the Cheviots, extends over 46,681 acres, and comprises 16 townships. The population of this parish decreased from 1,325 in 1861, to 1,205 in 1871, when 39 births and only 9 deaths were registered. Accordingly, the birth-rate of the parish in 1871 was 32·4 per 1000 of the population, whereas the death-rate was but 7·5 per 1000. Among these nine deaths was one of a person 92 years of age. In the year 1874 only 6 deaths were registered, and, assuming the population to have been stationary since 1871, the mortality was only 5 per 1000. These facts are indeed extraordinary, and withal very encouraging. As the Registrar-General remarks they are well worthy of study, and we regret that we are not furnished with more information as to the meteorological, geological, and sanitary conditions of these villages, and the habits and occupations of their inhabitants. It is very pitiable to turn from what the mortality among infants and children might be to what it really is in most parts, and especially the manufacturing districts of England. We shall not, however, say much about this subject, as we have already drawn attention to it on previous occasions. In the present Report there is a table which shows the mortality of children, under one year of age, from different causes in six large towns, in the two years 1873-4. The specified causes of death were teething, diarrhœa, convulsions, lung diseases, tubercular disease, atrophy, suffocation, premature births, and the usual infantile diseases, measles, scarlet fever, and whooping cough. The mortality from these diseases is very great. Thus out of 152 deaths per 1000 births in Portsmouth, as many as 136 were due to those causes. In Liverpool the deaths from suffocation were unusually numerous, and this fact is mentioned, as calling for special inquiry. They were as many as 8·2 as compared with 3·9 of the London rate. In the factory towns of Oldham, Salford, and Leicester, the death-rate from convulsions was remarkably high, being considerably in excess of that of London. These results are of course chiefly due to maternal neglect. The mortality from premature births was also particularly high in the factory towns. With regard to the general mortality we may summarily remark that the death-rate of children under five years of age was high in 1871; that the prevalence of scarlet fever and measles materially increased the death-rate of that year; that diarrhœa is not more fatal than it was twenty years ago, and that the death-rate from "alcoholism" rose considerably in 1874. It is also remarkable that the mortality from diphtheria was greater in the healthy districts of England than in Liverpool, the proportion being 1,029 in the healthy districts to 442 in Liverpool, out of 100,000 born. Fatal diseases of the nervous system also show some increase; while, on the other hand, the report on diseases of a tubercular nature, and on diseases of the digestive organs is more favourable.

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Notes on Current Topics.

Removal of House Refuse.

At the Social Science Congress held at Brighton in October, 1875, Mrs. M. A. Baines contributed a short paper (which she has recently published) on the urgent need of some compulsory sanitary enactments. It is well known that vestries in metropolitan districts have extensive powers on sanitary matters, but those powers are rather remedial than preventive, and are, moreover, very imperfectly exercised. Among other matters affecting the health of households and towns the removal of house refuse is certainly one which requires to be dealt with in a more summary and compulsory manner than that which now obtains.

"The difficulty," says Mrs. Baines, "of settling the question as to the proper disposal of house refuse is a disgrace to a civilised country—it is not simply a domestic question, which at first sight it might appear to be; but the ignorance, and neglect with which it is treated, render it in its effects a public scandal and nuisance; nothing can be more simple than the solution of the difficulty, and that subject was fully explained during the sittings of this Association at Brighton last year; in almost every borough there are bye-laws, which, if carried out, would effectually do away with that terrible nuisance, the dust-heap, but the rules are never enforced; the few exceptional householders, who act for themselves in the matter, are obliged to take upon their own shoulders the trouble and odium of making a stir in such an unpleasant and unpopular cause; but the indifferent householders and their servants are allowed to create a pestilential nuisance around them."

In these remarks we entirely concur, and there can be no doubt that the plan already pursued on the Continent, and even at some English towns, of carting away the house refuse every morning, instead of allowing it to collect and remain for weeks, would be a great sanitary improvement, both as respects the householder himself and the whole district in which he lives.

Chinese Credulity.

A letter from the Shanghai correspondent of *The Times*, recently published, says that an anti-Christian book, called the "Ki-King-lu," has been published in the province of Szechuen, in which it is stated that the skill and intelligence of foreigners have been obtained by robbing the Chinese. One method of doing this, it is there represented, has been the making of an extract from the eyes of Chinese who have become Christians, and touching the eyes of foreigners with it, by which they have been enabled to understand astronomy and perceive the mineral wealth of the earth. Another valuable medicine for the promotion of intelligence has had for one of its ingredients the brains of a Chinese girl who has embraced christianity. Other medicines have been mixed with the brains and the compound made up into pills, which received their final touch in the shape of certain incantations instead of a sugar coating. The *bona fides* of the author is attested by his statement that he has himself lived three years in England, during which time he had three princesses given him to wife by the Queen, and that he was only permitted to return to China upon giving a promise not to expose the improprieties he had witnessed in this country.

Plant Anæsthesia.

The *Scientific American* states that the curious discovery has recently been made that anæsthesia may take place not only in animals but in plants, and, in brief, in all forms of life. It has been demonstrated that etherisation acts finally on all the tissues of animals and on the central nervous system. Hence, if plants have tissues, the anæsthetic should equally act on them. This substantially appears to be the case; and every vital act, whether occurring in animal or vegetable, may be anæsthetised. In plants, M. Claude Bernard, to whom is due the credit of the discovery, has found that germination ceases under the influence of ether. He introduced water cresses, which germinate from day to day, into two precisely similar tubes. In one tube he placed a little ether. The plant therein on the following day was found not to have germinated, as the other had; but after being removed from the anæsthetic, the first went on and germinated in a natural manner. The plant had literally been put to sleep.

Supposed Poisoning by Infants' Cordial.

On the 16th ult., the Leeds coroner held an inquest respecting the death of a child, five weeks old. The child's mother stated that it had been suffering from diarrhœa, and she sent a neighbour for some "Meconio," or infants' cordial, which she had been in the habit of giving to her other children. She was supplied with what she supposed to be "Meconio," in a spoon, and gave the child a few drops of it. The child slept for several hours afterwards, but awoke screaming and in convulsions. A surgeon saw the child in the evening, and prescribed castor oil and milk, but it died about seven o'clock the following morning. He made a *post-mortem* examination of the body, and found the venous circulation of the brain much loaded. Although he detected no trace of poison in the stomach, yet he was of opinion that death was the result of vegetable poisoning. He knew that "Meconio" was very frequently administered to children in that neighbourhood. He had not analysed the liquid, part of which had been given to the child. Mrs. Wade stated that a friend having written for a bottle of "Meconio," she got one. That bottle was wrapped up as it had come from the chemist's, when Mrs. Pinder sent for some "Meconio." Her husband tore off as much of the wrapper as enabled him to take out the cork, and poured out a teaspoonful of the liquid. He could not have seen what was on the bottle. The jury returned a verdict that the child was accidentally poisoned, and recommended that the bottle supposed to contain "Meconio" should be looked after, and its contents analysed.

Report on the Discipline and Management of Military Prisons, 1875.

COLONEL DU CANE'S Annual Report is, as usual, full of interesting matter. No force of improvement with hard labour, he tells us, has been as yet devised, which can during a short period produce the deterrent effect punishment is intended to, without, in a greater or less degree, lowering the bodily condition, and to avoid going beyond the exact limit to which this could be properly carried, cannot be effected without a great amount of attention and even of individual study of soldier prisoners, which is a source of continual anxiety to those on whom this duty is thrown.

The average strength of the army at home was 92,802; the sentences of court-martial, 9,018; percentages of punishment, 9·7; of minor punishment by commanding officers, 176·8. On the 31st December 1,892 soldiers were undergoing punishment, or 1 in 49. Desertion was the chief crime for which imprisonment was awarded.

Return of Sickness.

Prisons.	Cork.	Dublin.	Limerick.
Aggregate number in prison	429	406	354
Aggregate number of cases of sickness	194	41	47
Percentage	28·9	10	14
Average daily number of prisoners	96·71	90·96	77·78
Average daily sick	3·74	2·79	2·76
Percentage	3·8	3	3·5

The governor of the Cork prison reports—"The class of men who have been admitted during the year have been generally of the most wretched sort physically, or of the worst sort morally," while from the remarks of the medical officer in charge of the Military Prison, Dublin, it seems that of 361 soldiers admitted,

141 were of good physique.
146 were of fair physique.
66 were of indifferent physique.
8 were of bad physique.

A remarkable illustration is given of the length a soldier will go to in order to obtain his discharge. The tattooing of a crown upon enlistment is recommended as the remedy against desertion for the purpose of re-entering the army. In many instances sickness only partially exempted the prisoner from punishment.

The New University College, Bristol.

THE new Bristol University College, incorporated in December last, was opened, without formal ceremony, on September 10th. During the erection of suitable buildings, for which a site has been obtained, the educational work will be carried on in the temporary premises. Of £40,000, the capital required, two-thirds have been subscribed. All the classes, except those of medicine, are open to women.

Militia Surgeons.

SIR,—In consequence of the the terms of the New Medical Warrant for Militia Surgeons, the following questions were put to the War Office, and answers were received as follows.

Yours faithfully,
FREDK. GOODCHILD,
Hon. Sec. Militia Surgeons' Society.

Warwick, Sept. 25th, 1876.

"War Office, Sept. 21st, 1876.

"1.—*Question.* Whether, in accepting the terms of the New Warrant, the surgeon relinquishes his present Commission, and will be considered as entering into an entirely new engagement.

"*Answer.* In the event of the surgeon electing to be placed on the Departmental List, he will not relinquish his present commission; but, in common with other Militia Medical Officers accepting the terms of the recent Royal Warrant, he would, when embodied or out for training, be under the orders of the Director-General Army Medical Department.

"2.—*Question.* Whether, by so accepting, he will relinquish all claim to compensation for the loss of nearly the whole of his professional income, which will result, should the terms of the New Warrant be fully carried out.

"*Answer.* His election to be placed on the Departmental List will be without prejudice to any claim he may consider he has to compensation for loss of emoluments."

Public Mortuaries for the Metropolis.

A VERY well arranged mortuary and examination room has just been completed for the parish of St. James's, Westminster. In order that its services to the public may be widely known and appreciated, where in consequence of poverty or other cause, the health and comfort of the living may be imperilled by the non-removal of the dead, Dr. Edmunds, the Medical Officer of Health, has addressed a letter to the keepers of hotels, clubs, lodging-houses, &c., in the district reminding them of their duty in respect thereto. Copies of the notice have also been posted in various convenient positions.

Prosecution of Quack Doctors.

THE Manchester stipendary had before him twelve persons, who were each summoned on three charges—first, of wilfully and falsely pretending to be a physician, doctor of medicine, or general practitioner; second, with falsely using a name implying that he was recognised by law as physician, surgeon, or practitioner in medicine; and third, to show cause why a quantity of objectionable books and pamphlets, found upon his premises, should not be destroyed. Detective Caminade went to one of the defendants, who styled himself as Dr. Lewis, M.D., who also carried on business in Liverpool and Leeds, paid him 10s. 6d., consulted him about his health, and subsequently he paid him another 10s. Witness was told he was suffering from extreme nervousness, and the defendant said he would put him right in three weeks for forty guineas. This defendant was fined £20 on the charge of falsely pretending to be a physician or doctor of medicine; and another charge against him in reference to the objectionable literature was adjourned. Another defendant named Whitechurch was fined £5; and in other cases fines of £10 and £15 were inflicted. Some of the cases were adjourned for a week. A raid was made upon their premises, and some tons weight of pamphlets were seized.

The Magnet in Surgery.

The use of the magnet for the diagnosis and removal of particles of iron impacted in the eye and elsewhere was again discussed at the last meeting of the Royal Medical and Chirurgical Society, the question being opened by a paper from the pen of Sir Benjamin Brodie, who had found the magnet useful as a means of diagnosis, but altogether useless as a tractor, although he had used a powerful electro-magnet for the purpose. The hoary myths about the removal of steel chips from the eye was once again repeated by the president, and was apparently classed by the assembled surgeons as a feasible method of procedure.

The magnet undoubtedly has its use as an indicator of the existence and the locality of an iron body not—in the case of eye injuries at least—its successful use is an entire fiction. Every ophthalmologist of experience knows that spiculæ of iron impacted in the cornea are so tightly grasped by the anterior lamina as to require digging out with the spud, and, if located within the eye-ball—we imagine that the process of groping for them with a magnet would incur risk of injury to the internal structures which the chance of successful removal would not repay. Bearing in mind the minute size of the body, and that a magnet should be placed almost in contact with it to receive any influence from it, we entertain the greatest doubt that, even as a diagnostic, it will ever be employed in eye injuries.

St. Mary Abbotts, Kensington.

The annual report of the health and sanitary condition of this parish, which has just been issued by Dr. T. Orme Dudfield, is of a very satisfactory nature. This parish has a population of 143,500—a population which for some years past has been rapidly increasing. The number of houses newly brought into voting last year was 777, and this represents an increase in the population of about 5,500 souls. The gross death-rate for the year 1875 was 19·4 per 1,000 persons, but after certain necessary deductions the death-rate is lowered to 18·1 per 1,000. Taking, however, the former calculation, it will appear that the state of the public health in Kensington admits of a favourable comparison with the metropolis as a whole, while it is much less than that of the several great districts into which the metropolis is divided by the Registrar-General. The death-rate in Kensington, though slightly lower last year than in 1874, was still in excess of 1873. The decennial average death-rate in Kensington is 19·4.

Dr. Dudfield draws particular attention to the great mortality that arose from the epidemic of measles. "It would be well," he justly remarks, "if steps were taken to impress on parents the importance of not making light of measles and whooping-cough, as there can be no doubt that many of the fatal complications are the immediate result of want of care, and of premature or avoidable exposure, at a time when the pulmonary organs are peculiarly susceptible to inflammatory action. These observations are well borne out by the prevailing epidemic of measles, which in the first six months destroyed 193 children." With regard to the gastric diseases the report is more satisfactory. Not one fatal case of small-pox was registered during the year. Nor was there a death from this cause in 1874, the last death having occurred in January, 1873. In the first half of the current year (1876) two deaths have occurred, the first of which, after an interval of three years, occurred at Notting Hill Square, the deceased being a male aged 40, and unvaccinated. Scarlet fever was not prevalent beyond the average, the deaths having been 83 against an uncorrected average in ten years of 73. Diphtheria, scarlet fever, and measles were prevalent diseases for a short time at the end of the year in Brompton, but they did not lay any serios hold on the district. The deaths from "fever"—typhus, enteric, and simple continued fever—were only 29, the corrected decennial average being 60. From diarrhœa the deaths (107) were 29 below the actual average of the last ten years; while, on the other hand, the deaths from whooping-cough (107) exceeded the average by 41.

The "Globe" on Habitual Drunkards.

Although we have already pointed out some of the difficulties in the way of legislating for the compulsory restraint of habitual drunkards, we have taken an early opportunity of giving our support to the general principles which underlie this movement. The *Globe*, in commenting upon a letter of Dr. Carpenter, remarks :—

> "With most of the propositions advanced by Dr. Alfred Carpenter we heartily agree. From the first we have aided by all the means in our power the movement for dealing with dipsomaniacs by legislative restrictions. Nor have we changed our opinion that the subject ought to be dealt with by Parliament at the first possible opportunity. It reflects disgrace on English institutions that an evil of such magnitude, which is directly sapping the healthy tone of society, should have been so long allowed to remain unchecked. So far, we are quite at one with Dr. Carpenter and the other philanthropists who have taken up the good cause. What we fear is lest their zeal should outrun discretion by attempting too large a work at first starting. It would be found very difficult to carry a sweeping measure of reform such as that sketched out in Dr. Carpenter's letter. Parliament might possibly consent to restrict the liberty of offenders against the laws who were proved to have given way to habitual drinking. There is, however, a large class of dipsomaniacs not included in that category. People in good positions who are afflicted by the disease rarely come under magisterial notice, and even when they do there is no evidence forthcoming of their being dipsomaniacs. We believe that as a beginning it will be most expedient to make such legislation as permissive as possible by forbidding the confinement of a sufferer without his own consent. When that was once obtained, he would forfeit the power of revoking it for a certain period previously specified. We would also suggest the expediency of confining legislation to "dipsomaniacs" properly so called. By this term we understand people who have temporarily lost their will-power—a loss by no means invariable in the case of habitual drunkards."

Dr. Carpenter's letter and the above editorial remarks strikingly illustrate an observation we have made on a former occasion as to the discrepancy of opinion which exists in regard to the class of the habitual drunkards to be dealt with in the first instance, ; for while the *Globe* would confine legislation to "dipsomaniacs," properly so called, and most cases of which are to be found among the middle and higher ranks of life, Dr. Carpenter would have the habitual drunkard among the lower classes attended to first, for he says :—

"We do not propose to deal at once with all existing dipsomaniacs, but we ask that magistrates who have habitual drunkards brought before them may have power to commit them to a reformatory for a term of one year instead of sending them, as at present, to a common jail for fourteen or twenty-one days a hundred times."

Poisoning by Bromide of Cadmium.

POISONING by the salts of cadmium is so extremely rare, if it has ever occurred at all, that in the latest edition of Taylor "On Poisons," no mention is made of the poisonous properties of this metal. In the last number, however, of the *Boston Medical and Surgical Journal* a case is recorded in which this salt was taken in mistake for the bromide of ammonium, which it closely resembles in general appearance. The symptoms were a pungent taste and sensation in the mouth and throat, prolonged vomiting and purging, with great pain and a burning sensation in the œsophagus and stomach. The vomiting and purging lasted five hours, and during a part of that time the pulse was imperceptible in both the ladies who had taken the salt. After this period the symptoms ameliorated, and they both fell asleep. For several days they were both confined to their beds, and were obliged to be very careful as to what they took into their stomachs. The exact quantity of the salt taken is not known, but the dose of bromide of ammonium ordered by the medical attendant, Dr. George A. Wheeler had been eight grains, but they may have taken half that amount or twice as much. The nature of the poison was recognised by the following tests:—

(1) Dissolved in water and treated with sulphuretted hydrogen gas, a yellow precipitote is formed, which is insoluble in ammoniac sulphydrate.

(2) Mixed with cyanide of potassium and heated in a closed glass tubethe cadmiumwas reducedto the metallic state.

(3) Mixed with dipotassic sulphate and binoxide of manganese in a closed glass tube the blood-red vapour of bromine is given off.

All the soluble salts of cadmium are corrosive poisons, but as the bromide is never used in medicine, and little in the arts, except by photographers, it is doubtful, remarks Dr. Wheeler, whether it has ever been taken before.

A People without Consumption.

UNDER this heading Dr. E. M. Wright, of Hamilton County, U.S., has published a small pamphlet, in which he gives an interesting account of a people, four thousand in number, who live on Walden's Ridge, a district of the Cumberland Table-land. No well authenticated death from consumption has ever occurred among the natives of this region. The ridge is from 2,000 to 2,500 feet high. The mercury has never been known to be above 95 deg. F. or below 10 deg. F. The people, who are chiefly farmers, live mostly in log-houses, which admit plenty of fresh air, burn wood, wear no flannels, and live on corn bread, bacon, and coffee. The Cumberland Table-land is an extensive district, and comprises territory enough to form a good-sized state.

The advantage to consumptives of living in elevated regions has, as the reader is probably aware of, attracted a good deal of attention within the last few years, and we have noted the publication of this pamphlet as being an interesting addition to the literature of the subject.

The State Lunatic Asylum in New York.

FROM the "Report of the State Lunatic Asylum at Utica, N.Y.," it appears that 37 per cent. of the number admitted since its establishment thirty-three years ago, have recovered, 15 per cent. have been much improved, and about 12 per cent. have died. The average number under under treatment last year was 595. The superintendent, Dr. Gray, reports among the admissions of the thirty-three years 173 as "not insane," comprising dipsomaniacs, opium-eaters, hysterical cases, and cases of temporary delirium. The facilities for occupation and amusement at Utica appear to be unexceptionable. The farm, shops, kitchen, laundry, and sewing-room afford useful occupation to the patients, while riding, walking, reading, lectures, and games, contribute to their amusement. This establishment is also provided with a good theatre, with an amateur company of officers and patients. It seems, however, that the absolute disuse of mechanical restraint is not adopted, as the general doctrine in America is that this form of restraint is occasionally necessary, and that its use should be left to the discretion of the superintendent.

Artisans' Dwellings Act.

A MEETING of the Commissioners of Sewers was recently held at the Guildhall, when the Finance and Improvement Committee submitted for approval and signature an improvement scheme in reference to Blewett's Buildings block, Golden Lane, Petticoat Square, Stoney Lane, and Meeting House Yard blocks. The cost of it would be about £280,000. The buildings on the respective sites should provide for at least 2,113 persons. Mr. Scott moved the approval of the scheme, and Mr. J. C. Davis thought the report should be printed. The motion was agreed to.

The Suppression of the Trade in Venereal.

THE state of Plymouth and its neighbourhood before and since the adoption of the Contagious Diseases Act is compared by Mr. Lowndes, of Liverpool, in a pamphlet which he has just published. Speaking of the effect of this legislation upon the morality of the town, he says, 'that its usefulness is by no means alone in the direction of protection against the spread of venereal disease, for it has effected a most remarkable change in the moral character of the district. It has reduced the number of prostitutes from 1,770 to about 400, and of brothels from 366 to 98, and the orderly character of the street population is visibly increased." This is a remarkable result, considering that the paid agents of the Anti-Contagious Act fanatics exercise every influence to defeat the law, to encourage the prostitutes, and to impede the inspectors.

DR. DOMVILLE, C.B., Inspector General of Hospitals and Fleets, of the Royal Naval Hospital at Plymouth, has been granted three months' leave of absence to enable him to proceed to Malta to attend her Royal and Imperial Highness the Duchess of Edinburgh at her approaching *accouchement*.

Surgical Society of Ireland.

The election of Council of the Surgical Society of Ireland, for the Session 1876-7, will take place in the Royal College of Surgeons on the first Monday in November. Members of the society, being fellows of the College of Physicians or of the College of Surgeons, are alone eligible, or entitled to vote.

Methylated Spirit in Tinctures.

In reference to the subject of the recent memorial of the English Pharmaceutical Society, the Board of Inland Revenue has issued a general order, stating that "in addition to soap and compound camphor liniments as the only medicines in the composition of which methylated spirit was allowed by General Order of 24th July last, the Board now also consents to the use of such spirit in aconite and belladonna liniments."

Statistics of Tobacco Smoking.

The following table gives for each country named its consumption of tobacco per annum per 100 inhabitants:—Belgium, 250 kilogrammes; Holland, 200; Germany, 250; Austria, 124·5; Norway, 102·5; Denmark, 100; Hungary, 94; Russia, 83·3; France, 81; England, 62; Italy, 57; Spain, 49; Sweden, 34.

The Health and Sewage of Towns.

A conference on the health and sewage of towns was recently held in the Lecture Hall of the Society of Arts, under the presidency of Lord Alfred Churchill. Amongst others present were Sir H. Cole, and numerous surveyors and medical officers connected with the metropolitan parishes. Several gentlemen having expressed their views on the subject, the following resolutions were agreed to:—1. That the protection of public health from typhoid and other diseases demands that an amending Act of Parliament be passed as soon as possible to secure that all house drains connected with public sewers in the metropolis, and towns having an urban authority, should be placed under the inspection and control of local sanitary authorities, who shall be bound to see to the effective construction and due maintenance of all such house drains, pipes, and connections. 2. That plans of such drains and connections be deposited in the charge of the respective local authorities, who shall be bound to exhibit them and supply copies of them to the public on payment of a moderate fee. 3. That the owners of houses be compelled by law to send to the respective local authorities within a specified time after the passing of the Act plans of all house drains on an appointed scale.

We need scarcely remark that this is a move in the right direction, and it is to be hoped not only that the public and the profession will do all they can to further the passing of such an Act, but that when it is passed householders will assist the local authorities in practically carrying out its provisions; for however careful the inspection and control of the local sanitary authorities and their inspectors may be, and however perfect the construction of house drains, pipes, and connections may be, the due maintenance of these drains, and the keeping them in proper working order, will, in a great measure, depend upon the attention and cleanliness of the householder himself. Nevertheless, if periodical inspection be properly carried out, any temporary obstruction of the drains through accident, or the carelessness of the servants or other residents of a house, would soon be rectified.

Typhoid Fever at Lincoln.

We learn from the *Lincolnshire Chronicle* that a severe epidemic of typhoid fever has occurred at Lincoln, which reflects strongly upon the conduct of the local authorities of that town. The conditions of drainage and water supply appear to have been very deplorable. There were cesspools which, according to one correspondent, were not emptied, because they were supposed to periodically empty themselves, and the contents of which found their way into wells by which drinking water was supplied. So culpable indeed have been the authorities at Lincoln that they actually allowed a drinking fountain to be supplied by some one of these contaminated wells. In the newspaper above mentioned there is a long letter from a medical man, who signs himself "Analyst," but instead of impressing upon his readers the necessity of the Town Council doing all in their powar to improve the sanitary condition of their town, the whole of his letter is taken up with a disquisition on the specific origin of typhoid fever, and with the object of showing that the mere sewage contamination of water or air will not give rise to typhoid fever, unless the specific germs of that fever are also present. This was scarcely judicious, inasmuch as whether typhoid fever may arise spontaneously or not, his observations were, as one of our contemporaries justly remarks, only calculated to throw the public off their guard, and to give the idea that not so much harm arises from sewage contamination of air or water as is generally believed.

Small-pox in the Metropolis.

We are sorry to see that the epidemic of small-pox which is now prevailing shows no signs of abatement. The fatal cases of this disease, that had been respectively 15, 11, and 16 in the three previous weeks, further rose to 22 in the week ending the 21st October, a higher number than in any previous week since July, 1872. Of this number 5 occurred in the Metropolitan District Small-Pox Hospital at Homerton, 9 in that at Stockwell, 1 in the hospital at Highgate, and 7 in private dwellings. Of these 22 fatal cases 5 originated in Islington, 2 in each of the districts of Hackney, Camberwell, Lambeth, and Brixton, and 1 in each of the districts of St. Giles's, Finsbury, Whitechapel, Clapton, City Road, Walworth, Battersea, Stockwell, and Clapham. If we take these 22 fatal cases together with the 16 of the previous week, we find that of these 38 cases 18 were certified as unvaccinated, 10 as vaccinated, whilst in the 10 other cases it is to be regretted that the medical certificates of the cause of death did not furnish any information relative to vaccination. It appears also that many of the fatal cases have occurred among the working classes, living under circumstances which render isolation practically impossible. The two Metropolitan Asylums District Small-pox hospitals at Homerton and Stockwell contained 180 patients last Saturday week, against numbers increasing steadily from 72 to 175 in the six preceding weeks.

It is gratifying to find that measures have been taken to stem the epidemic as much as possible, as well as to secure correct returns of all the deaths arising from the disease. The Hampstead Small-pox Hospital will soon be made available for the reception of small-pox patients, as arrangements have been made for the removal of the imbeciles from Hampstead to the Leavesden and Caterham Asylums, and as regards the returns, it is satisfactory to report that of the thirty-nine vestries or district boards in London thirty-five have taken care to have their respective health officers supplied weekly with the registered particulars of all the deaths recorded in their several districts.

THE Arctic Expedition has just returned. What discoveries have resulted it is, of course, premature to conjecture. The crew has suffered considerably from scurvy, from which four deaths resulted.

THE War Office has lowered the standard for the infantry in respect to weight, chest measurement, and age, with a view of increasing the influx of recruits. The measure has caused some surprise.

THE next evening meeting of the Pharmaceutical Society of Great Britain will be held to-night, at eight o'clock. The following paper will be read :—"Suggestions for an Improved Method of making Mistura Guaiaci and similar Mixtures," by Mr. Greenish.

AT the last meeting of the Council of the King and Queen's College of Physicians of Ireland, Dr. Aquilla Smith, who has so well represented the interests of his College for many years past, was re-elected member of the General Medical Council.

THE Medical Society of the College of Physicians in Ireland will hold its first meeting this evening at half-past eight p.m. The President, Dr. Gordon, will open the session, and the following communications are set down for reading: Dr. W. G. Smith, "On some New Tests for Bile-Pigment;" Dr. MacSwiney, "Syphilitic Phthisis."

THE prosecution of the spiritualists closed on Saturday. The charge of "conspiracy to defraud" having fallen through, Slade was arrainged under a clause of the Vagrancy Act. How he will fare under this can at present be only conjecture, the magistrate having reserved his decision until to-day. Another so-called medium, Dr Monck, was arrested at Huddersfield on Friday last, and charged before the magistrate under the Vagrancy Act. A raid was made on the prisoner's apartments, in which a large number of conjuring articles were found, the "Dr." having in the meantime escaped by the bedroom window.

TYPHOID having broken out amongst the West African Squadron inquiries were at once set on foot as to its origin and extent. According to the latest counts, the fatal cases have been confined to the *Active*, Commodore Sir William Hewett. There is reason to believe that the outbreak is not caused by the unhealthiness of the ship itself, but that the fever was contracted up the Niger. Those first affected had been engaged in the expedition up that river and had been employed on board a steamer engaged in the oil trade. It is probable that the disease was contracted on board that vessel, owing possibly to foul bilges and a want of ventilation.

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Correspondence.

THE PHYSICIAN'S OR SURGEON'S HOLIDAY: HOW TO PASS IT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am led to believe that many of my professional brethren who now spend their summer vacations in the old way at some German watering-place, would gladly cross the Atlantic and visit the United States of America, and the Dominion of Canada, did they but know how pleasantly, how easily, and how very reasonably the voyage and journey can be made.

I propose, therefore, with your permission, giving to your readers a *résumé* of the excursion which I myself took during the past summer, the money that it cost me, and how I fared by the way. I should premise by saying that on the day that I set sail from Ireland I did not know a single soul in America, but that upon the afternoon on which I departed from New York I *felt* that I was leaving many true friends behind me, and the kindness and hospitality which was extended to myself will, I am sure, be equally experienced by every one who makes himself known as being a professional brother.

To commence, then—I left Dublin on Sunday morning, the 20th of August, having secured my passage in the Cunard Royal Mail Steamer *Bothnia* some short time before. Quitting the Kingsbridge Station at 9 o'clock by special train, we were at Queenstown at half-past one, on board the *Bothnia* at half-past two, and well upon our way to America by three. Of the voyage I shall only say that it was most enjoyable, Capt. McMicken and his officers doing all in their power to make everybody happy and comfortable. We had 294 passengers in the saloon, and each seemed determined to be pleasant and agreeable, amongst this number being the Scottish Rifle Team under their captain, Colonel MacDonald. Fun and amusement prevailed from morning to night. During the forenoon rehearsals for the evening entertainments occupied the time of some; whist, chess, and backgammon did the same for the more sober-minded individuals; ship-billiards and shuffles amused the younger portion; whilst innocent flirtation and spoonying prevailed amongst the full grown. At nightfall there were concerts and *tableaux vivants*, waxworks (conducted by Mrs. Jarley), recitations and story-telling; whilst national airs and popular songs were sung until the hour had arrived for the "lights to be out." If melody was ever wanting harmony, at least prevailed.

As to eating and drinking, it went on all day long. Of the voyage out I shall not further observe than to say that, upon the morning of the 30th of August (when we landed at New York), there was not a passenger who did not wish God speed to the *Bothnia*, its captain, officers, and crew, from the bottom of his heart; and as to the leave-taking between the passengers themselves they were, in one or two instances, not a *leetle* affecting. Till then I had not the slightest conception of the rapidly secreting power of the lachrymal glands in the human subject. It was explained to me, however, by a distinguished physiologist, who said that it arose from the peculiar stimulus of saying the words "good-bye," when uttered under certain conditions of the female heart. Fearing that the disorder might be contagious, I proceeded to look after my luggage, and guided by a kind American fellow-voyager and brother member of our profession, soon found myself comfortably located in the Fifth Avenue Hotel. For three days this same excellent fellow escorted me through New York to every hospital and kindred institution, to every place, indeed, that I wished to see, so that I passed a most enjoyable time. From New York I proceeded to Philadelphia, and stayed four days in that city, dividing my time between the Medical Congress and Exhibition. From Philadelphia I proceeded to Washington, passing one day there, and from Washington returned to New York. Here I remained for a day, and then started by steamer, going up the Hudson River to Albany, and passing through some of the most lovely scenery in the world. From Albany I went by rail to Niagara Falls, and put in a day there, seeing everything in and around the place. From Niagara I went across to Toronto, and thence down the St. Lawrence to Montreal, passing the thousand islands and through the rapids of that river. At Montreal I stayed two days, and then went by steamer to Quebec, where I remained one day, leaving by railway for Boston. At Boston I stopped two days, and then left by rail for Newport, Rhode Island, whence I embarked upon the fall river steamer, and next morning awoke in New York. Here I spent a day and a half, and on Wednesday, the 20th of September, at 3 p.m., set sail in the Cunard Mail Steamer *Russia* for home. This steamer's charges being higher than that of any other of the Cunard line, the number of passengers was considerably less, only fifty, but *the agreeability of the few* compensate for the absence of the many, and under the watchful eye of Capt. Cook we came safely to Queenstown, forging ahead through the heavy gale that met us in the Channel, and which caused the sad loss of life off Bray. Upon Sunday, the 1st of October, I landed at Queenstown, and soon after was deposited by the Southern and Western Railway in Dublin.

To recount all that I saw during this trip would fill a book. Every town and place had institutions so large or scenery so grand that my description might be regarded as exaggeration. I leave it therefore for each one (who wishes to ascertain the truth) to go and judge for himself. I have refrained from giving the names of any of those from whom I received such kindness, because they might not like to be specifically pointed out, and also because I feel assured that, even if they themselves had not been there, others would in every town have done, as they did. There is no "bunkum" amongst the American or Canadian doctors. No sham invitations are given by them (at least such is my experience), and they will, one and all, put themselves out of their way to show you that which you express a wish to see, and they can show you what is really worth seeing. For the expenditure incurred I subjoin the annexed detail:

The charges for wine at the American hotels are simply exorbitant, and the wine, in my opinion is not worth the money; therefore, I was very moderate in this respect; but on board ship I had my glass of sherry at luncheon; a pint of good champagne—Moet's, Ruinart's, or Perrier's and Jouet's—each day at dinner, and half-a-pint of claret after, the charges for the same being £3 18s. on the voyage out, and £3 10s. on the voyage home.

To my professional brethren I would say this: "Instead of muddling away your holiday with Brown, Jones, and Robinson up the Rhine, &c., leave London or Dublin upon the 20th of August (or as near that date as the sailing of the ship will permit), embark at Liverpool or Queenstown, as may suite your convenience (the charge for the passage being the same), and with one hundred pounds in your pocket, go out and *do* yankee land; and I will engage that you will come back wiser if not better men."

I am, dear Mr. Editor,

Yours truly,

JOLLIFFE TUFNELL.

NOTE.—I say the 20th of August for this reason, sir, that prior to the 1st of September (the time by which New York will in all probability be reached) the weather is too hot to be comfortable. Washing is very dear. I would advise, therefore, the taking out of plenty of collars and pocket-handkerchiefs; and cigars also, as they are both bad and dear in America.

Expenditure incurred in a trip from Dublin to the United States of America and Dominion of Canada, August, 1876, *the charges made in dollars being here represented by English money.*

	£	s.	d.
Rail to Queenstown	1	15	9
Cabs and porters	0	5	6
Return ticket, 1st class, by Cunard steamers ...	31	10	0
Wine bill on board	3	15	0
Subscriptions for sailors' ophans	0	10	0
Stewards' fees and boots	1	2	6
Bill at Fifth Avenue Hotel, New York, three days	3	0	0
Cabs in New York	0	12	0
Porters	0	4	0
Rail to Philadelphia	0	14	0
Cabs	0	16	0
Porters...	0	4	0
Exhibition	0	10	0
Bill at Continental Hotel, Philadelphia, four days	4	13	0
Rail to Washington	0	18	0
Sleeping car	0	8	0
Bill at the Arlington Hotel, Washington, one day	0	18	0
Porters and cabs	0	6	0
Rail to New York	1	10	0
Sleeping car	0	8	0
Porters and cabs	0	8	0
Bill at Fifth Avenue Hotel, New York, one day ...	1	5	0
Steamer up the Hudson to Albany and rail to Niagara Falls	1	13	0
Luncheon, dinner, and tea	0	12	0
Sleeping car	0	6	0
Sight-seeing at Niagara	0	8	0
Hotel bill at Clifton House, Niagara, one day ...	1	9	0
Porter and cab	0	6	0
Rail and boat to Boston	5	2	0
Private cabin to Montreal	0	8	0
Bill at St. Lawrence Hotel, Montreal, two days ...	2	0	0
Cabs and porters	0	16	0
Private cabin to Quebec	0	4	0
Bill at St. Louis Hotel, Quebec, one day	0	19	0
Cabs and porters	0	6	0
Sleeping car to Boston	0	8	0
Breakfast and luncheon	0	6	0
Drawing-room car	0	4	0
Bill at Tremont House Hotel, Boston, two days...	2	4	0
Cabs and porters	0	8	0
Rail and steam to New York	1	0	0
Private cabin	0	8	0
Bill at Fifth Avenue Hotel, New York, one day ...	1	0	0
Cabs and porters	0	18	0
Washing at Hotel	1	5	0
Extra passage money by the *Russia*	6	0	0
Wine bill on board	3	10	0
Stewards' fees and boots	1	2	6
Hotel bill at Queenstown	0	7	6
Porters	0	4	0
Rail to Dublin	1	15	9
Porters and cabs	0	5	0
Total cost of the trip	£91	10	6
Deduct extra passage money paid for returning by the *Russia*	6	0	0
And the whole cost was only...	£85	10	6

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TYPHOID CHARACTERISTICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an outbreak of typhoid fever this autumn, I noticed the following facts, some of which may be interesting to your readers:—

1. That in women after parturition, a vesicular eruption appeared over the breasts, each vesicle being about the size of a pin's head, and full of a fluid-like milk.

2. That in adults of full habits the fever has been followed by a scarlet rash, which looked like scarlatina, but quite rough to the finger. This rash fell off in small scales.

3. That the infantile remittent fever, or typhoid fever of children is more likely to be followed by tubercular deposit (be it in the head, abdomen, or chest) than is typhoid fever of adults.

I have, moreover, noticed that those adults in whom tubercle followed the fever were not visited by an eruption, and that very few of the children had any eruption at all. Thus there appears to be a connexion between the non-appearance of the eruption, and the subsequent appearance of tubercle.

Sulphurous acid seemed to act like a charm in those cases in which it was administered; and so much did I like the results obtained by its use that I have always employed it lately. Looking over the ages of forty-six patients, I find that one was thirteen years of age, five were over twenty-five years of age, and the rest were under twenty-five years.

The insertion of the above in the columns of your interesting Journal will oblige.

Yours, &c.,

Charles Wood, M.B. Univ. Dub.,
Assistant House-Surgeon Liverpool Dispensaries.

Oct. 26, 1876.

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CORONERS' COURTS.

The contest between the coroners and the police has become a public scandal, and the scenes which are every week recorded in the public papers in connection with the discharge of the coroner's duties are such as to make necessary the intervention of Parliament to decide which tribunal shall in future be charged with such investigation, or, at least, to apportion to each its own special part of the inquiry. A case has been recently reported in which the body of a man was found in a river. It was thrown on shore and the police took charge, but they refused to hand it over to the jurisdiction of the coroner or to produce it where it could be conveniently viewed by his jury, and—inasmuch as a view was absolutely necessary to the holding of an inquest—the learned judge of the inquest court and his dozen of arbitrators were obliged to march through the mud and view the corpse on the river slob.

A correspondent in the north of Ireland calls our attention to another case, in which the coroner actually sat to investigate the cause of death after the inculpated person had been tried before the Assize Judge—convicted, and actually remitted to his punishment for manslaughter. This is certainly a *reductio ad absurdum*, and we cannot desire to see the coroner's tribunal perpetuated unless a radical change in its duties and system be made. We have already pointed out that in some districts of Ireland, and especially in Dublin, the medical evidence most pertinent to the inquiry is systematically suppressed, and testimony is substituted which is of little or no value; and that consequently verdicts the most ludicrous and mischievous are the constant outcome of the so-called investigation. We must not be understood for a moment as suggesting that the police court is preferable to the inquest court as an arena for enquiry into causes of death, for we fully recognise the fact that the question of criminality of an individual would be—as far as is possible—kept separate from the question of the cause of death, and it is obvious that the latter enquiry necessitates a form of investigation which would be foreign to the purposes or the capabilities of the police court. There is, in fact, a distinct and most necessary *rôle* for the coroner's court to fulfil, and its abolition would to a great extent leave that *rôle* unoccupied, and instead of simplifying the search after causes of suspicious deaths, would tend to confuse the two separate lines of enquiry. While, however, we maintain the necessity for a properly organised and strictly defined coroner's investigation, we deprecate the existing system in the most forcible terms. From its inception the system is thoroughly bad. The mode of election of the judge is ridiculously inappropriate—the circumstances which set him in motion are indefinite—the mode of procedure is slip-slop—the jurors are as a class entirely unsuitable, and the verdicts are, as a consequence, worthless. Hence they carry no confidence with them, and it is felt that a fuller and more reliable enquiry is necessary, and the case passes into the hands of the police. We need not pursue the subject further at present than to quote the words of the *Pall Mall Gazette*, spoken in an article last week:—

The "coroner and his jury" are the latest additions to the number of these doomed institutions. After having laughed with good-natured indolence at "crowners' quest law" for nearly three hundred years, we are at last seriously reminded that if the grave-digger's jests have a less complete application in these days, we owe no thanks to anything but accident. The coroner, as Mr. Herschell said, "is appointed, his court is constituted, and proceedings before him are conducted almost exactly in the same fashion as they were in the days of Queen Elizabeth." Nor can the coroner plead that he and his system are harmless anachronisms. They are, on the contrary, in too many instances mischievous anachronisms, and those who should take the trouble to search the records of coroners' inquests for a good many years back would find numerous proofs of the manner in which they have either obstructed, endangered, or absolutely defeated the ends of justice.

The defects of the whole system are, in truth, so flagrant that the wonder is less that there should be frequent failures of justice than that they should ever be avoided. The mode of procedure affords no security against frivolous inquests on the one hand, or the hushing up of necessary inquiries on the other; and, lastly, there is no sort of *rapport* established between the coroner's inquiry and the rest of our machinery for investigating cases of suspected crime, and consequently no means of preventing an inquest from becoming an interference with, instead of an assistance to, the ordinary criminal procedure of the country. Having provided for the proper conduct of the coroner's inquest, Mr. Herschell next proceeds to suggest an improved machinery for setting the functions of the coroner in operation. He would attach a medical officer to each coroner's court in county or borough, whose duty it should be to report to the coroner the circumstances of every death which in his judgment suggested the necessity of an inquest. Mr. Herschell would abolish the coroner's jury altogether. This change he justifies in a convincing manner by pointing out what occurs under the present system. A coroner's jury at present discharges a double function; it not only inquires into the cause of death, but in many instances initiates criminal proceedings; and in respect of this latter function its labours are either superfluous, or actually mischievous.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Members of the College on Thursday, October 26:—

Ewart, Joseph, M.D. St. Andrews, Bewcastle.
Ross, James, M.D. and C.M. Aberdeen, Manchester.
Carter, Alfred Henry, M.D. London, Birmingham.
Collie, Alexander, M.D. Aberdeen, Homerton, E.
Semon, Felix, M.D. Berlin, 6 Chandos Street, W.
Watney, Herbert, 1 Wilton Crescent, S.W.
Cory, Rbt., M.B. Camb., 14 Palace Rd., Lambeth, S.E.

Vital Statistics.—According to the Registrar-General's returns during last week 5,957 births and 2,947 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,730. The mortality from all causes was at the average rate of 19 deaths annually in every 1,000 persons living. The annual death-rate was 12 per 1,000 in Edinburgh, 21 in Glasgow, 18 in London, and 16 in Dublin. In the other large towns the rates of mortality were —Birmingham 20, Bradford 17, Newcastle-upon-Tyne 12, Hull 16, Sunderland 19, Brighton 15, Bristol 19, Wolverhampton 15, Sheffield 22, Plymouth 18, Liverpool 20, Leeds 28, Portsmouth 22, Leicester 30, Norwich 21, Manchester 22, Nottingham 17, Oldham 30, and Salford 26. The annual death-rate from the seven principal zymotic diseases averaged 3·0 per 1,000 in these towns, and ranged from 1·5 in Plymouth, Newcastle-upon-Tyne, and Hull, to 7·5 and 8·8 in Portsmouth and Salford.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Dr. Jno. Lowe will find that the leader last week, "Sir Wm. Gull and Dr. Johnson," embodies all the points in his letter, the publication of which is therefore unnecessary.

Omnias Sanitas.—Your argument is both legally and morally absurd. The conviction under the Public Health Act is both commendable and just, and we are surprised that any one in his right senses should have questioned the decision, still more so that he should have gone to the trouble and expense of printing post-cards to show his stupidity. We do not for a moment contend that you should not hold what opinion you please however ridiculous it may appear to others, but you have no right to spread that opinion broadcast in order to set others at defiance with a wise enactment.

Epidemiological Society.—The first meeting of the session will be held on Wednesday evening next at 8.30, when the President, Dr. J. Netten Radcliffe, will deliver an address on the "Present Position of Epidemiological Science."

A Militia Surgeon.—Proof of your letter not returned at time of going to press.

Dr. Handsel Griffiths will receive proofs of his communication in the course of the week.

Type-writer.—With the progress of time everything appears possible to mechanical genius. What with shaving, hair-cutting, and brushing-machines, sewing-machines, and type-composing machines, one might almost have imagined that the acme of progress in this direction had been reached. Not so, however, as an American firm has just introduced an invention which is to write all ones' letters as fast as thoughts fly from the brain. This machine is called a type-writer, is in the form of a sewing-machine, and is set in motion on a keyboard similar to a piano. The inventors claim for it that writing can be done with it as rapidly as the most skilful musician could run his fingers over the piano. The only machine now wanted is a "Brain-machine," which, if invented and properly protected, *should be* in great request.

The London Hospital Medical Society.—We are asked to state, in explanation of the short notice of the *conversazione* at the London Hospital in our last, that the ordinary meetings of the Society are now thrown open not only to members of the staff and College but also to neighbouring medical men and members of similar societies elsewhere. It is expected that thus greater unity of action will be obtained, and a stronger *esprit de corps* developed.

Communications, Enclosures, &c., have been received from—Dr. Buzzard, London. Dr. Myrtle, Harrogate. Dr. Hy. Hardy, London. Dr. E. Williams, Colchester. Dr. Milner Fothergill, London. Mr. J. E. Hansen, Manchester. Dr. Alford, Hampstead. Dr. Ashenden, Hastings. Dr. Abrath, Sunderland. Dr. Greene, Old Kent Road. Mr. Nelson, Felling, Newcastle. Dr. Whitmore, London. Dr. Bucknill, London. Dr. Croly, Tinahely. Dr. Drysdale, London. Dr. Ormsby, Dublin. Dr. Semple, London. Dr. S. Lewis, Liverpool. Dr. Major, Wakefield. Mr. Warner, London. Mrs. Baines, London. Dr. Dudfield, Kensington. Dr. Collenette, Guernsey. Dr. Handsel Griffiths, Dublin. Miss Jex Blake, London. Dr. Sewall, Boston, America. Mr. Fleming, Chatham. Mr. McClean, Tunbridge Wells. Mr. Charles Lunn, Edgbaston. Dr. Smith, Detroit. Dr. Langley, London. Mr. Hitchins, Brailes, Shipston-on-Stour. Mr. Iredell, Reigate. Dr. Trimble, Castlebellingham. Dr. Darby, Monastereven. Dr. M'Munn, Ballymote. Dr. Browne, Frankford. Dr. McEvoy, Nobber. Dr. Deely, Kilconnell. Dr. Waters, Carbery. Dr. Langstaff, Athlone. Dr. Garland, Carrickmacross. Dr. Lynam, Strokestown. Dr. John Dill, Manchester. Dr. Cornelius, Mountrath. Dr. Robinson, Clogher. Dr. O'Connell, Kilmallock. Dr. Edgeworth, Longford. Dr. Goediske, Romford. Dr. Donaldson, Crossmaglen. Dr. Haiton, Kells. Dr. Conolly, Killinchy. Dr. Simpson, Manchester. Dr. White, Castletown-Conyers. Dr. Crawford, Tanderagee. Dr. Ferrier, London. Dr. Greene, Baltinglass. Dr. Faussett, Clontarf. Dr. Hanan, Tallow. Dr. Crean, Ballyhaunis. Dr. Cronin, Cushendall. Dr. Clarke, Downpatrick. Dr. Reid, Kingstown. Dr. Davy, Kimmage. The Registrar of the Royal College of Physician. Prof. Gairdner, Edinburgh. Dr Pantaleoni, Rome. Mr. Francis Vacher, London. Mr. Shelley, London Mr. Mears, London Hospital. Dr. Billings, New York. Dr. Drewry London. Dr. Edmunds, London. Dr. Bartley, Weston-super-Mare. Mr. J. M. Dodd, Bayswater. Dr. Owens, Lord Mayor of Dublin, &c.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

Official Report on Epidemic Cholera and Yellow Fever in the United States Army, 1867.

Official Report of Excisions of the Head of the Femur for Gun-shot Injury in the United States Army.

Official Report of Surgical Cases in the United States Army.

Official Report of the Hygiene of the United States Army.

Medical and Surgical History of the War of the Rebellion in the United States, 1861-65. Two Vols.

The Treatment of Consumption with Hydrated Oil. By G. O. Drewry, M.D. London: Diprose and Bateman.

Nutrition in Health and Disease. By J. H Bennett, M.D. London: J. and A. Churchill.

La Corse et la Sardaigne. Par J. H. Bennett, M.D. Paris: O. Asselin.

On Alcoholism. By Dr. V. Magnan. London: H. K. Lewis.

Ziemssen's Cyclopædia of the Practice of Medicine. Vol. VI. London: Sampson, Low, and Co.

The Functions of the Brain. By David Ferrier, M.D. London: Smith, Elder, and Co.

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VACANCIES.

National Dental Hoipital, Great Portland Street, London.—Assistant Dental Surgeon. Apply to the Treasurer or Hon. Sec. at the Hospital. (See Advt.)

Middlesex Third County Lunatic Asylum.—Medical Superintendent. Salary, £700, with furnished house, &c. Full particulars will be found in our advertising columns. (See Advt.)

East London Hospital for Children.—Assistant Surgeon. Particulars may be obtained of Ashton Warner, Esq., at the Hospital. (See Advt.)

Dublin Fever Hospital.—Resident Medical Pupil. For particulars apply to the Registrar at the Board Room, Cork Street. (See Advt.)

Bury Union, Lancashire.—Medical Officer for the Workhouse. Salary, £180, with extra fees. Apply to the Clerk of the Union.

Kensington Dispensary.—Resident Medical Officer. Salary, £150, with furnished apartments. Particulars of the Hon. Sec., Dispensary House, Kensington, W.

Croydon General Hospital.—House Surgeon. Salary, £80, with board, &c. Applications to the Hon. Sec.

Tunbridge Union, Kent.—Medical Officer for the First District. Salary, £105, exclusive of fees. Address the Clerk of the Union, Tunbridge Wells.

University of Aberdeen.—Six Examiners in Medicine. Each on a separate subject. Particulars to be obtained of the Secretary.

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APPOINTMENTS.

Baker, B., M.R.C.S.E., Medical Officer and Public Vaccinator for the Missenden District of the Amersham Union.

Bloom, Mr. M. J., a Dental Surgeon to the new Dental Hospital, Dublin.

Charlton, G. R. D., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Ferbane Dispensary District of the Parsonstown Union, King's County.

Clippingdale, S. D., M.B., C.M., M.R.C.S.E., House Physician to the London Hospital.

Croly, H. G., F.R.C.S.I., L.K.Q.C.P.I., a Consulting Surgeon to the new Dental Hospital, Dublin.

Duffey, G. F., M.D., F.K.Q.C.P.I., a Consulting Physician to the new Dental Hospital, Dublin.

Duffy, Mr. J. O., a Dental Surgeon to the new Dental Hospital, Dublin.

Durrant, C. M., M.D., F.R.C.P.L., Medical Visitor to the Lunatic Asylums in the Borough of Ipswich.

McClean, F., L.F.P.S.G., a Dental Surgeon to the new Dental Hospital, Dublin.

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Marriages.

Boys—Wright.—On the 19th ult., at All Saints Church, Clapham, Arthur Henry Boys, M.R.C.S.E., L.R.C.P., of Lodway, Bristol, elder son of the Ven. M. Boys, Vicar of All Saints, Clapham, to Ada Mary, third daughter of W. V. Wright, of Alde House, Thornton Road, Clapham Park.

Crombie—Whitcomb.—On the 24th ult., at the Presbyterian Church, Brighton, John M. Crombie, M.A., M.D., of South Kensington, to Sophie, only daughter of the late Henry Whitcomb, of Hawley Lodge, Brighton.

Littleton—Lyne.—On the 25th ult., at St. Andrew's, Plymouth, Thomas Littleton, M.B., F.R.C.S., to Mary Sarah, elder daughter of Lewis Wadham Lyne, of Plymouth.

◆

Deaths.

Chapman.—On Oct. 25, at 60 Pembroke Road, Dublin, Harriette, the infant daughter of John H. Chapman, M.B., aged 10 months.

Dell.—On Oct. 25, at 10 William Terrace, Chiswick, Ann, widow of Edward C. Dell, M.D., and only sister of the late Wm. Thomas Dalby, M.D., of 169 Kennington Park Road, S.E.

Hering.—On Oct. 11, at Reigate, Wm. Hering, M.D., aged 72.

Loughead.—On Oct. 20, at Colinton, near Edinburgh, Joseph Fletcher Loughead, Surgeon-Major, late 21st N.B. Fusiliers, son of the late Joseph Loughead, M.D., of Ballymote, co. Sligo, Ireland. Brother officers and friends will please accept this (the only) intimation.

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

COMPULSORY SUPERANNUATION.

TO THE EDITOR.

SIR,—In some of your late numbers of the MEDICAL PRESS AND CIRCULAR I have read with much interest letters on the subject of compulsory superannuation for Poor-law medical officers, also your remarks on them "that it would be next to impossible to pass an Act of Parliament making it compulsory on Boards of Guardians to give such." I agree with you in this, but in my opinion there is no concession that could be made to us that would be more welcome or would give as much satisfaction. Now, granting that there is a possibility of receiving it from the poor-rates, still, I think, if there was a strong effort made, Government might be induced to pay from the Consolidated Fund as a retiring allowance after say twenty years' service, what is now paid—namely, half our salaries. It would not take a very large sum to do this—somewhere about £8,000 a year,—and I think we have a considerable claim on our country, and that it would not be too much to expect this. The sum I have mentioned would give £100 a year to eighty retired medical officers, not much more than is now given to retired head constables of the constabulary; and surely this could not be considered too much for members of an educated profession.

I remain, &c.,
DISPENSARY DOCTOR.

[Our correspondent's suggestion seems reasonable and feasible, and we hope will receive attention. If an effort were made to obtain Parliamentary sanction to the payment of half superannuation from the Consolidated Fund, the proposal would, we believe, receive the hearty support of the guardians throughout Ireland, and would thus be received with favour by the Government. The proposal has justice on its side, and its principle has been already fully recognised by the authorities, and it would therefore not seem difficult of achievement.]

MONAGHAN QUARTER SESSIONS.

W. N. BARRON, Esq., Chairman.

W. WOODS, ESQ., M.D., *v.* W. CRUMLEY.

THIS was an action brought by Dr. Woods, medical officer of the Monaghan Dispensary, against William Crumley, an ex-Poor-lawguardian, and formerly a member of the Monaghan Dispensary Committee, in which the plaintiff charged the defendant with having fraudulently issued a red ticket directing the plaintiff to attend at the house of a national schoolmaster named M'Geough, and administer advice, medicine, and attendance to his wife gratis, the said defendant not being a "poor person" within the meaning of the poor-relief Acts."

It will be recollected that a decree was granted by the chairman of quarter sessions against the grantor of the red ticket. The defendant appealed from the decree to the going judge of assize, who reversed the decree to enable the plaintiff to bring it into court in the proper form. The evidence was a recapitulation of the evidence given at the assizes, except that Bernard M'Geough, on cross-examination, said his income at the time he received the ticket was £30, his wife's was £20, and their combined results fees as national teachers amounted to £10. Besides these sums he had received £3 from the pupils; but notwithstanding that net profit, he was at a loss.

At the close of the evidence Mr. M'Loughlin addressed the court at great length, in the course of which he confined himself mainly to citing authorities as to what constituted fraud, and denied that this was a fraud within the meaning of the definitions given by lawyers. He also said it was without precedent, and said the attorney for the plaintiff should have given some precedent, or adduced reasons for bringing it into court.

Mr. Givan briefly replied, and the Chairman said he was against Mr. M'Loughlin on the main points of his argument, but he would give judgment on Friday morning. The Chairman gave judgment at four o'clock on Friday, and dismissed the case, on one of the points raised by Mr. M'Loughlin. that the action was not brought within three months or due notice given. He gave £1 of expenses. The plaintiff appealed.

TUAM DISPENSARY DISTRICT.

ELECTION OF MEDICAL OFFICER.

WITH reference to the late election of Dr. M'Donnell as medical officer of the Tuam Dispensary, a letter has been forwarded by the Local Government Board in reply to the bill of exceptions taken by the Rev. D. Corbett, chairman of the managing committee, to the effect that the election was regularly conducted, and the *ex officio* guardians present at the election were entitled to vote, although the list of *ex officio* guardians for the current year had not been laid before the board. The four *ex officio* guardians who recorded their votes for Dr. M'Donnell are duly qualified, and it is not necessary they should be annually elected.

BALLINA DISPENSARY.

CHARGE OF NEGLECT.

H. ARMSTRONG, Local Government Board Inspector, attended to inquire into the charge preferred by Thomas Mullen against Dr. Scott, medical officer of the Ballina District Dispensary, for alleged neglect of his wife.

Thomas Mullen examined—I got a red ticket on 4th June from Mr. John Beatty to attend my wife. I met Dr. Scott a quarter of a mile from my house, end he came at once. He did not delay long; he did not come a second time; on Tuesday morning the 6th I called in Dr. Nolan; he attended on the following morning.

To Mr. Thompson—I heard it reported that my wife did not die for three weeks after the doctor saw her; I heard it from different people, but cannot name any one person; it was read to me from the paper.

Bridget Coleman, an Irish witness, sworn. Am a midwife; I was in attendance on Mullen's wife when she was delivered; I was present when Dr. Scott called; when he came in he took off his top coat and bared his arm, but I saw him do nothing with the woman except to take a drop of blood from her; he threw the drop of blood on the floor, and said she would be well in a few days, that what was wrong with her would come off then.

Winny Coleman sworn—I was in Mullen's house when Dr. Scott called; he came to the bedside to the woman, and turned up his cuff; he did not bring the "after-birth" with him; he then said she would be all right in a few days' time; that the after birth would come away with the discharge; he ordered her a glass of wine; the woman herself cried out "could he do anything more for her," he said he could not; that she would be all right in a few days' time; I was present when Dr. Nolan came; he said if he had been there he would have relieved the woman, that he would have brought the after-birth with him.

Mr. Thompson—How long was Dr. Scott in the house? About a quarter of an hour.

Mullen asked that Dr. Nolan be examined.

Dr. Nolan—I can give you no information; the woman was dying when I saw her.

Inspector—You will be sworn, doctor.

Dr. Nolan sworn—On a Tuesday—I don't recollect the day of the month—Mullen came for me; I could not go then; he told me his wife was confined on Sunday, and that the after-birth had not come away since; I gave him a draught to relieve her; he came back the following day and said the women would not give the draught, the patient being too weak; I went out on that day and saw Mrs. Mullen; she was suffering from puerperal fever, of which she died in a few days after; I only saw her once, as I could be of no service to her, she was dying; I prescribed for her up to the time she died; I got £1 from Mullen.

Inspector—Do you think she was neglected in the first instance? I could not say that.

Mr. Egan—the great cause of complaint is the non-removal of the after-birth; can you say was that removed? The woman was so weak and tender I could not ascertain whether the placenta was there or not when I saw her.

Mr. Dillon—Could you not tell from appearance whether it was or not removed? I could not, she was so far advanced in fever.

Dr. Scott was then sworn—I met Thomas Mullen near his own house on the road; he handed me a red ticket; I immediately proceeded to his house; found Mrs. Mullen after being confined some time before of a living child; I was informed that the funis, or navel string, was not to be had; upon examination I found the woman had been improperly treated, and that some person pulled away part of the after-birth and the navel string; I introduced my hand and took the remaining portion of the after-birth with some clots of blood, and threw it on the ground; I then washed my hands, and asked her if there was any stimulants in the house; I was told there were none; I waited a short time to see if there would be any hæmorrhage, but there was none, and the woman seemed to me to be doing well, and I considered she would be well in a few days; Dr. Mahon and my brother were sitting in my waggonette outside while I was within; I did not think it necessary to call in Dr. Mahon; I did not visit the case again, as I became aware that a private practitioner was in attendance, nor was I called a second time, or had any communication with Mullen till some time after his wife died; he met me in Ballina, and I felt annoyed, as he blamed me for his wife's death.

Mullen—All I have to say is that Dr. Scott did not come the second or third day.

Dr. Scott—Did I not go at once when you asked me?

Mullen—You did indeed.

Dr. Scott—I would have gone if I thought it necessary or you had sent for me.

Mr. Dillon—Finding the woman, as you say, improperly treated, did you not consider it your duty to call the next day? No, as I left the woman going on well.

The midwife here advanced up the room towards the Inspector, speaking very loudly in excellent English.

The Inspector said he would not hear another word from her, and that she might consider herself very safe if not brought up before Mr. Mitchell on a charge of perjury.

Mr. Dillon to Dr. Scott—Who told you a private practitioner had been called in? Dr. Nolan told me on the following Tuesday, I think, and before her death.

Dr. Nolan was re-called at the instance of Mr. Dillon, and said that after Mrs. Mullen's death he met Dr. Scott, and told him he had been called in to see a patient of his, and that her friends were blaming him very much for his treatment of her.

Inspector—Had you any communication with Dr. Scott previous to the woman's death? None; I had with Dr. Thompson and Mr. McNulty.

Mr. Dillon—Have you ever stated to any person that the non-removal of the after-birth was the cause of Mrs. Mullen's death? I cannot recollect.

Dr. Thomas Mahon sworn—I was with Dr. Scott when he got this ticket; I went with him to the house, but remained outside till he came out; he was inside for nearly half an hour; when he came out he told me of the operation he had performed; he said it was a nice operation; I asked him what it was, and he explained to me that he had removed a retained after-birth; I heard him give the people instructions about the wine.

Mr. Thompson, honorary secretary of the Dispensary Committee, was examined by request of Dr. Scott, and deposed to the efficient and satisfactory manner in which Dr. Scott had discharged the duties of the office since his appointment twelve months ago, and to the very high terms in which the dispensary patients spoke of him.

The inquiry ended here.

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WATERFORD BOARD OF GUARDIANS.

The following extract from minutes of proceedings of the Waterford Board of Guardians on 8th September, 1876, is published by the Local Government Board in its last report:—

Read letter from solicitors, forwarding case submitted to counsel on behalf of Sir R. J. Paul, Bart., as Chairman of the Waterford Union, in reference to the powers of the Local Government Board to fix the salaries of the sanitary officers at a higher figure than that agreed upon by the Board of Guardians.

1. Counsel stated in reply to inquiriss,—"That in his opinion the effect of the Public Health Act, 1874, established by the decision of the Queen's Bench upon an earlier statute (Reg. *v.* Guardians of Bantry Union), is to empower the Local Government Board to compel the payment of the salaries approved by the Board. The sealed order will not authorise the treasurer to make the payment, but if the guardians should refuse to sanction the salary directed by the Board, a mandamus can be obtained by application to the Queen's Bench enforcing the payment of the salary fixed by the order notwithstanding the opposition of the guardians.

2. The medical officers cannot, in counsel's opinion, sue by action for their salaries, but they, as interested parties, can apply for the writ of mandamus to enforce payment of the sum which has been approved by the Local Government Board.

3. The Chairman is only one member of the Board of Guardians. He cannot be enforced in any way to obey the

orders of the Local Government Board, in signing checks or otherwise, contrary to the vote of the majority of the guardians, but the whole body of guardians can be compelled by mandamus to pay the approved salary.

4. The same difference of opinion arose in many poor-law unions. I believe that the opinion I have given above has been given by other counsel, and acted on by the guardians elsewhere. Inquiry might well be made as to this, because if it has been determined in any other union to contest the matter, the Waterford Guardians might be unwilling to yield until a general decison has been obtained, but I cannot advise litigation, and I would recommend the guardians to pass a resolotion under protest, to the sealed order, and directing the payment of the approved salaries. Gerald FitzGibbon.

The following proceedings occurred thereon :—

Read letter of the Local Government Board to the guardians, 17th September, 1875, for return of salaries of officers under "The Public Health Act, 1874," to be signed by the presiding chairman and executive sanitary officer.

The executive sanitary officer prepared the return as directed, and submitted it for the presiding chairman's signature ; but, on a division, the board decided by 11 to 6 votes to postpone the consideration of this return, as also the counsel's opinion upon the subject of the payment of the sanitary salaries fixed by sealed order of the Local Government Board for a fortnight.

Extract from Minutes of Proceedings of the Board of Guardians on 27th October, 1875.

The board having proceeded to the consideration of counsel's opinion upon the subject of the payment of the sanitary salaries fixed by the Local Government Board, &c., &c., it was moved and seconded " that this Board of Guardians adheres to its former resolution to pay the salaries of the sanitary officers as fixed by themselves.

The presiding chairman accordingly declined to sign the return prepared by the executive sanitary officer of the sanitary officers' salaries, the amount stated therein as the salaries of the rural sanitary officers being in accordance with the sealed orders of the Local Government Board.

Letter from the Local Government Board to the Board of Guardians.

Local Government Board, Dublin.

Sir,—The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of Guardians of the Waterford Union on the 27th ult., when the opinion of counsel upon the subject of the payment of the salaries fixed by order of the Local Government Board was under consideration, and the following resolution was adopted :—

"That this Board of Guardians adheres to its former resolution to pay the salaries of the sanitary officers as fixed by themselves."

In reference thereto I am directed to state that the Local Government Board desire to learn whether, in face of the opinion given to them by the learned and eminent counsel whom they have consulted, the guardians of the Waterford Union are prepared to oppose a deliberate resistance to the law.

A specific statement of their intention to do so, on the other hand, to pay the sanitary officers what they are legally entitled to receive must be promptly given, if the guardians have any desire to avoid legal proceedings.

By order of the Board,
B. Banks, Secretary.

Extract from Minutes of Proceedings of the Board of Guardians on 1st December, 1875.

Moved and seconded, and resolved :—

That the order of the Local Government Board be carried on as regards the salaries of our sanitary officers to avoid the threatened legal proceedings, at the same time this Board protesting against the arbitrary and coercive policy of the Local Government Board.

GALWAY UNION.

THE MEDICINES.

A conversation took place in reference to a complaint made by Dr. Colohan of the quality of the medicine.

Mr. Kelly said it appeared strange to him that Dr. Colohan did not complain all the year. He would suggest that Dr. Colohan be sent for.

Dr. Colohan, who was sent for, said in reply to the Chairman that he frequently complained during the year of the medicines, and frequently sent them back. He complained to the apothecary ; as long as he considered it his duty to report against the medicine he would do so, irrespective of what any one thought.

Sir Valentine Blake suggested that the better way for Dr. Colohan would be to report to the Board in future.

Dr. Colohan said he would do so. It would be ridiculous to be cramming people's stomachs with medicine in order to get a desired effect.

The Chairman said that would not be very pleasant.

Dr. Colohan—Any member of the Board, from Sir Valentine down, might take two or three boxes of the pills without deriving the slightest advantage from them (laughter).

Mr. Kirwan said they would have the medicine analysed.

Dr. Colohan said that only milk and food could be analysed, but that medicine was one of those things that could not satisfactorily be analysed. It could only be tested by result—the benefit derived from its use in a number of cases.

CONTRACTS.

The Apothecaries' Hall was declared contractors for the supply of medicine.

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EXCERPTS FROM THE SANITARY OFFICERS' REPORTS FOR HALF-YEAR ENDING JUNE, 1876.

No. II.—North-Western Division.

Belleek.—The deaths in this quarter were much above the average, and have exceeded the births, which has never occurred heretofore. The sanitary arrangements are satisfactory.

Donegal.—The sanitary state of Donegal is in a great way improved of late.

Gweedore.—Scarlatina, which made its appearance in this district in the first month of the present year, still continues, and has for the past month assumed a very malignant form ; although not called to a great number of cases, I have reason to know that it has been very prevalent, scarcely a part of the district escaping ; unfortunately, the measures I recommended to the Sanitary authorities at the outset of the epidemic could not be carried out.

Moville.—Thirteen deaths were caused by scarlatina, which has increased the death-rate. Sanitary state of the district much improved.

Ederney.—Scarlatina has been very prevalent during the quarter. I am of opinion that the pernicious habit of concealing such cases has had the effect of spreading the disease to a very much greater extent than would have happened had due precaution been taken to prevent contagion. Whooping-cough is still very general over the district.

Irvinestown, No. 1, W.—Whooping-cough and scarlatina very prevalent in the district. I find the greatest difficulty in inducing the poor to avail themselves of the benefits to be derived from hospital treatment. Their neglecting to disinfect their dwellings, and the old custom of holding wakes when a death occurs, tends greatly to spread the disease.

Eglinton.—Scarlatina has been prevalent. The sanitary state of different parts of the district is anything but satisfactory. There is a studied determination to evade the provision of the law, not only by the cottier class but by the owners, from whom might be expected more enlightened action.

No. III.—Eastern Division.

Kingscourt.—The sanitary state of the district is very good, and the people carry out whatever improvements they are directed to do.

Carlingford.—The sanitary state of the district is now, after much trouble, improving.

Kells.—There is not a single case of infectious disease at present in the district. A grave sanitary defect, caused by an open main sewer, which I reported as far back as 1870, has been at last removed by the Town Commissioners, who have caused it to be lined and covered. As it ran the whole length of Back Street, behind the houses, and skirted the grounds attached to the extensive schools of the Christian Brothers, its open surface in dry weather reeking with foul odours, its removal marks an important step in the sanitary improvement of the town.

Rathmore.—I have to state that the complaint which I made six months ago of the want of water still remains unattended to; I have repeatedly reported the matter to the Sanitary authority.

Castletown.—Scarlatina of a malignant type made its appearance on three occasions during the last quarter. Out of a family of 5 attacked, 3 died. Good water scarce in this locality. Sanitary Act working well.

Shillelagh; *Coolkenna and Hacketstown.*—The district during the quarter has been very free from any epidemic. The sanitary arrangements of the district improving. My recommendations are in most cases complied with, without the necessity of many "reports" to Sanitary authority. No prosecution for neglect or disregard of notices.

No. IV.—North Midland Division.

Roscommon. –This nuisance has been repeatedly brought under the notice of the Sanitary committee, verbally and by official report, yet no steps were taken to remedy the evil. The sewerage of the whole town requires remodelling, and our water supply is totally insufficient, many of the inhabitants having to send carts a mile into the country for it.

No. V.—South Midland Division.

Carlow.—In some parts of the district much good has been effected by sanitation. The new Act, when passed, is sure to simplify the working of the sanitary organisation.

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WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING OCT. 21, 1876.

Total registered deaths in Dublin and suburbs * ...	99	
Ten years average of same week	147	
Decrease of mortality below average	48	
Ratio of deaths, suburb of Rathmines ...	21·9	per 1,000
" " " Donnybrook †	18·7	"
" " " Blackrock ...	28·9	"
" " " Kingstown ...	16·8	"
" " Entire Dublin district ...	16·4	"
Comparative Ratios—London	18·3	"
" " Glasgow... ...	21·3	"
" " Edinburgh ...	11·6	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

There were only 13 deaths from zymotic diseases registered during the week; the average number in the corresponding week of the previous ten years was 47·8. Of the deaths from these deaths last week 4 were from fever (1 typhus, 2 typhoid or enteric, and 1 simple continued fever), 4 from diarrhœa, 3 from scarlet fever, and 1 each from measles and diphtheria.

Twelve children died from convulsions.

Bronchitis caused 6 deaths, pneumonia 3, lung disease unspecified 1, stomach disease 3, liver disease 1, obstruction of the bowels 1, diabetes 1, kidney disease unspecified 1, heart disease 3, paralysis 3, apoplexy 2, inflammation of the brain 1, and brain disease unspecified 8.

Thirteen deaths resulted from phthisis, 3 from hydrocephalus, 1 from scrofula, and 2 from cancer.

Two accidental deaths were registered, viz., 1 from fractures and 1 from drowning.

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Table *showing for* **Eight Large Towns, &c.,** *the* **Area,** *in Statute Acres; the* **Population in 1871;** *the* **Annual Rate of Mortality** *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, October 21st, 1876; the Total Number of* **Births and Deaths** *registered during the Week with the Number of* **Deaths** *at certain Ages, and from* **Several Causes, &c.**

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, OCTOBER 21st, 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births *registered.*	Total Deaths *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
Ublin . . .	10,050	314,666	16	137	99	21	27	...	1	3	1	...	4	4	2	2	30
Belfast . . .	20,687	182,082	19	107	68	21	6	...	...	3	...	2	2	6	1	...	7
Cork . . .	13,816	91,965	19	48	33	3	11	...	1	1	...	...	1	2	...	3	9
Limerick . . .	8,509	44,209	31	31	26	5	7	...	...	1	...	...	1	3	...	...	7
Londonderry . .	21,865	30,884	8	9	5	2	...	...	...	...	...	...	...	...	...	...	...
Waterford . .	17,209	30,626	5	11	3	1	1	...	...	...	...	..	...	...	...	...	...
Galway . .	21,358	19,692	11	4	4	1	2	...	...	...	...	...	...	...	..	..	...
Sligo . .	30,835	17,285	6	9	2	...	1	...	...	...	...	..	...	...	..	...	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 8, 1876.

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Pathological Anatomy of the Brain—
LOCALISATION IN CEREBRAL DISEASE. (a)

By PROF. CHARCOT.

CHAPTER XI.

GENTLEMEN,—I have in the last lesson furnished the anatomico-medical description of the cortical system of the cerebral arteries. To-day, I propose to call your attention to the arterial circulation of the *grey cortical ganglia.* You know that under this name are included the thalami optici, the corpora striata, and what we may call their annexes. Here, gentlemen, is a study well worthy of your careful attention; for the phenomena which occur in these nuclei, in consequence of vascular lesions, are by no means of less importance than those which happen in the surface of the brain in consequence of alterations in the cortical arteries. We shall find in the central regions of the brain which will occupy us now, ischemic changes such as we have descibed in the cortex of the brain; but, we shall also encounter lesions on a grand scale, such as rarely occur at the periphery. I speak of common intracephalic hæmorrhage, one of the most common anatomical causes of apoplexy. There is, in this respect an interesting contrast between the centre and periphery of the brain. In the latter, intercephalic hæmorrhage is comparatively rare, while it is common in the former. This fact is shown distinctly by the ancient statistics of Andral and Durand-Fardel, and by modern statistics as well. In 119 cases collected by Andral and Durand-Fardel, the thalamus opticus and the corpus striatum were in 102 cases the starting points of hæmorrhage, while 17 cases only arose in the centres or peripheries of the anterior and posterior lobes. On the other hand, ischemic softening of the brain predominates (as Durand-Fardel judiciously remarks), in the superficial parts. The facts which I have collected at the Salpétrière confirm these results in all points.

We shall presently have to indicate certain conditions which will explain this remarkable contrast; for the present it is sufficient to fix your ideas on this point, in order that you may know that supposing the studies concerning the cortical arterial system to have been a necessary introduction to the chapter treating of ischemic softening of the brain, then the "developments" into which we are about to enter are the necessary introduction to the not less interesting study of intra-cerebral hæmorrhage.

1. You have not forgotten, gentlemen, in what manner the arterioles constituting the *central system* take origin from the three great central arteries, close to their origin from the circle of Willis. The arteries forming this system are generally vessels of a certain importance as to size. The arterioles of the corpus striatum have a diameter of half to one and a-half millimetres, according to M. Duret.

Their mode of origin recalls that of the young suckers which one sees in woods shooting up at the base of the trees. This comparison, which is due to Heubner, besides being picturesque is also exact, but it must not be pushed too far; for the arteries of the central system, from their starting point, run perpendicularly to the axis of the principal trunk.

This perpendicular direction reminds us of what we have seen in the nutrient arteries of the brain cortex. It is always as well to recollect that there is a difference between the nutrient arteries of the cortex and those of the gray central nuclei—the former being actually capillaries (according to Robin's definition), the latter, on the other hand, being vessels of some size.

Another characteristic of the arteries of the central nuclei is that, according to the meaning of the word given by Cohnheim, they are, *par excellence*, "terminal" arteries. Though it might be possible, as we have seen, to raise a discussion concerning the autonomy of the vascular territories of the cortex, it is not so with regard to the central arteries, they are entirely independent of one another, that is a point on which our observers are quite agreed.

(a) Translated from *Le Progrés Medical.*

So, says Heubner, one may, with the aid of a Pravaz syringe, whose trocar point is blunt, inject one by one all the little arteries running to different parts of the corpus striatum or thalamus opticus. In spite of all possible precautions, it has never been possible to inject the whole of the corpus or the thalamus. You will only inject small departments of either of these bodies; if the injection is pushed too far ruptures are caused, but the vascular territories do not extend beyond the indicated limits.

The multiplied experiments of Duret have the same result. It is right to add that under no circumstances is it possible to cause injected matter to pass by the central arteries into the domain of the cortical arteries. And I will remind you that the reverse is equally true—viz., that no injection in any artery whatever of the cortical system will enter the central arteries.

It may, perhaps, be interesting to review the analogies existing in the mode of origin of the nutrient arteries of the basilar parts of the brain, the pons varolii and the medulla.

In the pons the resemblance is striking, the median arteries springing at a right angle from the basilar artery (a large trunk) and penetrating as far as the posterior parts, parallel to one another, without anastomosing, thus they seem to belong to the "terminal arteries."

In the medulla the same arrangement obtains, but is in some sort weakened by a special modification. The median arteries of the medulla do not spring directly from the great trunks of the vertebral artery, they arise from the spinal vessels.

It is already possible, if I am not mistaken, to find in this mode of origin and distribution of the arteries of the pons, and central ganglia a reason of a mechanical sort, which will help to explain the predominance of arterial ruptures in these parts.

Remember that on the surface of the brain where, as I have told you, hæmorrhages are comparatively rare, arteries do not penetrate the brain substance until they have run a long course in the pia mater, and are transformed into very small vessels, strictly speaking, capillaries. I say, remember these peculiarities, and you will the more easily understand the differences which I have called your attention to in the central arteries.

1. The distance from the heart to the great ganglia at the base of the brain is very short. The arteries going to these ganglia come directly from the arteries of the circles of Willis, and are of the third order, reckoning from the heart. This circumstance is clearly favourable to arterial rupture. It is, in truth, compensated in a certain proportion by the mode of origin of the vessels, taking place at a right angle, and by the great difference in size as well.

2. As compared with the cortical arteries, the central arteries are voluminous; I allude especially to the arteries of the corpus striatum, since they are half to one and a-half millimetres in diameter.

3. I will add that the absence of anastomoses is a further danger, for in case of exaggerated pressure in a vessel, any relief is impossible by reason of the absence of a collateral circulation.

The three great arteries of the brain, as I said in commencing, all take part in the vascular supply of the central regions, but the part is very unequal.

The anterior cerebral only sends a few vessels to the upper part of the corpus striatum, and these branches do not invariably exist. The posterior cerebral has a much more extensive and more important domain. It furnishes branches to a large extent of the thalami optici to the upper third of the cerebral peduncles, and to the corpora quadrigemina.

The middle cerebrals give all the branches which pass to the tailed nucleus with the exception of variable branches from the anterior cerebral, and to different parts of the lenticular nucleus.

We will therefore take the branches of the middle cerebral as the type of our description. It will be easy for us afterwards to complete the account of the nutrient cerebral system, by some words relating to branches of the anterior or posterior cerebral artery.

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THE ADULTERATION OF FOOD, AND BRITISH LEGISLATION RELATIVE THERETO.

By Dr. C. R. Alder Wright,

Lecturer on Chemistry at St. Mary's Hospital.

(Continued from page 354.)

For comparison with these numbers, the following table may be given deduced from returns furnished by the great majority of public analysts in Great Britain, appointed under the "Adulteration of Food, Drink, and Drugs' Act 1872," (*Chemical News*, XXXI, 148):—

Place.	Time that the Act has been in Operation.	Total number of Samples analysed.	Number found to be Adulterated.	Number of Convictions.	The Adulterated Samples included—					
					Milk.	Tea.	Mustard.	Butter.	Bread.	Coffee
	Mos.									
Hackney ..	21	198	28	13	7	1	3	2	—	—
Buckingham and Bucks ..	—	22	3	—	2	—	—	1	—	—
Bedfordshire ..	21	570	42	20	5	4	12	5	7	5
Bristol ..	18	253	90	5	30	11	9	11	—	11
Wigan ..	16	58	11	2	6	—	—	--	—	3
Limehouse ..	19	169	15	5	3	—	4	—	4	—
West Sussex ..	20	43	2	—	—	—	—	—	—	—
Huddersfield ..	15	18	1	—	1	—	—	—	—	—
Kensington ..	8	140	25	20	16	—	2	1	—	1
Southampton ..	9	21	7	—	7	—	—	—	—	—
Worcestershire ..	27	246	68	—	45	5	15	2	—	—
Newcastle-on-Tyne ..	27	275	93	14	74	3	—	—	—	1
Devonshire ..	12	58	28	—	—	6	10	—	—	8
Westminster ..	20	242	41	16	28	--	2	—	—	5
Londonderry ..	25	158	43	5	30	2	2	—	—	1
Bradford ..	9	114	24	24	10	—	2	—	—	—
Durham ..	14	58	10	1	8	2	—	—	—	—
Gateshead ..	15	92	33	20	30	3	—	—	—	—
St. Saviour's, Southwark ..	10	128	36	23	22	—	—	—	—	—
Camberwell ..	25	545	68	66	59	—	1	1	5	—
Rotherhithe ..	9	45	6	—	5	—	—	—	—	—
Bermondsey ..	17	251	45	33	25	—	8	—	—	10
Lambeth ..	20	252	29	28	10	—	5	—	3	9
St. George's, Southwark ..	20	92	22	21	10	—	3	1	—	5
Wandsworth ..	20	974	84	22	24	—	7	—	—	29
Isle of Man ..	23	140	33	25	—	—	—	—	—	—
Cheshire ..	26	587	164	96	—	—	—	—	—	—
Liverpool ..	30	363	117	60	—	—	—	—	—	—
Lincolnshire ..	30	1036	490	66	—	197	129	—	63	43
Somerset ..	12	2216	845	530	—	212	294	26	—	106
Manchester ...	15	75	12	7	—	—	—	—	4	—
Greenwich, Plumstead, & Woolwich ..	16	701	84	—	48	12	4	—	11	6
N. Staffordshire ..	14	8 0	341	135	40	58	14	—	—	—
Landport ..	18	191	—	15	9	—	3	—	—	3
St. Pancras ..	25	570	79	23	56	5	—	—	7	6
Shoreditch ..	22	87	22	8	13	2	—	7	—	—
Surrey ..	23	1518	168	140	34	22	70	6	3	24
Colchester ..	12	1	1	None	—	—	—	1	—	—
Cambridge ..	12	2	1	—	1	—	—	—	—	—
Swansea ..	2	56	28	16	28	—	—	—	5	—
Montgomeryshire	12	17	6	—	3	—	3	—	—	—
Shrewsbury ..	12	7	3	—	3	—	—	—	—	—
Shropshire ..	30	26	5	2	2	1	—	—	—	—
East Suffolk ..	10	2	—	—	—	—	—	—	—	—
Brighton ..	12	114	14	6	8	—	—	6	—	—
S. Staffordshire ..	22	526	251	—	88	137	21	1	—	1
Wolverhampton ..	22	163	56	—	20	14	9	4	—	1
Birmingham ..	30	165	102	38	38	41	6	2	—	—
Leeds ..	19	270	32	18	15	3	—	—	1	—
Monmouth ..	24	9	2	—	2	—	—	—	—	—
Cork ..	32	171	32	—	—	—	—	—	8	5
Reading ..	12	28	1	—	—	—	—	—	—	—
St. George's, Hanover Sq. ..	16	154	51	—	—	—	—	2	—	33
Edinburgh and Leith ..	20	126	35	11	—	—	—	—	—	—
Gravesend ..	12	10	10	1	—	—	—	—	—	—
Lewisham ..	21	123	18	17	14	1	1	—	—	—
Hampstead ..	12	39	1	—	—	1	—	—	—	—

Total number of samples analysed ... 15,480
Ditto found to be adulterated ... 3,963
or 26 per cent.
Total number of convictions 1,542
or 10 per cent.

Mr. G. Wigner gives the following statistics derived from the returns of sixty districts showing, during an average period of sixteen months, (*Chemical News*, XXXI, 115):—

Total number of samples analysed	...	14,383
Ditto found to be adulterated	...	3,774

or 26 per cent.

Of these 3,774 adulterated samples, 1,066, or about 37 per cent. were samples of milk.

In three of the largest metropolitan districts during eighteen months upwards of 700 samples of various kinds were examined, of which 84, or less than 12 per cent., were found to be adulterated; of these, however, a much smaller percentage of adulteration was found in the latter part of the period than in the former, when the percentage was correspondingly higher; thus, whereas, at first every sample of bread was more or less adulterated with alum, at the end of the period no trace was to be found in any sample; whilst of sixteen consecutive samples of milk taken in 1873, fourteen were either skimmed or watered, out of thirteen taken at the end of the period in the same districts, only two were adulterated.

The deterrent effect of the appointment of analysts and of those rigorously carrying out the object of their existence is thus rendered very evident.

As the result of the outcry which the disclosure of the *Lancet* commission naturally caused, the Act of 1860 was passed, whereby power was given to various authorities in the country generally to appoint analysts in these several districts for the purpose of systematically examining articles of food and drink, and drugs, and certifying to their purity or otherwise. Thanks, however, to underhand trade influences, the appointment of these officers was made *optional* and not compulsory, and as a natural result very few were actually appointed, and of these most found that the duties of their position were but little onerous, little or no work of any kind being submitted to them; one, however, the analyst for Dublin succeeded in actually carrying the Act into practice having made since 1862 something like 2,600 official analyses of articles of food, drink, and drugs, out of which number about 1,500 (58 per cent.) were found to be adulterated, whilst 342 convictions (13 per cent.) were obtained for the following. (Paper by W. L. Scott, on "Food Adulteration and the Legislative Enactments Relating Thereto." *Journal Soc. Arts*, XXIII, 427.) Adulterated samples of milk, 286; coffee, 28; tea, 2; bread, 2; butter, 2; mustard, 6; essence of coffee, 1; champagne, 1; brandy, 1; gin, 1; confectionary, 12; total convictions, 342.

These figures show a state of things in Dublin between 1862 and 1872 almost as bad as that found previously in Great Britain; and it hence seems extremely probable that little actual good resulted from the 1860 Act, what little was effected being due rather to its passive deterrent effect than to any special means of prevention brought into action through its provisions; indeed, it does not seem that more than some three hundred cases were examined under the Act in England between its becoming law and the passing of the "Adulteration of Food, Drink, and Drugs Act, 1872"; at any rate, notwithstanding the Act, adulteration was most widely practised during this period, whilst, as above shown, the more effective provisions of the 1872 Act have considerably decreased the frequency of the practice, although unfortunately the first steps only in the matter of repression are accomplished as yet.

The wording of the clauses of the 1872 Act relative to the punishments to be inflicted on sellers of adulterated food, drink, or drugs was as follows:—"The Pharmacy Act of 1868, and the "Act to regulate the sale of poisons in Ireland." being incorporated in this Act in its application to England and Ireland respectively, the practice of adulterating articles of food and drink and drugs for sale, in fraud of Her Majesty's subjects, and to the great hurt of their health and danger to their lives, requires to be repressed by more effectual laws than those which are now in force for that purpose.

"Be it therefore enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

"1. Every person who shall wilfully admix, and every person who shall order any other person or persons to admix, with any article of food or drink, any injurious or poisonous ingredient or material to adulterate the same for sale, and every person who shall wilfully admix, and every person who shall order any other person or persons to admix, any ingredient or material with any drug to adulterate the same for sale, shall for the first offence forfeit and pay a penalty not exceeding fifty pounds, together with the costs attending such conviction, and for the second offence shall be guilty of a misdemeanour, and be imprisoned for a period not exceeding six calendar months, with hard labour.

"2. Every person who shall sell any article of food or drink with which to the knowledge of such person any ingredient or material injurious to the health of persons eating or drinking such article has been mixed, and every person who shall sell as unadulterated any article of food or drink, or any drug which is adulterated, shall for every such offence, on a summary conviction of the same before two justices of the peace at petty sessions in England, or before two justices of the peace in the justices of the peace court, or before the sheriff substitute of the county, or before any magistrate acting under any general or local Police Act in Scotland, or before justices at petty sessions or a divisional justice in Ireland, forfeit and pay a penalty not exceeding twenty pounds, together with such costs attending such conviction as to the said justices, sheriff substitute, magistrate, or divisional justice shall seem reasonable; and if any person so convicted shall afterwards commit the like offence, such justices, sheriff substitute, magistrate, or divisional justice shall cause such offender's name, place of abode, and offence to be published, at the expense of such offender, in such newspaper or in such other manner as to the said justices shall seem desirable.

"3. Any person who shall sell any article of food or drink or any drug, knowing the same to have been mixed with any other substance with intent fraudulently to increase its weight or bulk, and who shall not declare such admixture to any purchaser thereof before delivering the same and no other, shall be deemed to have sold an adulterated article of food, drink, or drug, as the case may be, under this Act."

It is here specially noticeable that the preamble of the Act makes *fraud* on the purchaser a chief reason for the repression of adulteration, and as it is expressly recited in the second clause that "every person who shall sell as unadulterated any article of food or drink, or any drug which is adulterated, shall for every such offence" be liable to certain penalties, it is evident that the plea which has been often raised that the seller sold the goods in the condition in which he bought them is of no avail; it is the seller's business to see that the goods supplied to him by the wholesale merchant are unadulterated, and if he is too busy or too indifferent to see to this he must bear the consequences. That an enactment of this kind would raise up a vehement opposition to it is self-evident, and the experience of the last two or three years has clearly shown, not only that the provision was extremely necessary from a common-sense view, but that it was felt by the food trades to be a great bar to their lucrative malpractices whence the great outcry raised about the "hardships" inflicted on retail tradesmen by the enactment, and the attempt made by every possible device, not always of the most worthy nature, to enlist popular sympathy on the side of the knavish or culpably careless smaller dealers.

A defect in this Act is the not defining what is meant to be an adulteration, wherefore the decisions of the courts have been somewhat uncertain on this point, and some

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admixtures having been allowed to escape without punishment, on the ground that they were not adulterations within the meaning of the Act. Thus many have argued that the imparting of a "face" or "colour" to tea by mineral and other substances, or the addition of starch to cocoa or mustard, is not an adulteration; whilst, on the other hand, the strict wording of the Act hardly allows of the abstraction of cream from milk being viewed as an adulteration within the meaning of the Act, although there can be no doubt from a common-sense point of view that the practice is just as reprehensible as watering the milk; accordingly, whilst some magistrates have refused to convict for these offences, others have inflicted penalties in precisely similar cases.

As regards the recital in the third clause, that "any person who shall sell any article of food or drink, or any drug, knowing the same to have been mixed with any other substances with intent fraudulently to increase its weight or bulk, and who *shall not declare* such admixture to the purchaser thereof," "shall be deemed to have sold an adulterated article;" it has been almost unanimously decided that what is meant by this is that a *verbal* declaration shall be made to the purchaser; and fines have been inflicted for selling mixtures even when *labelled* as such (though not verbally stated to be mixtures).

The clauses relative to the appointment of the analysts under this Act and their duties recite that certain authorities may, and when required by a Local Government Board, a Secretary of State, a Lord-Lieutenant, &c., "shall for their respective city districts, counties, and boroughs, appoint and remove one or more persons possessing competent medical, chemical, and microscopical knowledge as analysts of all articles of food, drink, and drugs purchased within the said city, metropolitan districts, counties, or boroughs, and shall pay to such analysts such salary or allowances as they may think fit; but such appointments and removals shall at all times be subject in England to the approval of the Local Government Board, in Scotland of one of her Majesty's Principal Secretaries of State, and in Ireland of the Lord-Lieutenant or other chief governor or governors.

"The inspector of nuisances or the inspector of weights and measures, or the inspector of markets, one or all of them, as the local authority appointing them shall think fit to determine, in every district, county, city, or borough, shall procure and submit samples of articles of food or drink and drugs suspected to be adulterated to be analysed by the analysts appointed under this Act, and shall, upon receiving a certificate stating that the articles of food or drink or drugs are adulterated, cause a complaint of an offence against this Act by the party selling or adulterating such articles of food or drink or drugs to be made before a justice of the peace.

"The analysts appointed under this Act shall report quarterly to the local authorities appointing them the number of articles of food, drink or drugs analysed by them under this Act during the foregoing quarter, and shall specify the nature and kind of adulterations detected in such articles of food, drink, and drugs, and all such reports shall be read at the meetings of the local authorities appointing such analysts.

"Any purchaser of any article of food or drink or drugs in any district, county, city or borough, where there is any analyst appointed under this Act, shall be entitled, on payment to the inspector or inspectors appointed under this Act of a sum not less than two shillings and sixpence, nor more than ten shillings and sixpence, which shall be accounted for to the local authority appointing such inspector or inspectors, to have any such article analysed by any analyst who may be appointed for such district county, city, or borough, and to receive from such analyst a certificate of the result of his analysis, specifying whether in his opinion such article is adulterated, and also whether, if it be an article of food or drink, it is so adulterated as to be injurious to the health of persons eating or drinking the same, and such certificate, duly signed by such analyst, shall, in the absence of any evidence before the court to the contrary, be evidence of the matters therein certified, and the sum so directed to be paid for such certificate shall be deemed part of the costs.

"All articles of food, drink, or drugs to be analysed by the analysts appointed under this Act shall be received by the inspectors appointed by the local authorities, and from all such articles of food, drink, or drugs samples shall be taken and sealed in the presence of the analysts by the inspectors, to be retained by them and produced in case the justices, sheriff substitute, magistrate, or divisional justice shall order other analyses to be made."

Some points in these clauses call for a considerable amount of criticism. In the first place, the authorities are only compelled to appoint an analyst when required to do so by a Local Government Board (England), a Secretary of State (Scotland), or the Lord-Lieutenant, or other chief governor (Ireland): the result of this has been that in many districts the appointment of analysts was delayed for a long time, whilst in many places no analyst at all has as yet been appointed! (*a*) Next, the authorities named to make the appointments are the Commissioners of Sewers of the City of London and the liberties thereof, and the vestries and district boards in the rest of the metropolis, the Court of Quarter Sessions in every county, and the Town Council of every borough having a separate Court of Quarter Sessions, or separate police establishment, in England; the Grand Jury of every county, county of a city or county of a town, and the Town Council of every borough, in Ireland, and the Commissioners or Boards of Police, or failing the latter, the Town Council for boroughs in Scotland. Now experience has shown that in many cases these authorities are accessible to trade influences exerted directly or indirectly, and as the result, analysts have been appointed whose special knowledge and skill in the work required of them was almost absolutely *nil*, the object of this being purposely to stultify the Act, and to defeat its provisions, even whilst nominally complying with them. The same result has been attained in other places by the simple device of neglecting to forward samples for analysis to the analyst when appointed; thus in Oxford, High Wycombe, Cambridge, Cornwall, and Derby no samples whatever had been submitted for examination up to April, 1875 (W. L. Scott, *Journal Soc. Arts*, xxiii., 434). Again, even in places where this underhand work was not in vogue, it has frequently happened that the authorities named to make the appointment have been about as unfit to judge of the qualifications of a candidate, and to decide between several as to which was the best, as could well be imagined. The result of this has been that in several instances inferior (though not necessarily incompetent) candidates have been selected, and superior ones neglected, either because the former were personally known to some of the appointing authorities, or because they were not as careful of their dignity as their more high-minded co-applicants, and did not feel it beneath them to canvass for votes, and solicit the support of the appointers previous to the selection being made. The following description of the mode of interrogation sometimes practised towards candidates by the appointing authorities is very far from being a caricature, most, if not all of the questions mentioned having been actually put to candidates of the class described, whilst the style of the whole interview described is in no way exaggerated. A vacancy occurring in the analystship of a large district, the same is duly advertised, candidates being requested to send in their applications, *accompanied by testimonials*, before a certain date. Accordingly, something like a couple of dozen applications are received, many of which are from more or less unsuccessful medical practitioners, whose knowledge of chemistry and of analytical work (presumably never great) has not been increased by years of desuetude; some are from fairly trained but inexperienced students, in some school or college of science; others are from well-known chemists, who have acted as referees in disputed cases under the Act; or from public

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(*a*) This paper was written before the passage of the 1875 Act (Sale of Food and Drugs Bill, 1875.)

analysts practising in neighbouring districts. On some fine day all candidates who choose are "interviewed" by the appointing authorities; those who do not care to subject themselves to this not very dignified ordeal, or who may be otherwise engaged, being probably struck off the list at once. It is scarcely necessary to say that the Board, or whatever it may be that interviews the candidates, is mostly composed of gentlemen or tradesmen, or both, wholly innocent of any knowledge of chemical science generally, and especially of any practical knowledge of the special work and qualifications required :—

Enter Professor A B C, *a pure chemist, well known for various elaborate investigations.*

Chairman.—You are professor of chemistry in such-and-such a college?

A B C.—Yes.

Chairman.—You are a graduate of such and such a university, and possess such and such qualifications and diplomas?

A B C.—That is so.

Chairman.—You have made chemical investigations your special study, and are familiar with the kind of work required by the Act?

A B C.—I am, having had such and such special experience.

Chairman. — Oh, yes; we understand you are a chemist, (*a*) and know all about drugs, but have you any *medical* knowledge?

A B C.—Medical knowledge is not of the slightest use in the chemical examination of food, &c., for adulterations; it is, however, one of my special occupations to instruct embryo medical men in subjects which are most intimately connected with the working of the Act.

Chairman.—That means you can only test chemically, not medically?

A B C.—There are no processes which can be called medical tests apart from chemical ones, saving perhaps, physiological experiments on animals, &c., with poisons and such like; and before these can be applied in cases under the Act the poisons must be extracted by purely chemical means.

A Member of the Board.—I can't understand you; do you know anything about (refers to pocket-book) qua—quat—no—qualitative analysis? I understand that is an important subject?

A B C.—I have already said I am a *teacher* of this subject; qualitative and quantitative analysis are the essentials in my particular vocation.

First Member.—Well, I can't make that out. According to you there are several sorts of analysis. What is the difference; is'nt analysis, analysis?

A B C attempts, with limited success, to expound the matter, but is cut short by another querist, presumably a lawyer.

Second Member.—In your experience in cases under this Act, did you usually succeed in getting your clients off? We always consider that that is more creditable to a man than merely obtaining convictions.

A B C.—People do not usually refer samples that they know to be adulterated to adepts or consulting chemists; it is only when a man thinks that a mistake has been made by the analyst, and that no real adulteration is present, that he wishes for another opinion to upset the analyst's certificate. Consequently, in most of the reference cases in which I have been consulted, the result of my examination has been favourable to the appellant.

Second Member.—Ah, yes; but you are not a medical man?

A B C.—No, but I have the honour of teaching medical men that are to be.

The Chairman.—You don't seem to care much for the appointment; you have not even taken the trouble to print your testimonials, and send them to each member of the appointing Board.

A B C.—The Board did not state in their advertisement that that was necessary. I think it most undignified to canvass *in any way*, or to solicit votes in such matters; and I may further say that if first-class men of reputation are wanted for such appointments, it is not a likely way to induce them to come forward to put them on a par with beginners, and make them produce testimonials, especially when their own testimonials to competent men are accepted by other authorities.

Chairman.—Yes, that is all very fine, but let me tell you that unless you ask people for votes they will give them to some one else more suited to the appointment.

A B C.—Having been given to understand that the Board asked for the best man they could get, I am glad to know what are their views as to excellence in such matters.

Chairman.—I think we need not detain you any longer.

End result. A B C is "nowhere" in the selection, and X Y Z is appointed, he having taken the precaution to solicit as many votes as he possibly could previously, and having met with some such experience as the following, while so doing :—

X Y Z calls on a leather dresser in the afternoon; finds him with a long clay pipe and a pot of ale, engaged in discoursing over matters in general with two or three grooms and coachmen. "Mr. So-and-so, I believe?" "The same; who do you want?" "I have called about the appointment advertised in this district." "Who are you, and wot do you know about it?" "I am so and so, and have such and such knowledge." "Set down, young man, and have a glass of ale; these gentlemen here (the groom, &c.) will be very pleased to make your acquaintance." Groom: "Looks *tovards* you; vish you success. This gentleman 'ere (the leather dresser) his a great friend of mine, and hall friends of 'is hare velcome." Leather Dresser: "Look 'ere, young man, we don't want no hinterference in our parish matters; if I votes for you (hic), you must just attend to your own business, and do your work quietly, do you see." X Y Z being desirous of obtaining a vote, and not being very particular, having made up his mind to swallow anything whilst canvassing, sits and smokes a pipe, drinks beer with his host and his guests, assents to all they have to say, receives their advice on all points connected with his profession, and, finally, after having cordially shaken hands with all, departs with the comforting reflection that his host thinks him a "very haffable chap," and has promised that if he does'nt meet with any "more properer" candidate, he will be 'appy to vote for X Y Z, but he "halways votes for the best man as can be got." (*a*)

What wonder, knowing that even the best candidates often stand little chance unless they choose to run the risk of meeting with such adventures as the above, that the names of the leaders in the chemical world are for the most part "conspicuous by their absence" from the list of public analysts?

(*To be continued.*)

The Servian Government have bestowed the decoration of Jakowo on Mr. Hume, an active and energetic young English surgeon, and on Mr. Kenett, who has done good service in organising the transport of wounded between the front and the English hospital at Belgrade.

(*a*) The popular notion of a "chemist," even among many educated persons, is a man in a clean white apron, mixing pills, or dispensing prescriptions; the idea that there is something in connection with chemistry which may enable a highly educated man to exercise his knowledge in as purely a professional way as a lawyer or clergyman, is one which has never entered the crania of most people; whilst the notion that there is a higher rank still, that of the experimental philosopher, bearing to the others somewhat the same relation as Rafaelle to a talented art designer, or to a house decorator, is one quite beyond the popular conception. It is unfortunate that in England the same word has, in practice, to do duty for both "chimiste" and "pharmacien."

(*a*) This is given to us as a faithful report of what actually occurred to a canvasser for a metropolitan vacancy (as medical officer of health, however, not as analyst).

ON ALCOHOL. (a)

By F. J. Boxwell Quinlan, M.B., M.D. Univ. Dub., L.R.C.S.; L.K.Q.C.P., &c.,
Physician to St. Vincent's Hospital, Professor of Materia Medica in the Catholic University.

Gentlemen,—On the present occasion I wish to make a few observations upon the alcohol question—a subject of the most profound physiological and moral interest—which has latterly occupied a foremost place in public attention, and the settlement of which cannot be far distant. Into the political and social aspect of this great question I do not purpose to enter, but simply to explain to you the exact physiological position of alcohol as a medicine for the treatment of certain forms of illness, as an article of dietetic use for the invalid, and lastly, as an agent of ordinary consumption among the healthy. Alcohol is composed of carbon, hydrogen, and oxygen, chemically united, and occupies an intermediate position between the hydrocarbons or fats, and the carbo-hydrates or starches and sugars. Both of these great classes of alimentary substances are powerful and undoubted sources of nutrition, and producers of heat and of motion. What is the exact position and value of alcohol, which, chemically speaking, occupies an intermediate position between them? The only satisfactory answer to this question will be a brief examination of the physiological action of alcohol on the animal economy. I may here mention that under the term alcohol I include beer, ale, and porter, which are made by the fermentation of corn or starches; wine, which is produced by the fermentation of the juice of the grape, and the various kinds of spirit which are obtained by distilling fermented products, and thus extracting from them the alcohol which they contain. Many years ago the distinguished Liebig put forth the doctrine that all foods were divisible into nitrogenous or flesh-forming, of which meat and vegetable albumen are the types, and carbonaceous, consisting of fat, starch, and sugar. He maintained that nitrogenous food was the source of all muscular power; that every muscular act consumed nitrogen; that the excretion of nitrogen from the body was in proportion to muscular work, and that the amount of work done could be determined by measuring the nitrogen excreted. As a corollary of this it was held that carbonaceous food simply maintained vital heat by its combustion in the system. This system, so plausible, and with so much to recommend it, reigned supreme up to a very short time ago, when it was suddenly and completely overthrown by the experiments of Fick and Wislicenus, of Zurich. Their observations have been repeated upon Weston, the celebrated American pedestrian, in his 100-mile walks, and on other occasions. The matter is now settled beyond all doubt by a series of careful and accurate experiments upon man and animals, performed in various countries and by observers of reliability and eminence. It is now proved that carbonaceous food supplies motive power as well as bodily heat; that the muscles are the agents, and not the sources, of motive power; that the excretion of nitrogen is in proportion to the amount taken into the system, and not to the work done; and lastly, that nitrogen not only builds up muscular tissue, but actually contributes to vital heat. This doctrine is one of the two keys of the alcohol question. The other is the determination of what becomes of alcohol when introduced into the system and of the method and form in which it or its component elements are eliminated from the body. This question, after much controversy, has been nearly settled. Enough is settled, however, to guide us completely. Liebeg asserted that although a small quantity of the alcohol introduced into the system was excreted as alcohol by the breath and other ways, still that the great majority of the alcohol so taken in was destroyed in the system by oxidation; and that alcohol was a source of bodily heat only second to fat. As far as very moderate quantities of alcohol are concerned, this distinguished chemist has turned out quite right. In the French school, on the contrary, a very different view was maintained by Lallemand, Perrin, and Duroy, that any amount of alcohol great or small, taken into the system was excreted from the body as alcohol and wholly unchanged. Consequently they maintained that alcohol could not be a source of either heat or power—that it, in fact, acted as a spur acts upon a horse, eliciting the power of the animal but of itself supplying no force. This view has also been upset by a series of carefully performed experiments, and it is now conclusively shown that, although a small quantity of the alcohol taken into the body is eliminated, unchanged by the lungs or otherwise, still that the predominating quantity continues circulating in the blood, is consumed in the system, and does not appear as alcohol in any of the channels of egress from the body. This consumption, which must take place by chemical action, which is another word for heat or its correlative force, would at once establish alcohol as a source of heat and force were it not for this very important reservation —the fact that a small quantity of alcohol stimulates the nervous system and the bodily functions, but a larger proportion of it depresses them and materially checks and interferes with the vital processes by which heat, energy, and life are maintained. The capability of individuals for bearing the effects of alcohol varies very much. Some persons, and it is their misfortune, can bear a great deal; others very little. By a series of experiments upon animals, Dr. B. W. Richardson has ascertained that thirty grains of pure alcohol (about a dessertspoonful of proof spirit) to each pound of the animal's weight produces intoxication; and that double that quantity endangers life. I may here observe that proof spirit consists of forty-nine parts of pure alcohol and fifty-one of water. The nearness to equality of these proportions arises from the fact that in ancient times, before the hydrometer first was invented, spirit was tested by placing a small quantity of gunpowedr on a plate and soaking it with the spirit to be proved. If the spirit lighted on the application of the flame, and after a brief interval exploded, the gunpowder leaving the plate dry, the spirit was said to be up to proof. And it is to this rough and now almost forgotten process that our standard point is due. There is no doubt that the introduction into the system of a small quantity of alcohol—for example, of a glass of sherry or half that quantity of spirit diluted with water—stimulates the nervous sytem, quickens and strengthens the action of the heart, and slightly elevates the temperature of the body. After a certain interval these effects cease, and reaction sets in. By repeating the dose, the same results are again obtained, and the process can be kept up for a time, but not indefinitely. It is on this principle that the physician proceeds. He has a patient before him suffering from some acute disease, accompanied by such a prostration of vital power as threatens that the patient will die before the physician has sufficient, or in fact any time to combat the acute attack. By small and often-repeated and carefully-watched doses of alcohol he supports the flickering lamp of life for twenty-four or thirty-six hours, and thus gains time for the action of his remedies. When large quantities of alcohol are at once introduced into the body the effect is uniform and instructive. The co-ordinative power of the muscles is interfered with, beginning with those of the lower lips and those used in the production of speech, then proceeding to those of the legs, and lastly of the rest of the body. The vital processes are now interfered with, and a great and sudden fall in the bodily temperature, often as much as two or three degrees, ensues. Consciousness is next suspended, and, except feeble action of the heart and lungs, no function is proceeding, and the fall of temperature is as much as four degrees. If the sufferer be exposed to cold and without warm clothing, the heart and lungs cease to act and death ensues. More usually the alcohol is slowly destroyed and eliminated, and the sufferer awakens weak, with prostrated nerves, dried up secretions, and, above all, an overpowering sense of chilliness, for the bodily temperature, although falling quickly, recovers slowly, and too often the alcohol is again resorted to to relieve the prostration and chilliness. The above observations will, I think, place the physiological action of alcohol in a very clear point of view. The views I have expressed have been well set forth by M. Desguin at the recent conference at Brussels. He laid well-merited stress on the fact that the action of alcohol may be divided into two stages—the stimulative, when it enhances the bodily functions and raises the temperature of the body; and the depressive, where it does the contrary—and points out that the efforts of the physician should always be directed to keep his patient (where he employs alcohol at all) in the stimulative stage, and never to allow him to even enter the stage of depression or loss of temperature. The above facts throw a strong light upon the folly of using large quantities of alcohol on the part of persons exposed to cold and hardships. They could not use a worse thing, and this fact is well known to all Arctic voyagers. The employment of alcohol as a medicine in cases of acute disease, attended by prostration of vital power is a very simple problem indeed. Carefully and prudently administered, alcohol has an almost magical effect in such cases; and there is no agent capable of replacing it. If denied it, such cases usually end fatally; and a hard and fast line of treating all diseases without alcohol is, in my opinion, opposed alike to physiology and to good sense. The prescribing of alcohol as a dietetic remedy of habitual use to persons in delicate health or in conditions of chronic debility, is one of the most difficult, perilous, and responsible duties which the physician has to discharge. There is no doubt that, in very many elderly persons, and in those recovering from acute illness, the action of the heart is weak, and the nervous system is prostrated; and that in such cases moderate quantities of wine, porter, or ale are found beneficial. In many forms of weak digestion a small quantity of spirit and water, taken with a meal, promotes the secretion of gastric juice, and thus helps digestion. I may here remark that raw spirit, by coagulating the pepsine of the gastric juice, has the very opposite effect. In all these cases alcohol must be dietetically prescribed; but the physician should use this two-edged sword with the utmost caution and reserve. He must remember that if it has done much good it has also done much harm, and that thousands have thus acquired a taste which has been their ruin, and which they otherwise might never have acquired at all. I think, however, that the matter is one which is best left to the judgment of the profession, who are quite aware of the dangers and responsibilities in question. The use of alcohol as an article of habitual or occasional use among the healthy is our greatest social problem, and one which time does not permit me to discuss. I will merely express my conviction that alcohol, like tobacco, cannot under any circumstances be regarded as a necessary of life to the healthy. Both one and the other of these potent and widely used substances are to the healthy simple luxuries, and as such have by most Governments and countries been selected as a means of raising revenue—a course much more consonant with reason and humanity than the taxation of salt or other articles of indispensable necessity. There is no doubt, however, that the moderate and rational use of alcohol or of tobacco, with many persons with whom they agree, greatly conduces to the enjoyment of life, and is occasionally beneficial. With some persons either or both of these agents entirely disagree; and with all, if used beyond the strictest bounds of temperance, they lead to great evils. Total abstinence in a healthy man can never be wrong, and is always laudable; to a man who is not quite sure of his self-control it is indispensable. But I cannot see that a total abstainer is entitled to wrap himself up in his own virtue and to look down upon the man who can use without abusing the gifts of Providence, and who, with unlimited quantities of alcohol always at his command uses but never exceeds. Time does not permit me to enter upon the consideration of the long train of diseases consequent upon the abuse of alcohol. I will merely say that it induces a dilatation of all the minute blood vessels of the body—a condition which is seen upon the Bardolphian nose of the habitual indulger, but which extends throughout the internal organs which we cannot see, and induces its train of maladies. Likewise a thickening of the dialysing membranes of the body, which entails its accompaniment of liver and kidney affections, and generally the ultimate loss of life. I hope this brief explanation of the position of alcohol will be found useful to all engaged in watching the effects and treatment of disease.

(a) A Lecture delivered in St. Vincent's Hospital, November 1st,

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A COURSE OF PAPERS ON THERAPEUTICS; INCLUDING THE PHYSIOLOGICAL ACTION OF MEDICINES.

By W. Handsel Griffiths, Ph.D., L.R.C.P.E.,
Corresponding Member of the Therapeutical Society of Paris.

ACIDUM NITRICUM.

The caustic action of nitric acid is less rapid and intense than that of sulphuric acid. The former acid imparts to the skin a yellow stain due to the production of picric or xantho-proteic acid. The stain resembles in appearance that which iodine causes, but unlike the latter it is not removable by caustic potash. Nitric acid gives to mucous membranes a brownish stain, owing, perhaps, to the action of the alkali in the saline and other secretions. As a caustic nitric acid is applied to the bites of rabid animals, &c., and to remove warts, excrescences, and condylomata. It has been extensively used, and particularly by Houston, in the treatment of hæmorrhoids, for which it proves an efficacious but painful remedy. Care should be taken to limit the action of the acid to the affected part. Rivallie's "solidified nitric acid," formed by making a paste with lint and the concentrated acid, is not so painful in its operation as the liquid acid, and it does not spread beyond the part to which it is applied.

Nitric acid is well calculated to promote a healthy action in indolent ulcers, and to prevent the spreading of sloughing sores. Sir Astley Cooper recommended as an application to ill-conditioned sores a lotion consisting of 50 or 60 drops of the strong acid in a pint or two of water. Chapman states that in those peculiar scrofulous sores which approach the nature of cancer nitric acid has proved more efficacious than any other remedy; it should be given internally as well as locally applied in such cases. Welbank especially eulogised the application of nitric acid in sloughing phagedena. The acid under consideration is preferable to all others in checking excessive secretions from unhealthy sores. Applied over indolent periostoses, so as to cause slight inflammation of the skin, it sometimes causes these to disappear.

Diluted nitric acid is sometimes used as a wash in torticaria, and has been recommended as a lotion for chilblains. As a gargle or wash it is applicable for syphilitic sores of the throat and to arrest mercurial salivation.

Nitric acid has been used to blister the skin rapidly, but this is an objectionable proceeding as the acid sometimes leaves an intractable ulcer; ammonia is equally efficacious and gives less pain.

When nitric acid is given internally, the teeth should be protected from contact with it, as it exercises a very destructive action on the enamel. It is a good plan to wash the teeth with some alkaline solution after taking it, or it may be sucked through a quill. Rayer has cured obstinate cases of impetigo by the administration internally of this acid; he gives it in doses of half a drachm in the course of the day. It should be given in some bland fluid, and its use should be persevered in for some weeks.

In the treatment of syphilitic cutaneous eruptions nitric acid has been highly praised by Alyon. By Beddoes and Scott it is regarded as a specific in venereal complaints. Scott assumes that its action resembles mercury, and his recommendation of its administration in syphilis is endorsed by many practitioners. Hutchinson states that he has found it useless in primary syphilis. The cases in which it acts most beneficially are in chronic syphilitic ulcers of gums, general feebleness of function from a scrofulous taint, and morbid sensibility to the action of mercury.

In small doses nitric acid acts first as a tonic, increasing the appetite; it generally causes a whitish coating of the tongue and a sensation of dryness of the throat. It acts as a stimulant to the glandular system of the alimentary canal, and owing to its astringent action on the mucous membrane of the bowel it exercises a beneficial effect in serous diarrhœa. The following was Dr. Hope's formula:

℞ Acid. nitrosum, ʒj.;
Mist. camph., ℥viij.;
Misce et adde tinct. opii, gtt., xl.

S. "A fourth part to be taken every three or four hours."

In chronic diarrhœa of children, characterised by sour smelling, pale pasty motions, nitric acid in small doses is a valuable remedy, and in the straining diarrhœa of children with green curded mucous evacuations it has been employed with benefit; other remedies, however, are preferable in such cases. Graves advised the administration of nitric acid in habitual constipation, accrediting it with aperient as well as tonic properties. It seems to the writer, however, that its value as a remedy in constipation is altogether attributable to the tonicity which it imparts to the intestine. What has been said of the action of hydrochloric acid on the secretion of the stomach applies in a minor degree to nitric acid.

In chronic enlargement of the liver nitric acid has been given with advantage, but it is less efficient than nitro-hydrochloric acid. In cirrhosis, also, it has been recommended, and it is said that it will augment the flow of bile "after the liver has struck work from the excessive use of mercury." Bateman and Zagli gave it with success in jaundice, and Dewees suggested warm baths acidulated with it for the jaundice of new-born children.

When taken internally nitric acid does not, like sulphuric acid, coagulate the blood; when injected into a vein it does so partially.

Nitric acid is less refrigerant than sulphuric acid. It has been given in malignant and typhoid fevers, and in typhus and scarlatina it has also been used, but its utility in these affections is questionable; it must be recorded, however, that in the latter disease Dr. Day found great benefit from nitric acid.

Dr. Baily attributed antiperiodic properties to nitric acid; he gave from six to eight drops of the commercial acid properly diluted once in the six hours. Testimony as to the value of nitric acid as a remedy in intermittent fever has been recorded by several writers, and Dr. Bedford Brown used it with success in remittent fever of an adynamic type.

Dr. Gibb recommended nitric acid in whooping-cough, and for this disease Dr. Arnold regarded it almost as a specific, an opinion shared in by many practitioners. It should be given in rather large doses, and its administration should be continued for some time after the cessation of the paroxysms.

In chronic bronchitis ten minims of the dilute acid with twenty of spirit of nitric ether given every six hours, as suggested by Dr. Glover, will often afford relief.

A few drops of the acid in a glass of sweetened water a couple of times daily will be found an excellent remedy for the hoarseness of singers. One of the largest fees ever received by the writer was for the latter prescription.

Nitric acid increases the secretion of the urine. It has been found of value in the treatment of dyspeptics whose urine contains oxalic acid. Cases of diabetes mellitus are recorded as having been cured by nitric acid.

Sir B. Brodie used injections of diluted nitric acid for the treatment of phosphatic calculi, and injections consisting of ten minims of the diluted acid in an ounce of water have been used with benefit in chronic inflammation of the bladder.

A bath with from two to eight ounces of strong nitric or hydrochloric acid is a powerful excitor of a torpid skin. Nitric acid induces salivation, perhaps owing to the direct action of the acid increasing the alkaline secretion of the salivary glands. According to Richter, baths of nitric acid sometimes produce salivation.

Nitric acid is less efficacious in relieving thirst than sulphuric acid.

In poisonous doses nitric acid acts as a corrosive, giving rise to effects and symptoms similar to, but exceeding in, violence those produced by sulphuric acid; in poisoning by the former acid the deep yellow stains of the tissues is a characteristic appearance. The same treatment is to be adopted as in poisoning by sulphuric acid.

Dr. Carmichael Smith first drew attention to nitric acid as a disinfectant. He directs equal parts of sulphuric acid and saltpetre to be mixed in a saucer placed in hot sand and to be used for a couple of hours every night and morning.

Clinical Records.

CLINICAL MEMORANDA.

Reported by John W. Martin, M.D., Dronfield,
Late Assistant-Surgeon Mayfield Factory, Portlaw, Ireland.

Epilepsia Abortiva.

A case of this nature fell under my observation the other day, which I think worth recording, from the strong impression left upon my mind at the time of the possibility of a violent attack being made by persons so affected, without any consciousness on their part of what was passing. There is no necessity for any detailed account of the symptoms, which are too well known to need description.

J. L., a young man, æt. 20, a miner by occupation, presented himself at my surgery, for medical examination, as a candidate for membership in the A.O.F. Society. His medical history recorded two attacks of rheumatic fever; one light, occurring some years ago, the other heavy, lasting thirteen weeks, from which he was only three weeks convalescent. A careful examination of the various organs detected nothing abnormal, beyond a slight increase in the area of cardiac dulness, and a weakening of the first sound of the heart.

The epileptic seizure took him almost immediately at the conclusion of the examination. During the attack, he retained control over the muscles of the lower extremities, being able to stand upright, had I allowed him to do so, throughout. The eyes were fixed and staring, pupils widely dilated, but their expression was not void of all intelligence. The muscles of the face, neck, and arms were strongly affected, the convulsive movements being very decided and severe. He also appeared to feel something at the epigastrium, as he placed his hand there frequently, making very strong pressure, as if to give relief. There was decided mental confusion, but the attack did not terminate in the usual state of stupor and sleep.

The general expression was that of a drunken man, who seemed doubtful whether he ought to be quarrelsome or friendly; at one time the former state of mind seemed so imminent, that I was quite prepared for a violent attack being made. The fit passed off in about ten minutes, when the patient seemed conscious of some thing unusual having taken place, but ignorant of its true nature. I afterwards learned that he has been subject to similar slight attacks since the first fit of rheumatic fever from which he suffered some years ago.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 27, 1876.

FATAL CASE OF GALL-STONES.

DR. DALY read a paper on this case, in which the question of a surgical operation for the removal of the stones had been raised during the life of the patient. Mr. Maunder had, however, declined to operate when called to the case for this purpose, as he was unable himself to feel a stone in the gall-bladder, which others had done previously. The patient, a lady, 38 years of age, had been for nearly two years under Dr. Daly's care, suffering most dreadful pain from biliary colic, and having a most severe attack of pain about every fortnight. At one hour she would be perfectly well, then violent pain would come on suddenly, followed in some hours by jaundice, chalk-like motions, and urine full of bile. The patient would not at first have morphia hypodermically; and in some attacks required as much as fifteen grains of opium; sometimes she had chloroform, taking more than an ounce of it, as well as large doses of chloral-hydrate. Diarrhœa was an almost constant symptom between the attacks of hepatic colic, and was little, if at all, relieved by treatment; bismuth, creasote, compound kino powder, and fluid extract of bael, all failed. The patient's sufferings increased; her aspect became very suspicious of malignant disease; and there was much exhaustion after the attacks, requiring plenty of champagne and brandy. Dr. Herbert Davies saw her in consultation; and, later on, Dr. Murchison and Dr. Hilton Fagge. Dr. Murchison suggested that the motions should be passed through a muslin sieve, as no gall-stone had ever been discovered, although every motion was most carefully examined after each attack. Dr. Murchison had no doubt as to the diagnosis; but thought that probably there was only one stone, too large to pass, which, of course, would explain why no gall-stone could be discovered in the evacuations. He also thought he could feel the stone in the distended gall-bladder; and this was done again frequently afterwards, the patient occasionally being able to feel it distinctly herself; and others did so also. Dr. Murchison advised her to have the morphia hypodermically instead of the opium, and she consented; and afterwards could not bear the least delay in having the injection when the pain came on. At first, half a grain of morphia immediately subdued the pain; but this had soon to be increased to a grain, and finally to a grain and a half, repeated three or four times during twenty-four hours. Between the attacks, she had occasionally an ephemeral febricula, the temperature rising to 104°, and the next day being normal; but she had no rigor at any time. The patient was a lady of great intelligence, and was well acquainted with the nature of her disease, having herself read up the subject; and she expressed a strong wish to see a hospital surgeon, that he might determine whether there was any possibility of removing the stone by operation. Mr. Maunder was consulted; and he said he saw no reason, having regard to the sufferings of the lady, if she fully understood the great risk, and her husband and family were willing, why it might not be justifiable, after the manner of gastro-enterotomy, to cut down on the gall-bladder, secure it to the side, and, after adhesion had taken place, open the bladder and remove the gall-stone. Mr. Maunder, however, being unable to satisfy himself that he could feel a stone in the gall-bladder, declined to operate; but he was prepared to do so if he himself could feel the stone. It was never felt afterwards. The progress of the case now became rapid; the exhaustion increased; and the mouth became aphthous. A fluctuating swelling was noticed below the margin of the ribs on the right side. Although the patient was fast sinking, she wished the swelling to be opened; so the aspirator was used, and fourteen ounces of pus were removed. Next day it had filled again; and two days afterwards the patient died. The *post-mortem* examination was made forty-eight hours after death. Dr. Hilton Fagge was present. The abdomen and thorax only were examined. The body was extremely emaciated, and intensely jaundiced. The liver and adjacent structures were removed *en masse*. The gall-bladder was closely adherent to the under surface of the liver; at first sight, it was very like a nodule of cancer; on cutting into it, it was found tightly contracted round, and closely united to, a globular stone, three-quarters of an inch in diameter; so firm indeed were the adhesions, that the shrivelled remains of the gall-bladder could only with difficulty be picked off with the knife. The cystic duct was of the natural size; the hepatic duct was dilated to the size of the thumb. The common duct was enormously dilated, and contained a stone rather larger than that in the gall-bladder, and having a certain range of movement. On cutting into the substance of the liver, the mouths of several large bile ducts were seen; besides these, and especially towards the inferior portion of the right lobe, there were numerous small abscesses, evidently of not very recent origin, and having tolerably thick and well defined cyst-walls. No communication could be traced between these and the bile-ducts. Dr. Hilton Fagge estimated that there must have been more than thirty of these small abscesses. Occupying the inferior margin of the liver, and covered externally by only a thin layer of hepatic substance, was a large abscess (that which had been aspirated during life) containing several ounces of fœtid pus. The kidneys were healthy. There was no trace of malignant disease, but a few nodules of obsolescent tubercle were found at the apex of the left lung. Dr. Daly exhibited the gall-stones; and, in answer to Sir Wm. Jenner, stated that the abscess was not connected with the gall-bladder, and was probably of recent origin, because the temperature had been taken up to within three weeks of death, and whilst it was so taken had not been found to be elevated. There were no rigors at any time.

DR. CAYLEY referred to a case in which dilated gall-ducts from obstruction produced suppuration in different parts of the liver. One of these rupturing into the peritoneum caused death.

MR. MAUNDER would state how he came to entertain the question of operative interference. He proposed to himself the theory that a gall-stone was pushed out of the gall-bladder into the common bile-duct, and gave rise to jaundice and hepatic colic; and that presently this stone regurgitated into the gall-bladder, and the previous symptoms disappeared. Having had great success in the performance of gastro-enterotomy, the result, as he believed, of attention to special details in operating, such as the stitching of a knuckle of bowel by its peritoneal coat close to the wound in the abdominal wall before opening the intestine, and allowing nothing, not even the point of a director, to enter the peritoneal cavity; he proposed to make a similar attempt on the gall-bladder. On the dead subject, he found, having exposed the gall-bladder by an incision in the abdominal wall over it, that he could pick up with his finger and thumb the peritoneal coat alone of this receptacle (just in the same way as one can pick up a hernial sac and let the contents slip away) and stitch it to the wound. Providing, then, that, on seeing the patient, he could feel the gall-bladder, he was prepared to repeat the operation on the living subject. He proposed, having fastened the gall-bladder to the wound, so to leave it for three days, that adhesion might take place before opening it, in order to prevent the passage of bile into the peritoneal cavity.

DR. BROADBENT remarked, that any operation would have been useless unless the other stone had been removed or else pushed onwards.

EMPYEMA, IN WHICH THE WASHING OUT OF THE PLEURAL CAVITY WAS FOLLOWED BY FATAL CONVULSIONS.

DR. CAYLEY detailed this case. The patient was a man, aged 36, who was admitted into the Middlesex Hospital five weeks after being attacked by right pleurisy. On admission, there were extensive effusion and great dyspnœa. Three days after his admission, his chest was punctured below the angle of the scapula, and twenty-three ounces of serum was drawn off by the aspirator. This gave great relief, but did not diminish the dulness in front and in the axilla, thus proving that the fluid was contained in different loculi shut off by adhesions. Four days afterwards, the chest was punctured again near the former puncture, and also in the fifth interspace, a little outside the vertical mammary line, and six ounces of bloody serum were obtained by each puncture. There still continued to be dulness and absence of expansion in front of the axilla below the level of the nipple, showing that a third cavity filled with fluid was present. The patient's dyspnœa was much relieved, but he became hectic, and lost flesh and strength. Eight days afterwards, the physical signs remaining unaltered, the chest was punctured in the sixth interspace at the anterior border of the axilla, and twelve ounces of fœtid pus were withdrawn. The cavity was now washed out daily with a weak solution of iodide, and half an ounce of equal parts of tincture of iodine and water, for which the undiluted tincture was afterwards substituted, was injected and left. Under this treatment, which had to be interrupted for a few days on account of the formation of a superficial abscess on the chest-wall, great improvement took place; the patient lost his hectic, gained flesh and strength; the discharge diminished and became quite free from fœtor. On the tenth repetition of the operation, however, while rather a larger quantity than usual of the dilute solution of iodine (half an ounce of the tincture to a pint of water) was being injected, the patient suddenly became deadly pale, his pulse slow, breathing gasping, and pupils dilated. Those symptoms were immediately succeeded by rigidity of the muscles and general convulsions. The pulse and breathing now became extremely rapid; the temperature ran up to 107 deg. in the axilla; he remained profoundly comatose, and died in sixteen hours. Nothing was found, on *post-mortem* examination, to account for the symptoms; there was neither thrombosis of the pulmonary veins nor embolism of the brain. Dr. Cayley then referred to three similar cases which had occurred in France; one proved fatal in six hours; in another, the convulsions soon passed off, but on again washing out the pleura, they recurred and ended fatally; in the thisd case they passed off, the treatment of the empyema was resumed, and a cure effected. In neither of the two fatal cases was any embolism or thrombosis discovered. Whether these convulsions were reflex or due to an embolism which had escaped detection, could not yet be decided. That embolism was liable to occur during pleurisy, both after paracentesis and where no operation had been performed, was proved by many cases on record, to some of which he referred. The practical lessons were, to perform paracentesis early where there is much effusion, and not allow the lung to be compressed so long as to undergo the formation of thrombi in the pulmonary veins; and, where it becomes necessary to wash out the pleural cavity, to use great caution in injecting. These convulsions having in every case come on while the fluid was being injected, and not while it was being withdrawn; and, in two cases at least, rather a larger quantity than usual was being used. The nature of the fluid used seemed to be without influence; in one case, it was a weak solution of iodine; in a second, warm water, to which a little alcohol had been added; in a third, a solution of carbolic acid; in a fourth, warm water only. In all the cases, the operaton had previously been performed many times with impunity; in one daily for three months.

EFFUSION INTO LEFT PLEURAL CAVITY: PARACENTESIS AND ASPIRATION OF EIGHTY OUNCES OF SERUM: SUDDEN DEATH, APPARENTLY BY SYNCOPE, THREE HOURS AND A HALF AFTERWARDS.

Dr. W. H. Broadbent read notes of this case. The patient, a shoemaker, aged 62, was admitted January 21st, 1876, into St. Mary's Hospital, complaining of cough with free expectoration, shortness of breath, and paroxysmal attacks of dyspnœa. The usual physical signs of considerable effusion into the pleural cavity on the left side were present; and aspiration was practised by Mr. Sworder, the resident medical officer. in Dr. Broadbent's presence, on the 26th, about 2 p.m. Eighty ounces of fluid were removed, without pain or any tendency to faint. No powerful suction was employed; and it was considered more prudent, on account of the patient's age and the attacks of dyspnœa to which he had been subject, not to attempt to empty the chest completely. The heart returned very nearly to its normal situation. The patient felt relieved, and was in excellent spirits up to 5 p.m., about which time he had tea. Half an hour later, he was found to be dead. The cause of death was apparently syncope from failure of the heart's action. The heart was large and flaccid, but not in any respect seriously diseased. There was no thrombosis of the vessels of the lung which had been compressed, nos embolism of the heart or cerebral arteries.

Dr. Theodore Williams had not had a similar case under his immediate treatment, but referred to a case in which he had been consulted. It was one of a child suffering from empyema, in which he recommended paracentesis. The pus was drawn off, the pleura washed out with a solution of carbolic acid, and a drainage tube inserted. The patient lived for some months, and the lung regained its resiliency when an epileptiform seizure occurred. Albumen and blood were then found in the urine for about two days, after which for a short time there was some relief from the symptoms, but ultimately coma ensued, and death took place in thirty hours afterwards.

Sir Wm. Jenner said he did not think that in Dr. Cayley's case the convulsions were produced by the injection, to which Dr. Cayley replied that death had occurred in several cases at the time of injection.

Dr. Weber suggested that death in these cases could not be put down to the operation, for such deaths often happened without the operation and when patients were doing well. In two such cases under his care a *post-mortem* examination showed embolism of the pulmonary and cerebral arteries, in one of which there were vegetations on the aortic valves.

Mr. Myers narrated the case of a man who, in an attempt to commit suicide by firing a rifle ball through his chest, had wounded the left lung, with the result of hæmorrhage in the pleural cavity. The blood decomposed was drawn off, and the pleura was injected. Hæmorrhage recurred, and the blood was again withdrawn, as often as five times, the patient at length dying from loss of blood.

Mr. B. Carter described a somewhat similar case. A young woman had three bullets in the right chest, blood was withdrawn from the pleura, and a drainage tube inserted; after a few days she was attacked with epileptiform convulsions, followed by acute mania. She was taken to an asylum, where she recovered the mania. Here the tube was removed, but a fistula remained, and on being released from the asylum putrid pus was discharged from the orifice whenever she coughed. A second tube was introduced at the London Hospital, and she ultimately recovered.

Dr. Goodhart narrated a case under the care of Dr. Pye Smith. The empyema was treated by a free incision. Recovery from empyema took place, but the patient died with abscesses on the brain.

Dr. Mahomed asked whether any pressure was used in the operation, if so, it might tend to displace a thrombus, and Dr. Douglas Powell thought it important not to use any pressure, but to allow the fluid to enter the chest by means of a syphon arrangement.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 8, 1876.

THE INTERNATIONAL MEDICAL CONGRESS.

In the October number of the *Virginia Medical Monthly* is a good report of the proceedings of the American Congress, compiled from the various reports that have appeared in other medical journals. This international meeting of medical men has attracted much notice in this country, as well as in America, and we shall therefore, with the assistance of the above and other reports which lie before us, endeavour to draw attention to some of the more characteristic features of that meeting, as well as to some of the papers which were read on the occasion.

The Congress was convened on September 4, 1876, in the chapel of the University of Pennsylvania, in Philadelphia, and the hall was densely crowded with delegates and visitors. Considering the Congress was held in America, we could scarcely expect that there would be so many and so eminent foreign delegates as there would have been had it met in London, or in some part of the continent. Nevertheless, among the list of visitors present we notice the names of Dr. A. R. Simpson, Mr. Joseph Lister, of Edinburgh, Dr. Barnes, Mr. R. Brudenell Carter, and Mr. Wm. Adams, of London, and Mr. Jolliffe Tufnell, of Dublin, while Prussia was represented by Hueter, Copenhagen by Engelsted, Christiana by Hjort, Vienna by T. Seneleden, St. Petersburg by Rudnew, Belgium by De Baisieux, Australia by Mr. R. F. Budson, and Japan by H. Miyake. If there are other celebrities whose names we miss it was not because they were not invited, as Dr. S. D. Gross, who delivered the address of welcome, remarked, invitations were sent out by the Centennial Medical Commission to every prominent medical society, and every distinguished medical man in the four quarters of the globe. The object was to bring together the benefits of their wisdom and the results of their experience and scientific investigations. If even a respectable minority of these representative men could have been there, "what," eloquently exclaims Dr. Gross, "a glorious spectacle would be presented! Men laying aside their ordinary pursuits, crossing vast continents and perilous seas, congregating to unite with us in celebrating our first medical centennial, in interchanging cordial salutations, in deliberating upon the best means of promoting the holiest and dearest interests of our profession, and in laying their contributions—the accumulations of years of study and observations—upon a common altar for the common good."

It was only natural that men who have, within the past century, made such vast strides in the colonisation and civilisation of a whole continent, as our American cousins have done, should take a pride in reviewing the rapid progress that has been made in the medical science and in the medical literature of their country, and in acknowledging the merits of their countrymen who have contributed towards the advancement of medical learning. Consequently, we find that what American physicians have done towards the advancement of various subjects connected with medicine and the collateral science has been by no means ignored by those who delivered the inaugural addresses.

It was not till after the commencement of the present century that there were in America any native works on medicine or the sciences, With respect to the previous century, many, observed Dr. Gross, will recall the words of the great English lexicographer, who, in speaking, in 1769, of the American colonies, exclaimed, "Sir, they are a race of convicts, and ought to be thankful for anything we allow them, short of hanging." Whoever crosses the Atlantic now will find a very different state of things to that which called forth the sneer of Dr. Johnson, and the discourses to which we have referred certainly show that the profession in the United States is "fully abreast with all the other pursuits that adorn the human mind, and shed lustre upon the scientific character of the nation."

In his address on medicine Dr. Austin Flint described the progress made by medicine in America towards the close of the last century. Soon after the revolutionary war Franklin interested himself in founding the Philadelphia Medical College, which, in 1791, was merged into the medical department of the University of Pennsylvania, and was modelled after the school of Edinburgh, and that of Leyden. Rush, who wrote original treatises and edited foreign works, was then the leading medical mind in America. So rapid, then, was the progress and cultivation of medicine that in 1800 there were already 20 medical schools and 2,000 medical students in the United States. There were also 20 medical journals, the number of which is even now only doubled.

One of the best addresses was that "On Hygiene and Preventive Medicine," by Dr. Henry J. Bowditch, President of the State Board of Health of Massachussets. In the course of his remarks Dr. Bowditch well said that in regard to medical social ideas, the past century divides itself into three epochs. The era of theory and dogmatism, from 1776 to 1831; of careful observation, from 1835 to 1869—an epoch often marked by bold and sometimes reckless scepticism—and the epoch from 1867 to 1876, distinguished for the interest that has been taken, and the progress that has been made, in state preventive medicine. The speaker especially recommended that more attention should be drawn to the adulteration of food—that we should endeavour to establish an international code of health; that there should be a national law for the enforcement of vaccination, to be adopted by every foreign nation; and that, as so much sickness originated in the packing together of people without any regard to cleanliness, the construction of tenement houses for the poor should receive particular attention. Dr. Bowditch calculated that about 200,000 people died annually in the United States from preventible diseases.

On the third day of the Congress, two very suggestive resolutions were passed; one that the Congress recognises the advantages which would result from the introduction of a gradual uniformity in the multiple and heterogeneous elements of physic, as posology, nomenclature, &c., and in the means and records of medical observation, and the other that three delegates be sent to the International Congress of 1877, with the object of presenting a schedule of the means of uniformity in physic applicable to all countries. And as one of the signs of the times, we may notice that on the same day a communication was received from the National Temperance Society, inviting a declaration to the effect that alcohol should be classed with powerful drugs, that it is in no sense a food to the system; and that total abstinence from alcoholic beverages be recommended to the several nationalities represented! We need scarcely say that this very ingenious invitation was politely declined. The congress committed itself to no such declarations. The communication was simply "tabled."

The Address on Surgery by Dr. Paul F. Eve, Professor of Operative and Clinical Surgery, was rather disfigured by a little American bounce. In acknowledging the claims of American surgeons upon the respect and admiration of the profession in Europe, the Professor remarked that "it has been reserved for American surgeons to teach the world how to relieve or prevent human suffering." "Fifty years ago," he added, "not half-a-dozen of the Americans were known abroad as surgeons; but in 1859, Dr. Reece, in preparing an American edition of Cooper's Surgical Dictionary, "introduced no less than one hundred and nine contributors." How the co-operation of so many writers in the mere editing of a surgical dictionary could conduce to the European reputation of American surgeons, we are at a loss to conceive. More happy was Dr. Eve in recalling to our minds some of the real achievements of transatlantic surgery, such for instance as the first ligation of the common carotid by Dr. Cogwell, of Hartford, in 1803, the first and successful ligation of the femoral for elephantiasis, by Dr. Carnochan, the first resection for bony anchylosis, by Dr. J. Rhea Barton, the excision of the whole scapula, by Dr. Mussay, in 1837, the first successftl treatment, by Dr. Jonathan Knight; of popliteal aneurism by digital compression, and several other operations which have certainly redounded to the credit of American surgery.

Undoubtedly, one of the most interesting and most powerful of these addresses was that on Medical Jurisprudence, by Dr. Stamford E. Chaillé, Professor of Physiology and Pathological Anatomy in the University of Louisiana. It is not often we have an historical retrospect of this department of medicine, and some of Prof. Chaillé's remarks were, in this respect, particularly worthy of attention.

Although, he said, the first seeds of medical jurisprudence were, in 1620, sowed in Italy by the hand of Zacchias, the Pope's physician, it was not till they had been transplanted to German soil that they sprung up, flourished, and bore good fruit. From 1620 to 1726 the authority of Zacchias was supreme. Until 1726, it was taught that in the presence of the murderer, his victim s wounds "did open their congealed mouths and bleed afresh," and courts accepted the evidence of medical experts to this miraculous bleeding of the corpse. Superstition, denouncing medico-legal autopsies even more fiercely than it now does cremation, did not permit these to become frequent until 1750. The highest medico-legal authorities taught belief in ghosts, witches, and possession by devils. On the other hand, the progress of medical jurisprudence in Germany has been rapid and systematic. In 1650, Michaelis delivered the first lectures on the subject, and as early as 1720, professorships of legal medicine were founded by the state. It is indeed no pleasing task to contrast the state patronage of forensic medicine in France and Germany with that which obtains in England and the United States. Whereas, in the latter countries the importance of medico-legal knowledge is almost ignored by their respective governments, as shown by their want of any system to secure the medical evidence of competent experts, Germany has long had an admirable organisation of medico-legal officials, who are entrusted with the duty of not only procuring the necessary evidence, but of esti- the value of the facts adduced; and who are specially educated and practically instructed in the duties they will be called upon to fulfil. The same may be said of France. From 1570 to 1692, laws have been enacted in that country which like those in Germany, have favoured the advancement of legal medicine; and since 1790, no nation has surpassed France in the cultivation of medical jurisprudence.

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MR. STOKES ON SPECIALISTS AND CONJOINT EXAMINING BOARDS.

From the rostrum of the School of the Royal College of Surgeons, Mr. Stokes, its Professor of Surgery, availed himself of the occasion afforded him by the delivering of the Introductory Address last week, to give expression with great emphasis to his views on two subjects upon which, with every respect for him and for the place from which he spoke, we venture, most decidedly to differ.

We are unable to give the lecturer's *ipsissima verba*, being unable to give space for his lecture in full, and he being indisposed to its publication in abstract, but we epitomise his remarks by saying, that the vials of his denunciation were poured out with even hand upon specialism and upon the scheme for a Conjoint Examining Board. Excepting, somewhat inconsistently we think, the surgery of the eye and the teeth, he stated in substance his opinion that practitioners who devote their attention wholly or principally to the study of special classes of disease, were necessarily backward as regards the general scope of surgery, were guilty of narrowing the domain of medicine, and *pro tanto* were ignoramuses, and not to be trusted as practitioners. It is not the first time that we have heard, nor is it difficult to understand why we should so often hear this outcry by general surgical practitioners against specialists, and it has become so *à la mode* in medical journals to echo this cry, that we gladly avail ourselves of the text of Mr. Stokes's observations to point out how unreasonable and unpractical it is, and what a narrow view of surgical history those take who take such a line of argument.

In the first place, as a matter of fact, we would ask Mr. Stokes who are those who have shed most lustre and achieved the greatest progress in medicine and surgery? Is it not the specialists who, according to his view, are necessarily but half educated in their profession? Where would surgery be but for the labours of Bowman, Czermak, Spencer Wells, Donders, Toynbee, Hinton, Von Gräfe, and a host of other men who practised exclusively in one class of disease, and on the other hand, will Mr. Stokes favour us with a list of a dozen general practitioners who have contributed discoveries, original ideas, or systematic investigations to special branches of surgery, and who have left their mark in the profession as specialists have. In fact, the class whom Mr. Stokes denounces do not exist at all, because there is a well defined public feeling that any of these departments is large enough to occupy the undivided attention and study of a surgeon, and that those who profess a general knowledge of these specialities in common with the whole domain of surgery, can only possess a smattering of information on them or any other subjects. Specialists are a necessity of society, and, in our view, so far from being regarded as narrowly educated traders, ought to take rank in the first order of scientific surgeons in virtue of the development of particular branches of our art which is due to their labours. It is not, we admit, every so-called speciality which is worthy of the undivided study of a surgeon, and it would be a calamity if surgery were to consist of a multitude of separate atoms, each receiving the peculiar culture of a few to the neglect of the great principles of the science, but the anti-specialists need fear no such event, inasmuch as specialism can never be a remunerative pursuit unless it be applied to a subject which is of large import to the public, and which the general surgical practitioner cannot be expected to pursue to perfection. A combination of general surgeons against specialists which has been suggested by some writers and speakers, would be not only ridiculous in itself but far more calamitous to the science of medicine than all the abuses to which specialism is liable.

Passing from this subject, Mr. Stokes entered upon a denunciation of the principle and practice of conjoint examinations. He was partly entitled to speak in this tone because a majority of the Metropolitan Fellows of the College of Surgeons had declared against the particular scheme of conjoint examination which was submitted to them. In doing so the Dublin teachers and lecturers were actuated, Mr. Stokes says, solely by the "sacrá fames" of surgery, and by a completely unselfish disregard for the financial result of conjoint examination upon themselves. If so, it is to be regretted that they were content to occupy a position of tacit approval for nearly three years of the incubation of the scheme, and did not awake to an appreciation of their duty to surgery, and to the "great old institutions" of their country, until the proposal of a reduction of lectures was made by the Conference Committee—a circumstance which Mr. Stokes strangely forgot to state. Mr. Stokes furthermore expressed himself as affectionately apprehensive of the depreciatory effect of conjoint examination upon the licensing corporations, and drew a picture of the profession as it will be when state or corporative tests become law. It might, we think, have occurred to him that conjoint examination is simply an effort to clear the ground of those abuses for which the "grand old institutions" are responsible, and that if they, in the aggregate, did their duty to the public, as guardians of the competency of medical men, instead of engaging in a mean and suicidal scramble for diploma fees, no one would think of any other method of qualification than that existent. Conjoint examination is, in fact, a praiseworthy effort to contest the field with the system of bad examinations, short study, cheap diplomas, low-class practitioners, sham certificates, grinder's education, and corporate competition, which are fast reducing medicine below the level of a scientific art, or a learned profession, and, in the absence of a strong arm and a better means to bring corporations to task, conjoint examination will serve our purpose. With the experience of the last quarter of a century before us it is too late to talk of our "grand old institutions." Those which are worthy of being considered will be anxious for licensing reform, and will not humble their policy before the financial temptations of their members—those who adhere to abuses because they are remunerative, and resist changes because they don't pay, deserve no protection, and ought to be dealt with without regard to the results to them. If Mr. Stokes, the Scotch colleges, the Queen's University, and the Dublin teachers deprecate a change of system, they must be prepared to show that matters are as they ought to be, or something approaching perfection, which they will need all their eloquence to do.

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SMALL-POX.

"It now becomes too manifest to admit of controversy that the annihilation of small-pox, the most dreadful scourge of the human species, must be the final result of this practice." Such were the words used by the immortal Jenner so far back as 1802, and eight years after his great discovery. We are now getting well on towards the end of the nineteenth century, and as the present epidemic too truly shows, we are yet far from having annihilated this still terrible disorder. As we stated in our last issue, 22 fatal cases occurred in the metropolis in the week ending on the 21st ult., and at that date there were at two of the small-pox hospitals 180 patients, against numbers increasing steadily from 72 to 175 in the six preceding weeks. How this epidemic may terminate, and what will be the mortality to which it will give rise, it is of course impossible to predict. But perhaps the distance we are off that desirable goal to which Jenner so sanguinely looked forward may be best appreciated by taking a glance at the epidemic which occurred as recently as 1871-3, and an admirable report of which is to be found in the Annual Report of the Local Government Board for the year 1874. That epidemic was not confined to this country. It was, says Dr. Seaton, a part of a general epidemic outbreak of small-pox of world-wide diffusion, marked wherever it occurred by an intensity and malignity unequalled by any previous outbreak of that disease within living memory. In the period which embraced the last quarter of 1870 and the first quarter of 1873, no fewer than 44,079 persons fell victims to this dreadful pestilence in England, and 10,287 in London alone. Nor was the malignancy of the disease less remarkable than the numbers to whom it proved fatal. The ordinary mortality of natural small-pox as observed at the Small-pox Hospital during a long series of years was thirty-five per cent. of the cases admitted, and of post-vaccinal small-pox seven per, cent. But so violent was the epidemic to which we are now referring, that in 1872 the mortality amounted to seventy-seven per cent. of the natural and ten per cent. of the post-vaccinal disease. Indeed, whoever was guided by the statistical and other details of that epidemic alone would lose all faith in the protective power of vaccination, and in the possibility of completely stamping out the disease. And yet when we come to inquire a little further into the matter, we shall have ample reason not only to congratulate ourselves on the wonderful success that has already attended Jenner's beneficent discovery, but to confidently assert that there is in the nature of the disease itself nothing to make Jenner's predication an impossibility, or to prevent its being one day fulfilled. It is man, and man alone, who stands in the way. It is human prejudice, and the obstinacy of human nature which are the great obstacles to the all but complete extermination of small-pox. Already vaccination has done much, and it is to the neglect or imperfect performance of this operation are to be attributed in a great measure our failure in obtaining those great results which were at first anticipated.

In comparing the mortality of the last epidemic, severe as it was, with the mortality from the disease in the last century, it appears that the *annual average* death-rate of this period was actually more than threefold the death-rate of that, in our time, quite exceptional outbreak. The estimated annual small-pox death-rate of England in the last century was 3,000 per million of population: the mean annual death-rate of our last epidemic was 928 per million. The average annual small-pox death-rate of the metropolis in the pre-vaccine period was from 400 to 500 per hundred thousand of the population, the mean annual death-rate during the epidemic of 1871-2 was only 148. And if an average be taken of the small-pox mortality of England for the whole 20 years (1854-1873) during which there has been a compulsory vaccination law, a period which includes the whole of that great epidemic, the annual death-rate is found to be 245 per million of population, or less than a twelfth of the rate of last century. It is, indeed, impossible to form an adequate idea of the great contrast between recent epidemics of small-pox, and those which formerly ravaged Europe, unless we peruse the accounts given of the latter by contemporary writers, and carry ourselves back to a time when an epidemic of small-pox created more terror and consternation among the community than the severest outbreak of pestilential cholera has done in more recent times. It was not merely the number of people attacked, the great mortality, and the loathsome nature of the disease, which particularly characterised the epidemics of the last century, or which made every victim an object of terror and aversion. From the earliest to the latest records of the disease constant mention is made of the taxes which it levied on the survivors. "Of many who outlive it," says De la Condamine, "many either totally or partially lose their sight or hearing; many are left consumptive, weakly, or maimed; many are disfigured for life by horrid scars, and become shocking objects to those who approach them." According to Sir Gilbert Blane, who quotes a report of the Hospital for the Indigent Blind, two-thirds of those who were, in his time, admitted to that institution, had lost their sight through small-pox. Nor can we fail to see that this dreadful scourge was a continual source of terror to those who had not been attacked by it before, for none escaped but those who had been previously affected. It spared neither age nor sex. At every rumour of an epidemic "men trembled for their lives or the lives of others." Its ravages were as conspicuous in the court as in the cottage, and perhaps nothing could better illustrate the havoc it caused among all classes of the community than the frequency with which members of the royal family and of the nobility were carried off by it. "The small-pox," says Burnet, in his "History of William and Mary," "raged this winter (1694-95) about London, some thousands dying of the disease. This gave us great apprehensions with regard to the Queen, for she had never had it. In conclusion she was taken ill." And how she died, and of all the circumstances attending that death, is it not recorded in the eloquent pages of Macaulay?

Notes on Current Topics.

Promotions for the Arctic Expedition.

It is very gratifying to find that the naval authorities have not been forgetful of the claims of the medical officers who accompanied the *Alert* and *Discovery*. Staff-Surgeon Belgrave Ninnis, M.D., has been promoted Fleet-Surgeon, and Surgeons Moss and Coppinger, staff-surgeons.

Cinchona Cultivation in Burmah.

This popular remedy having almost reached prohibitive prices, on account of its scarcity, and the limited area of cultivation, attention has been drawn to it by enterprising landowners of other countries, and its cultivation is now everywhere extending in the East. It appears likely that ere long Burmese quinine will occupy a prominent place in the market. According to Surgeon-General Gordon's new work on "Burmah," the soil and climate of many hill districts are found to be eminently favourable for the rapid growth of the best species of bark. The plantations in the Sittang Division are said to be especially a success. Last year there were 29,934 cinchona plants there, growing well, with a firm ripe bark. Ground for 25,000 more seedlings had been prepared, and there were in the nurseries 46,832 plants ready for transplanting. The local use of these trees is already making itself felt, for rough alkaloids prepared from small stripes of their bark, taken off without seriously injuring the young trees, are eagerly bought up by the natives, who are becoming fully alive to the wonderful efficacy of the bark in almost any shape as a febrifuge. Great exertions are being made amongst the Karens to induce them to take up cinchona cultivation on a large scale for themselves, and these exertions are already bearing fruit, and many small plantations are here and there springing up.

A Remarkable Occurrence.

In the current number of the *Veterinary Jour.*, a correspondent, an army veterinary surgeon, states that some men of the Native Infantry Regiment, stationed at Cawnpore, went out shooting, and in the course of the day came upon an antelope doe, which they immediately shot *dead*, and carried home. "On opening the animal for the purpose of preparing it for the pot, they released a strong healthy youngster from the uterus, washed it, and induced it to suck milk from ottle. This little fellow is still living and thriving well under the care of the bandmaster of the regiment, by whom the above was related to me. Now the peculiarity of the case is this—that the time from when the mother was shot until the young one was released could not possibly have been less than twenty-five minutes. I have taken every care to verify the story, and can find not the least exaggeration in it."

This is certainly a very uncommon occurrence, but we see no reason why, in a physiological point of view, we should doubt the above facts. Numerous instances have occurred in which animation of the new-born human infant has been suspended for a considerable time, and in which the resuscitation of these apparently still-born children, although long delayed, has been at last effected by means of artificial respiration, and other restoratives

In these cases the child is still alive, but with all its organic functions in a dormant state, and reduced to their lowest ebb. Le Gallois and Edwards have remarked that the tenacity of life in new-born animals is very great, and that they can live without air for a much longer time than an adult of the same species. And what is true of the human new-born child is still more true with respect to the vigorous offspring of a strong healthy animal. It is probable that, in the case under consideration, the death of the antelope doe was not so complete and immediate as was supposed. It is probable that the heart of the mother was feebly beating for some time after her apparent death, and to such an extent as to maintain for many minutes the fœtal circulation of her offspring. This circulation may have been of the feeble character compatible with the maintenance of life, and yet sufficient to respond to the stimulus of sudden exposure to the atmosphere.

Outbreak of Fever in the "Active."

The usual result of expeditions up the West African rivers has we imagine followed in this case. The ship's crew were much exposed in a notoriously unhealthy river, the Niger, where they imbibed the deadly poison now manifesting itself. At the time a very flourishing account of the health of the expedition was given, but it appears to have been forgotten by the narrators that malarial diseases do not become developed on the instant, but require some exciting cause and a certain interval of time to show themselves outwardly. We should hope that the crews are not suffering from malarial yellow fever, a very fatal disease, and one very common amongst palm oil traders.

Animal (Heifer) Vaccination.

According to the Report of the Milan Committee for Animal Vaccination, there have been vaccinated under their auspices during the period 1869-75, 69,740 individuals, 11,608 of these bein primary vaccinations, and 58,832 re-vaccinations. Of the 11,608 vaccinations, 8,912 exhibited genuine results, and 115 spurious results; in 288 no effect was produced, and in 2,293 the results were not verified. Of the 58,832 re-vaccinations, 18,169 furnished genuine results, 3,847 spurious results, and 22,960 no results at all —the remaining 13,156 not having been verified. After trail of all the various means for the preservation of the lymph, most decided preference is given to glycerine.

The Metric System.

The Hon. Mr. Yates, after protracted inquiry and investigations in the schools among those best able to judge of the matter, reported that the complete adoption of the decimal, in place of the present English, weights and measures, would save two full years in the school-life of every child educated.

Practical Lessons of the Arctic Expedition.

After reaching the limit of navigation, the Arctic *voyageurs* have been obliged to return. We find that sledge parties could only advance one mile daily, so rugged was the ice. The sun was absent 142 days, and four deaths occurred, one from frost-bite and the others from scurvy which attacked all the travellers. Animal life and the northerly migration of birds ended south of Cape Columbia. Fifty-nine degrees below zero was experienced for thirteen consecutive days. The lowest temperature was 104° below freezing point. In August a fine walrus was killed, which served for food, and was highly appreciated by the dogs. During the autumn sledging scurvy occurred, but not so severe as to interfere with the advance. Winter closed in early in October, but without interrupting the daily routine of the ship's duties. After a while the solitude of all around was "something appalling," not a living creature was to be seen. A great deal of fuel had to be expended in procuring water to cook the food of the sledging parties, who carried with them a tent, provisions, and duffle robes for sleeping in. These last were made from a thick and soft cloth. The only change of clothing made during the absence from the ship was a daily change of the frozen blanket wrappers which covered the feet under the mocassins to dry ones in the night. Illness produced by the total absence of fresh food combined with the unusually hard work and privations, appeared in the northern party. The western party also suffered after reaching a distance of 220 miles from the ship. The extreme scarcity of game was much felt by the sledging parties, only one bear having been met. The dogs were allowed to winter out, and did not appear to mind the cold in the least. The changes in the temperature were very rapid and remarkable, as much as 60° in a few hours. During the very coldest weather very thick underclothing of box cloth, very thick blue cloth trousers, or else sealskins were worn. The sun returned on the last day of February. On the hills near Lady Franklin's Sound some herds of musk deer were perceived, not one of whom could be shot, though at the time fresh food would have been most desirable owing to scurvy having manifested itself. Seals made excellent food, as it was succulent and nutritious, and the soup especially good. Molasses and rum with preserved meats formed a portion of the American stores. In the spring the inland lakes were visited, and large quantities of bears were met with, musk were shot on the hills, and hares were taken in abundance. Vegetables were very scanty.

The Local Government Board.

This board having come in conflict with the Hampstead Hospital Committee, upon the question of hospital management, Sir W. H. Wyatt, as chairman, at the meeting of the Asylums Board on Saturday last, rose to tender on behalf of himself and his colleagues, their resignation. They had found on the previous occasion the regulations of the Local Government Board during the raging of the epidemic so shocking, with regard to the engagement of officers, that they could not manage to get efficient people about them, and as the LocalGovernment Board seemed determined to continue to adopt the same principle, he and the committee felt that they could not satisfactorily discharge their duties, they must request the managers to accept their resignations.

Regret was expressed by the Asylums Board at the loss of so active and valuable a committee, but we do not see, under the circumstances, how a body of gentlemen, who entertain views above the pettifogging rest-and-be-thankful element of local place-hunting committees, could consistently submit to a perpetual course of snubbing, and hold their posts in spite of their better judgment. They have therefore our sympathy, and we hope their determined action will bring this immaculate board to a sense of its obligations to others.

Microscopic Examination of the Circulation.

At the last meeting of the London Medical Microscopical Society, Dr. Pritchard exhibited an ingenious form of microscope by which the circulation of the blood in the fixuum of the human tongue could be watched. The essentials of the instrument were a tube carrying an ocular and a No. 2 (Hartnach) objective; to the end of the latter was fitted a brass cap, from which a hollow rod of metal, of the size of a crowquill, and about an inch long, projected. The cap was centrally perforated. The narrow end of an ordinary ear speculum was presented to the extremity of this small tube and held adjacent to it by a wire clip, and so arranged that microscope tube, metallic rod, and ear speculum had each its axis in the same straight line. To use it, the frænum linguæ was placed between the hollow rod and the speculum (the latter condensing the light), and when focussed, the circulation could be watched. We thank and congratulate Dr. Pritchard in the name of the profession upon the ingenuity of his invention, which will prove a valuable help in histological investigation.

Foreign Quack Diplomas in England.

If the prosecutions of quacks by the Medical Defence Association yielded no other result, they would be very useful by their influence in instructing magistrates as to the law of medical qualification and registration, a subject which, judging from repeated utterances from the bench, seems to be with them an unperused page of legislation. Even Mr. Knox, the astute and learned magistrate of the London police court, seems to be quite shady on the subject; for we find him last week hinting at an acquittal of a quack of the name of Hamilton, on the ground that an American diploma, (which he alleged that he held) authorised him to practice in Great Britain and call himself a doctor. The magistrate gave him an adjournment for the production of the diploma, thus admitting the principle that its possession would alter the aspect of the case. Mr. Knox will no doubt satisfy himself, before the re-hearing, of the fact that in law, one or twenty foreign diplomas, no matter how good, would not authorise a person to practice medicine in our country. The law forbids anyone to represent himself as a physician unless he holds a guarantee of competency, and it recognises no such guarantee, under any circumstances, unless it be granted with the cognizance and under the supervision of the Medical Council. Foreign licensing bodies are not, and cannot be, submitted to such supervision, and, therefore, are not recognised, it being obviously impossible for a Council in Great Britain to answer for the examination and curricula required by them. Mr. Cowper Temple, in last session of Parliament, proposed to receive foreign diplomas as licences to practice in England, but, on the ground we have stated above, the Medical Council resisted the proposal, and the Bill was discouraged by Government and withdrawn. There is nothing one-sided or exclusive in the existing arrangement, for no foreign country will receive our degrees or diplomas without the imposition of a further test. Even so small a power as the Brazilian Government will not permit medical practice within their jurisdiction, except after their own examination.

Hot-Water Injections in Uterine Hæmorrhages.

The *Virginia Medical Monthly* draws attention to a paper in the *Allg. Wien. Med. Zeitung* by Dr. Windelband on this extraordinary method of treating uterine hæmorrhages. For two years Dr. Windelband has been in the habit of using these injections in all varieties of these hæmorrhages, and of all grades of severity, and he arrives at the conclusion that in this method of procedure we have a safe and invaluable remedy for all forms of uterine hæmorrhage, and that, moreover, this method is more rapid in its action than cold and astringents. He also thinks the hot-water treatment would be highly serviceale in some other affections of the female sexual organs, such as enlargement of the uterus, and the various forms of displacement of this organ. Dr. Windelband's mode of using the injections is to place the patient on her back and then pass the water into the vagina by means of an irrigator with considerable force. The temperature of the water at first should be 100° F., but in some cases he has raised it to 105° F. This method is also said to produce no chilling or unpleasant feelings, as cold always does, to be followed by no reaction, and to be very soothing and agreeable to sensitive patients. The American commentators on this plan of treatment remark that in some uterine affections, especially chronic congestions, it has been practised in America for some years past, and was originally proposed by Dr. Emmet.

Wherever and by whomsoever practised, we cannot help thinking that such opposite and paradoxical methods of treating the same disorder as have been proposed and practised in numberless instances, are calculated to make us doubt the real efficacy of any of these vauntd methods of treatment. With regard to hæmorrhages, we have long been of opinion that in ninety-nine cases out of a hundred where they have been apparently arrested by gallic acid or the acetete of lead, by opium or sulphuric acid, by iron or by ergot, by matico or digitalis, by cold or by heat, the arrest of the hæmorrhage has been of a spontaneous nature and due to causes which have been set in operation by the *vis medicatrix naturæ*. And when we read of such cases as those under the care of Dr. Windelband we are disposed to think we are not far wrong. We admit that, as a local stimulant, severe heat often acts in the same manner as severe cold, but there are few who can believe that hot water of the temperature that may be "comfortably" borne by the patient can be very efficient as a hæmostatic, especially when it is merely thrown up the vagina, and not into the vagina itself.

The Metropolitan Free Hospital.

This institution having shown its *raison d'être* by a sphere of usefulness in the midst of the poor and populous neighbourhood of Devonshire Square, City, for the last forty years, its managers now appeal for assistance to enable them to commence a new building, the present one having been taken by the Metropolitan Railway Company. A new site in Bishopsgate Street has been purchased at a cost of £7,000. After paying for the site the hospital has in hand more than £5,000 towards the rebuilding. The probable cost of building, completing, and furnishing an hospital to receive 150 beds, and to provide ample accommodation for the out-patients will be about £25,000, for obtaining which a meeting was convened under the presidency of the Lord Mayor at the Mansion House on Friday last. The Lord Mayor, in introducing the meeting, remarked that, at the request of some influential persons connected with the rebuilding of the Metropolitan Free Hospital, he had felt great pleasure in placing the Mansion House at their disposal with the view of promoting the good of this institution. He asked those present to subscribe to hospitals as they might be inclined, and he would make an appeal to ladies that they should, in their morning and afternoon calls, press upon their friends the claims of the Metropolitan Free Hospital, which had during the past year relieved upwards of 40,000 poor persons. His lordship's appeal was well responded to by those present, albeit we should have been glad to see a larger audience, and resolutions and the work of soliciting subscriptions duly arranged.

Non-Dieted Station Hospitals.

The Army Circulars published 1st October and just issued, contain the regulations for these hospitals which will be opened at stations where small detachments of less than 100 men are quartered. The patients will be placed under the medical charge of civil practitioners. As a rule the men will use barrack bedding and utensils, which will be in charge of a non-commissioned officer of the corps. The ordinary commissariat ration will be issued as an hospital diet with the following extras—viz., essence of beef, tea, sugar, oatmeal, arrowroot, brandy, barley, wine, mustard, pepper, salt, and condensed milk. No regulations as to the payment of the civil practitioners in charge are included, but we presume they will be given the pay of a surgeon in the army.

Dr. Sieveking will deliver the next Harveian Oration at the Royal College of Physicians of London, Dr. George Johnson will be the Lumleian lecturer, Dr. Brunton the Gulstonian, and Dr. Braxton Hicks the Croonian.

A writer in the last number of the *Quarterly Review*, in an article on "London Alms and London Pauperism," has fallen into the egregious blunder of stating that the out-patient departments of St. George's and the Westminster Hospitals have closed their doors.

"Dr." Slade, the spiritualistic leader, charged by Dr. Donkin and Mr. Ray Lankester under a clause of the Vagrancy Act, was committed with three months' hard labour by the Bow Street magistrate last week. Slade's counsel has appealed against the decision, and the prisoner is now on bail.

A little girl, whose parents reside in Birkenhead, has been accidentally poisoned in the Wirral Hospital for Sick Children. On Saturday morning the night nurse administered to the child a quantity of carbolic acid, which she mistook for a dose of medicine. The little sufferer, who had been in the hospital since February for lung disease, died before medical aid could be procured.

A medical conference in connection with the Church of England Temperance Society was held last week in the Sheldonian Theatre, Oxford, Dr. Acland, president of the Medical Council, presiding. Addresses were delivered by Dr. Richardson, F.R.S., Professor Rolleston, and others. Dr. Richardson stated the conclusion he had come to after lengthened experiments, was that alcohol was entirely useless from a medical point of view. Dr. Richardson's hearers were the reverse of unanimous on this point.

Correspondence.

ON THE PRESENT POSITION OF MILITIA SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The present position of militia surgeons requires grave consideration on the part of every member of the profession who happens to have the honour of holding a commission in "Her Majesty's Auxiliary Forces." The question is a complicated one, as all are not similarly circumstanced. Some may be lucky enough, from the resources of private practice, or "born with a silver spoon in their mouth," to be nearly or altogether independent of their appointment, whilst others less fortunately circumstanced may be solely dependent upon it. Such is the reverse of the picture. Between these two extremes there are so many shades, as I think, will justify the assertion—viz., "that it is more than probable no two cases would be precisely parallel." The pecuniary emoluments of militia surgeons vary considerably according to—firstly, the strength of the staff; secondly, the length of the training period; and, thirdly, the amount of recruiting.

Without entering into figures, which can easily be done, a militia surgeon costs the Government, at a rough estimate, from £150 to £300 per annum. During "the training period" either the surgeon, assistant-surgeon, or both, are on full pay.

I enter into the matter in detail, in order to expose what false economy it is in "The Army Medical Department" not to place militia surgeons on fixed salaries, when it can be demonstrated what their average cost per head is. It can matter nothing to the Government whether their officials are paid *regularly* or *irregularly* (as they at present are) if there is no increase of expenditure, yet the former would be a great boon to militia medical officers.

Under the existing "regime," where it is found so difficult to medically recruit H.M. regular army, their services might be utilised by transferring them from one militia regiment to another, and taking temporary charge of troops. At present they occupy a sort of hemaphrodite position between "the army medical officer" and "the civil practitioner." During the training period they are under the sole control of the Director-General; the remainder of the year they are civilians, and cannot be compelled to do any military duty.

Now that the long expected Royal Warrant has emerged from its thick-shelled "chrysalis," there are some slight points I will draw attention to.

I will not waste time discussing or re-illuminating the grievances, already so well shown up in The Medical Press and Circular and *The Irish Times*, but I cannot refrain from drawing attention to an article which appears in *The Broad Arrow* (August 19th, 1876), and which I wonder has escaped uncriticised. It states "that the assimilation of the medical duties of the army and militia is but a logical sequence of that principle of organisation which Lord Cardwell initiated." Now Mr. Cardwell, as he was *then*, distinctly pledged himself to take every man's case separately into consideration, thereby admitting not only that there were grievances, but *varied* grievances. In addition to those inflictions the Royal Warrant contains some doubtful clauses. Secretary of State's instructions, Clause 3, "Supernumerary officers shall be absorbed." I take it that it applies to both surgeons and assistant-surgeons; however, it is capable of either interpretation.

Then, again, any one who does not elect to have their name placed on the Departmental List before December are to have their names scratched (*vide* Clause 11), though the ukase did not make its appearance until the close of the session.

What stand do the profession intend taking? If we are to succeed, we should be unanimous, irrespective of creed, politics, or country, and go in for "a long pull, a strong pull, and a pull altogether."

I make these remarks conscious of my feeble powers as a scribe, but in the hope I may excite abler pens than mine.

An Ulster Militia Surgeon.

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RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Though what I am about to communicate is but a repetition of what has occurred to other poor-law medical officers, I think it right to add it to their experiences, in order to keep the eyes of the profession directed towards a great grievance under which we labour.

In 1875 I was summoned on a red ticket to attend two patients whose circumstances disentitled them to poor-law relief. One of them had on a former occasion feed me when I witnessed a will by which he inherited a considerable amount of property. I had the tickets duly cancelled, and at the last quarter sessions of Athlone (where Mr. Hamill presided) processed these persons.

The barrister declined to grant a decree, saying that the law did not allow it, as I had not attended *after* the cancelling. He added that "in such cases there is fraud committed by either of the two parties, the issuer of the ticket, or the person to whom the ticket is issued—the first, if the issuer is aware at the time of the solvency of the patient; on the part of the person who procures the ticket, if he has obtained the ticket by false representations, and that this was the first point to be settled, and then as the case might be, proceedings taken against the person who fraudulently exonerates a solvent party from paying a just debt, and "onerating" the rates with the amount." If his decision be in conformity with the law as it now stands, it clearly points to the necessity for a change, it being perfectly obvious that no such "onus" should be thrown upon a public officer. I need not say that he would expose himself to vexatious retaliation if he adopted any such course.

I remain, your obedient servant,
Edmund P. Sharkey.

Ballinasloe, October 31, 1876.

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THE PHYSICIAN'S HOLIDAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—So many of my professional brethren having asked me as to the nature of the *feeding* on board ship and at the American Hotels, I enclose one of the dinner *cartes* of the R.M.S. *Russia* (which I happen to have preserved), and also a *menu* of the Continental Hotel, at Philadelphia, premising that all the Cunard steamers, and each hotel afforded just as good dinners as those here set forth.

Yours truly,
Jolliffe Tufnell.

R. M. S. *RUSSIA.*

Soups.—Green turtle and gravy.

Fish.—Salmon and parsley sauce.

Boiled.—Mutton and caper sauce, ham, fowls, and parsley, ham and tongue, calves head and bacon, corned beef and cabbage.

Roast.—Beef and Yorkshire pudding, mutton and currant jelly, goose and apple sauce, pork and beans, lamb and mint sauce, ducks, fowls.

Entrees.—Curried chicken and hare, lobster patties, fried tripe and onions, escolloped oysters.

Vegetables assorted.—Mashed potatoes, boiled rice, boiled potatoes, green corn.

Puddings and Pastry.—Apple and plum pies, sweet omelets, calves'-feet jelly, Italian creams, plum and tapioca puddings, sweet sandwiches.

Dessert.—Water melons, mush melons, oranges and apples, bananas, walnuts, Barcelona nuts, raisins and almonds, figs and prunes, shell almonds.

Coffee and tea.

CONTINENTAL HOTEL, PHILADELPHIA.

Soup.—Chicken with fresh okra, Printaniere.

Fish.—Boiled salmon, genevoise sauce, filet of sole, sauce tartar.

Boiled.—Capon, parsley sauce, corned beef and cabbage, leg of mutton and capers, beef tongue, jole with vegetables.

Roast.—Lamb, mint sauce, ribs of beef, spring chicken, stuffed, ham, champagne sauces domestic duck, cider apple sauce.

Cold Dishes.—Roast beef, ham, beef tongue, pressed corned beef, boned capon, pickled lamb's tongue, beef, *à la mode*, lobster salad, *pate de foie-gras.*

Entrees.—Fillet of beef, larded, *aux champignons*, sweetbreads, *braisé*, sauce perigeux, baked pork and beans, reed birds on toast, with bacon, macaroni, *au fromage de Gruyère*, pan cakes *à la jellé.*

Relishes.—Worcestershire sauce, Halford table sauce, queen olives, cucumbers, pickled walnuts, chow-chow, horse radish, cole-slaw.

Vegetables.—Mashed potatoes, baked potatoes, boiled potatoes, lima beans, baked sweet potatoes, boiled hominy, onions, mashed turnips, stewed tomatoes, egg plant, beets, pickled and plain, boiled rice, green corn.

Pastry.—English plum pudding, brandy sauce, apple pie, pound cake, maccaroons, Boston cream puffs, wine cream, baked Indian pudding, peach pie, catawa wine jelly, Charlotte russe, kisses.

Dessert.—Vanilla ice cream, apples, peaches, peach water ice, filberts, grapes, water-melons, layer raisins, almonds, pecans, English walnuts, crackers and cheese.

French coffee.

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Literature.

DR. TILBURY FOX'S ATLAS OF SKIN DISEASES. (a)

(*Concluded from page* 268.)

In Arts V. and VI. we have illustrations of the other forms of eczema—viz., *E. impetiginodes, et E. infantile, Impetigo figurata et I. scabida, Impetigo rodens, Porrigo* (of Willan and Bateman) and *Impetigo contagiosa* (of author). In the former of these parts there is nothing calling for special attention, and none of the plates are entirely new. But in the 6th part, there is a good description and a capital illustration of impetigo sparsa of the scalp, one of the phases of the porrigo favosa of Willan and Bateman, or porrigo of moderns. It is portrayed in the Sydenham Society plates of skin diseases as Porrigo *contagiosa pediculis.* Porrigo Startinii is another name for it, so termed after the late Mr. Startin, who laid so much stress on its contagious nature. Dr. Tilbury Fox, however, says it may be, but is not always, excited by the irritation of pediculi. Nor does he believe that "it is in itself contagious," but that another form of eruption first described by him under the name of Impetigo contagiosa, and illustrated in the next plate, is often both mistaken for and complicated with it. But how this could be the case is difficult to imagine, for according to what we have seen in dispensary practice as well as to Dr. Fox's own illustration, there cannot be two diseases which differ more in appearance than those do. Parts VII. and VIII. are taken up with illustrations of the various forms of herpes, pemphigus, and ecthyma. In Part VII. there is a good illustration of a rare and curious variety of herpes, called *H. Iris*, in which the vesicles are small and so disposed in two or three concentric rings, surrounding a central vesicle as to give to each small round patch an iris-like appearance. In the next part we have a representation of a very rare form of pemphigus as it affected the head and neck in a case recently under our author's care in University College Hospital. Dr. Fox says the illustration is a good one, and if so, we must confess that this form of the disease, named pemphigus *foliaceus*, is a very remarkable one. It consists essentially of bullæ of various sizes, which affect the head and neck, and even spread all over the body by the development of successive crops of blebs. In consequence of the close packing together of the bullæ, and the drying up of their walls in admixture with the fluid which they contain, large flaky masses are formed, like patches of yellow parchment, or bits of French pastry or papyrus. An offensive odour is exhaled from the patient, and the skin beneath the bullæ is reddened and tender. Parts IX. and X. are chiefly confined to the representation of the various forms of psoriasis and pityriasis. The illustrations of psoriasis, in which three new plates are given, are very faithful portraits of the real disease. This is particularly the case with the drawing of psoriasis *guttata*, the mortar-like spots of which are well pourtrayed. The dirty-white incrustation of psoriasis *inveterata* is also very truthfully represented. In this part we have an illustration, and an excellent one of psoriasis *rupioides*, a variety to which Dr. McCall Anderson was the first to draw attention. Pityriasis *rubra* (the dermatitis *exfoliativa* of Wilson) is a new plate, and is a graphic portrait of a very obsinate form of skin disease. We have, moreover, in the tenth part of this Atlas, a good illustration of Lichen *rubra*, a disease which is often confounded with psoriasis.

(a) "Atlas of Skin Diseases," a series of Coloured Illustrations, with Descriptive Text and Notes on Treatment. By Tilbury Fox, M.D., F.R.C.P., &c. London: J. and A. Churchill. 1876.

We have as yet said nothing of the descriptive letterpress, which is entirely original, and suited in every respect to the requirements of such a work. The descriptions are clear and concise, and yet sufficiently long to draw attention to the most salient features of each case. The "Notes on Treatment" are also short, precise, and practical; while in respect of some of the more important affections of the skin, Dr. Fox enters more into details. Thus, in describing the treatment of psoriasis, the author gives his views of the pathology as well as of the treatment of that obstinate disease. "Psoriasis," he remarks, "is more nearly connected with a perversion of the regulative act, exerted by the trophic nerves over the cell nutrition, if the disordered cell-growth be not due to a misbehaviour or defective formative capacity on the part of the cells themselves. Be this as it may, clinically the growth is an evidence of want of proper nutritive capacity in the cuticular tissue; and to rectify this, such tonics as tend to give tone and activity through the nerve supply to the tissues themselves, are needed. In this consists the essential internal treatment of psoriasis. I do not think, as a rule, our treatment of psoriasis is sufficiently tonic."

In conclusion, we may remark that, after having carefully gone through the twelve parts of this Atlas which have been already issued, we feel warranted in stating that there is no work of the kind which is so handy, so practical, and so suited to the wants of the student and practitioner, as that to which we have now called attention.

LANDMARKS, MEDICAL AND SURGICAL. (a)

Not unfrequently valuable matter is to be found published in "Hospital Reports." It was through that source that Mr. Holden's "Landmarks" first saw the day. The title chosen for his book seems at first sight somewhat peculiar. But everything that Mr. Holden says and writes is peculiar, and the peculiarity consists in this, that all that he says, and all that he writes, is worth hearing, is worth reading. The sixty-nine pages of large print now before us are written in the author's usual happy style, and the only fault which we have to find with the work is that it has not been printed in a separate form long since. However, not a few students and other workers have known that in certain old "St. Bartholomew's Hospital Reports" most valuable information could be obtained on the position of deeply-lying parts, as ascertained from surface-markings. No doubt since the author has been an examiner at the College of Surgeons, he has seen the absolute necessity for students being more specially taught this form of anatomy. "For instance, ask a student to put his finger on the exact place where he would feel for the head of the radius, the coracoid process of the scapula, the tubercle of the scaphoid bone in the foot; ask him to compress effectually one of the main arteries, to chalk the line of its course; to map on the chest the formation of the heart, and the several valves at its base. . . . Questions such as these, even a good anatomist, unaccustomed to deal with the living subject, might possibly find himself at a loss to answer." But such knowledge is very necessary, and is now made a special feature in the Pass Examination at the College. The author shows his readers how to set about a practical solution of these various problems, and he tries to teach them to look right through the skin, and to see the subjacent structures just as clearly as they would be able to do in a dissection. He (p. 2) tells them that they will derive no real assistance from plates, but that they should examine their own body; or, which is better, that two of them should work together by the side of a skeleton, each student playing in turn the part of "model" and manipulator. Were we to call attention to all the valuable points in Mr. Holden's little book, our notice would attain an unusual length, but we would advise those who are interested in the subject, whether teachers or learners, to study it for themselves.

The 21st page is chiefly occupied by an outline drawing of the framework of the chest, on which is marked the relative size and shape of the lungs and heart. The position of the cardiac valves and of the aorta are also indicated.

Mr. Holden doubts if the normal kidney (p. 37) can be distinctly felt from the surface, either with dead or living subjects; he cautions the student against mistaking for it the liver or spleen enlarged, or the lumbar part of the colon distended with fæces. He gives also an account of the parts which may be made out by the finger introduced into the rectum. But as if this were not sufficient, Mr. Holden has added (pp. 70-73) remarks of Mr. Waltham's, who, by introducing his hand and forearm into the bowel, has been able to reach the left kidney. Though we do not speak from experience, we can readily imagine that serious consequences might follow on such manipulation, especially in those obscure and not uncommon cases of obstruction which are due to malignant disease of the gut. Dr. Godson adds a couple of pages at the end of the book on examination *per vaginum*. He tells us that the carunculæ myrtiformes are vascular membranous processes which are independent of the hymen. He says also that if the promontory of the sacrum can be felt, it is a sign that the conjugate diameter of the pelvis is abnormal.

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A PRACTICAL TREATISE ON URINARY AND RENAL DISEASES. (a)

Dr. Roberts is one of the first of provincial physicians of the present day. His book is a satisfactory demonstration that it is not necessary to live in London to do first class work. Dr. Roberts is thoroughly familiar with his subject, both as to its present and its past literature. His chapters are well written throughout, and the obvious result of a ripeness of knowledge. The whole work has been so carefully gone over that it is not easy to say where the new additions are to be found. The solvent treatment of uric acid calculi is given at length, and is a very interesting chapter. That on diabetes is also very instructive, and not the least so the appendix on "Milder Types of Diabetes." Here a number of cases are given where a condition of glycosuria has been slight, or temporary, in many cases ending in complete recovery. In a recent review of Prof. Garrod's work on gout, the relation of gout and diabetes were given. The whole subject of glycosuria is now attracting much attention, and the idea of thinking that a patient is going to die or even necessarily be very ill when sugar is found in the urine is now exploded. The indications to be derived from the presence of sugar are no more certain than are those furnished by albuminuria. We recommend Dr. Roberts's book as a safe guide to all readers on the subjects which he treats.

(a) "Landmarks, Medical and Surgical." By Luther Holden, F.R.C.S., Senior Surgeon to St. Bartholomew's Hospital, 1876. J. and A. Churchill.

(a) "A Practical Treatise on Urinary and Renal Diseases. By Wm. Roberts, M.D., Professor of Medicine in Owen's College, and Physician to the Manchester Infirmary.

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CLINICAL ARCHIVES.

AMONGST our American exchanges we have received the first two numbers of a new journal entitled *Archives of Clinical Surgery*, published by Messrs Routledge and Co., New York, and edited by Edward J. Birmingham, M.D. This journal is a monthly publication, and is devoted to surgery in all its special departments. The articles are well written, and deal with the subjects touched upon in an eminent practical spirit, for the most part giving the clinical experiences of the several writers. As examples we quote the following from the list of articles that have appeared :—

"Case of Naso-pharyngeal Tumour removed by the Galvanic Cautery: *Excision of the greater portion of the Superior Maxillary Bone to reach the Tumour—Operation preceded by the Introduction of Trendelenberg's Tampon Tracheotomy Tube—Ether administered through Tube.*" By James L. Little, M.D., Professor of Surgery, University of Vermont.

"Remarks upon the Enucleation of Uterine Fibroids, with illustrative cases." By T. Gaillard Thomas, M.D., Professor of Obstetrics, &c., &c., College of Surgeons and Physicians, New York.

"Transfusion of Blood in the Last Stages of Phthisis." By Joseph W. Howe, M.D., Chemical Professor of Surgery, University of New York.

"Formation of Artificial Hip-joints." By Albert G. Walter, M.D., Pittsburgh, Pa.

The other articles are of equal value and interest with those we have enumerated.

In addition, there are valuable "Hospital Records," "Analytical and Critical Reviews," &c.

We feel assured that this journal will be welcomed by all who are actively engaged in the practice of their profession, containing, as it does, so many useful suggestions for the treatment of cases which may at any time fall within the experience of every medical man. It has the further advantage of being printed on good paper, in bold clear type, and of being generally well got up. We wish its promoters every success in their new adventure, and trust that a long and useful existence awaits their journal.

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Medical News.

Vital Statistics.—According to the Registrar-General's returns during last week 5,911 births and 3,104 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,807. The mortality from all causes was at the average rate of 20 deaths annually in every 1,000 persons living. The annual death-rate was 12 per 1,000 in Edinburgh, 21 in Glasgow, 19 in London, and 19 in Dublin. In the other large towns the rates of mortality were —Birmingham 21, Bradford 25, Newcastle-upon-Tyne 20, Hull 20, Sunderland 20, Brighton 15, Bristol 19, Wolverhampton 15, Sheffield 22, Plymouth 18, Liverpool 21, Leeds 20, Portsmouth 17, Leicester 17, Norwich 21, Manchester 23, Nottingham 32, Oldham 30, and Salford 31. The annual death-rate from the seven principal zymotic diseases averaged 3·0 per 1,000 in these towns, and ranged from 0·5 and 1·1 in Brighton and Bristol, to 7·1 and 9·8 in Portsmouth and Salford. Scarlet fever continues fatally prevalent in Portsmouth, and an excessive number of deaths were referred to small-pox, measles, and diarrhœa in Salford. The deaths from small-pox registered in these towns were 32, of which 15 occurred in London, 10 in Liverpool, and 7 in Manchester and Salford.

Society for Relief of Widows and Orphans of Medical Men.—The usual half-yearly general meeting of the Society was held on Wednesday, October 25, in the library of the Royal Medical and Chirurgical Society, Sir George Burrows, President, in the chair. From the treasurer's statement it appeared that a sum of £1,245 10s. had been distributed during the past half year among fifty-eight widows and thirteen orphans. The expenses had been £135 15s.. A legacy from the Rev. H. C. Morgan of £1,000 had been paid and invested, and notice of another legacy of £500 from Mrs. Mary Davis Parker had been received. Eight new members had been elected. Four fresh applications from widows for assistance had been admitted. The funded property of the Society had been increased by the purchase of £792 13s. Metropolitan Consolidated Stock. A vote of £20 to Miss Armstrong, daughter of the late Dr. John Armstrong (a member of the Society from 1818 to 1829), was carried unanimously. The President announced to the meeting that the Directors had determined, owing to the amount of surplus income in the hands of the treasurer, to make a present at Christmas next of £5 to each widow in receipt of grants, £2 to each orphan, and £4 to each recipient of relief from the Copeland Fund. The President expressed his thanks to the members present for their attendance, and was pleased to see so many present, and hoped all future general meetings might be as well attended. A vote of thanks to the chairman was proposed and carried *nem. con.*

The Mortality of Foreign Cities. — The annual rates of mortality, according to the most recent weekly returns of the Registrar-General, were :—In Bombay 24, Madras 40, Paris 23, Brussels 20, Amsterdam 19, Rotterdam 19, The Hague 19, Copenhagen 23, Stockholm 24, Christiania 22, Berlin 24, Hamburg 23, Breslau 30, Munich 33, Vienna 22, Buda-Pesth 29, Rome 23, Naples 22, Turin 17, Alexandria 35, New York 22, Brooklyn 17, Philadelphia 21, and Boston 22. The fatal cases of typhoid fever in Paris, which had been 44 and 29 in the two previous weeks, rose again last week to 40.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

LAW RESPECTING PERIODICALS, NEWSPAPERS, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, hey are held responsible.

Differing only in Orthography.—An American contemporary says: A young lady recently on being asked what business her lover was in, and not liking to say he bottled soda-water, answered—"He's a practising fizzician."

ASCARIS LUMBRICOIDES.

To the Editor of the Medical Press and Circular.

Sir,—Such cases as those detailed by Dr. O'Connell in your journal of the 25th ult. are the most familiar of all which come under the treatment of dispensary doctors. I have in my register of cases notes of more than one such every week, and I find santonine so satisfactory in killing the worms that I rarely vary the treatment, and never have to give more than two or three doses before effecting the desired result.

The largest number I have known to be expelled at once was from ½ mim. of croton-oil given for another reason, but with the effect of causing fifty-four round worms to be passed in one motion of sizes from 11 inches long down to 4 inches. This was in a girl 13 years of age.

Tullow, co. Carlow,
Nov. 4, 1876.

I am, Sir, yours, &c.,
Wm. Hume Hart.

Betts *versus* the Medical Press and Circular.—This long pending action for libel will probably come on for hearing before the appearance of our next number.

Raid upon Quack Doctors.—In our last we gave particulars of convictions against a batch of quacks in Manchester. On Friday last another raid was made by the police, who seized several tons of obscene books and pamphlets, and hauled up the authors of them before the stipendiary for punishment under the Medical Act. As is usually the case, these quacks had adopted well-known professional names, in order to pass current with an ignorant public—thus, "Drs." Brodie, Dupré, and Henry. However, they were quickly stripped of their fine feathers, and each impostor was mulcted in a heavy penalty and costs.

Clinical Society of London.—On Friday evening, at 8½ p.m., Dr. C. Theodore Williams will bring forward the sequel of a "Case of Contracted Cavity in the Lung," communicated in 1871.—Dr. Gowers, "A Case of Lymphatic Leucocythæmia treated by Phosphorus."—Dr. Greenfield, "A Case of Hodgkin's Disease, with Increase of White Blood-cells."—Dr. Broadbent: Patients now under treatment with Phosphorus for Leucocythæmia.—Mr. Walsham, "A Case of Localised Hypertrophy of the Scalp."

VACANCIES.

National Dental Hospital, Great Portland Street, London.—Assistant Dental Surgeon. Apply to the Treasurer or Hon. Sec. at the Hospital. (See Advt.)

Dublin Fever Hospital.—Resident Medical Pupil. For particulars apply to the Registrar at the Board Room, Cork Street. (See Advt.)

APPOINTMENTS.

Benson, T., M.R.C.S.E., Medical Officer and Public Vaccinator for the Tanfield District of the Lanchester Union, Durham.

Buck, H. J., L.R.C.P.Ed., a Surgeon to the Saffron Walden Hospital.

Coates, W. M., M.R.C.S.E., Medical Visitor of all Houses licensed for the reception of Lunatics in the County of Wilts.

Day, H., M.D., F.R.C.P.L., Medical Visitor of all Houses licensed for the reception of Lunatics in the County of Stafford.

Fitzgerald, F. C., L.K.Q.C.P.I, L.R.C.S.I., Medical Officer, &c., for the Newtownbutler Dispensary District of the Clones Union, co. Monaghan.

Harland, J. T., M.D., Medical Visitor of all Houses licensed for the reception of Lunatics in the County of Stafford.

Harris, V. D., M.B., M.R.C.S.E., an Assistant Physician to the Metropolitan Free Hospital.

Hill, Dr. A. B., Public Analyst for Warwickshire.

Hughes, J. E., M.R.C.S.E., Medical Officer of Health for No. 2 Subdistrict of the Aberystwith Rural Sanitary District.

Johnson, H., M.D., Medical Visitor of Houses licensed for the reception of Lunatics within the County of Salop.

Kemm, W., M.R.C.S.E., Medical Visitor of all Houses licensed for the reception of Lunatics in the County of Wilts.

Mapother, E. D., M.D., F.R.C.S.I., Consulting Surgeon to the new Dental Hospital, Dublin.

Meehan, N. J., L.R.C.S.I., L.R.C.P.Ed., Medical Officer to the Workhouse, New Ross Union, co. Wexford.

Paxton, F. V., M.B., M.R.C.P.L., Medical Visitor of Houses licensed for the reception of Lunatics in the Western Division of the County of Sussex.

Probyn, J. S. H., M.R.C.S.E., L.F.P.S.G., Medical Officer for Nos. 4 and 5 Districts of the Thingoe Union, Suffolk.

Radcliford, R., M.B., C.M., F.R.C.S.I., Ophthalmic Surgeon to the Adelaide Hospital, Dublin.

Rawson, J., M.B., L.R.C.S.I., Medical Visitor of all Houses licensed for the reception of Lunatics in the County of Stafford.

Ryding, F., L.D.S., R.C.S.E., a Dental Surgeon to the new Dental Hospital, Dublin.

Sherlock, H., L.R.C.S.I., a Dental Surgeon to the new Dental Hospital, Dublin.

Smart, A., M.D., F.R.C.P.Ed., Lecturer on the Institutes of Medicine at the School of Medicine, Edinburgh, vice McKendrick, appointed Professor of Physiology at the University of Glasgow.

[illegible], G. B., L.R.C.P.L., M.R.C.S.E., Consulting Surgeon to the West Norfolk and Lynn Hospital, on resigning as Surgeon.

Toss, J., M.R.C.S.E., House Surgeon to the Lancaster Infirmary and Dispensary.

Turner, W. P., M.R.C.S.E., Assistant Medical Officer to the Kent Lunatic Asylum, Chartham.

Vores, W. M., M.B., M.R.C.S.E., Medical Officer for the North District of the Parish of Great Yarmouth.

Waylen, G., M.R.C.S.E., Medical Visitor of all Houses licensed for the reception of Lunatics in the County of Wilts.

White, A. O., M.R.C.S.E., Assistant House Surgeon to the London Lock Hospital (Female Department), Westbourne Grove.

Williams, A. G., M.R.C.S.E., House Physician to the Royal Hospital for Diseases of the Chest, City Road.

Army Medical Department.—Surgeon Major M. Combe, M.D., retires upon half-pay; Surgeon W. Wakefield, M.D., retires upon temporary half-pay; Surgeon R. H. Robinson, from half-pay, to be Surgeon; Surgeon P. Smith, M.D., resigns his commission. To be Surgeons-Major.—Surgeons T. Oughton, W. H. Jameson, M.D., W. W. Tomlinson, W. S. M. Price, T. F. O'Dwyer, M.D., J. P. H. Boileau, M.D., W. Keir, M.D., L. Corban, M.D., W. Taylor, M.D., J. M. McLean, M.D., P. Shepherd, M.B., W. S. Hedley, M.D., T. A. Purcell, E. O'Sullivan, J. McCreery, H. C. Gillespie, M.D., J. Hector, M.B., C. E. M. Shaw, K. Macaw, M.D., W. E. Riordan, I. Bourke, M.B., J. Murray, M.B., J. B. Kelly, D. C. G. Bourns, J. H. Hughes, M.D., J. W. Jones, A. B. Robinson, D. A. S. Thorburn, M.D., E. R. O'Brien, M.D., W. Blake, D. C. Grose, S. Flood, J. Candy, M.D., E. Eustace, E. Ward, J. Maturin, D. Renton, M.D., C. Healy.

Surgeon-Major M. Combe, M.D., who retires upon half-pay, to have the honorary rank of Deputy Surgeon-General.

Honorary Surgeon P. A. Minas, Bengal Medical Establishment, to have the honorary and local rank of Surgeon-Major.

Marriages.

Elliott—Hellard.—On the 2nd inst., at St. Thomas's Church, Portsmouth, Ernest Elliott, M.D., of Purbrook, to Elizabeth, eldest daughter of Charles B. Hellard, Solicitor, Portsmouth.

Roberts—Young.—On the 21st ult., at Trinity Church, Rathmines, Dublin, Browne Roberts, L.R.C.S.I., L.K.Q.C.P.I., to Frances Susan, youngest daughter of Richard Young, of 14 Leinster Square, Dublin.

Sproule—Fawcett.—On the 18th ult., at Fintona, co. Tyrone, Robert Sproule, M.D., R.N., Woodview, Fintona, to Frances Catherine, eldest daughter of the late John Fawcett, J.P., Drumaconnor Monaghan.

Deaths.

Allen.—On Oct. 28th, at Belper, Richard Rowland Allen, M.R.C.S.E., aged 60.

Altman.—On Sept. 24, at Bloomsbury Street, Henry Joseph Altman, M.R.C.S.E., aged 45.

Graham.—On Oct. 28, at Epsom, Thos. John Graham, M.D., aged 81.

Hall.—On Oct. 26, at Surrey House, Sheffield, John Charles Hall, M.D., aged 59.

Lyons.—On Oct. 17, at Blackrock, co. Dublin, Philip Paterson Lyons, M.B., Army Medical Department, aged 37.

Pilkington.—On Oct. 23, at Preston, John Pilkington, M.R.C.S.E., aged 64.

Rumsey.—On Oct. 23, at Prestbury, Cheltenham, Henry Wyldbore Rumsey, M.D., aged 67.

Smith.—On Oct. 22, Charles Carnegie Smith, Surgeon, of Norfolk Square, formerly of Highworth, aged 83.

The London Docks.—Arresting the attention of all visitors to the London Docks, there are now on the Crescent Quay two of the largest casks of wine—or, as they are technically termed, "tonnels"—ever seen in this country, and actually constructed and filled with wine in Spain and Portugal. A few coopers can remember casks as large in 1851, but these were made in England, and sent out to be filled abroad. One of the arrivals, the Brobdignagian sherry cask, contains 638 gallons, or a quantity sufficient to fill 3,828 wine bottles. It was shipped to the special order of the Victoria Wine Company from Cadiz, and was put on board nearly filled, the necessary appliances being at hand; its almost equally bulky neighbour, the cask of port, contains 590 gallons, or the contents of 3,540 wine bottles, and was also shipped to the special order of the above company by Messrs. Martinez, Gassiot, and Co., of Oporto. This monster had to be put into the hold of the vessel before it could be filled. The workmanship of these huge casks is very creditable to the skill of the Spanish and Portuguese coopers. The operations of the Victoria Wine Company, whose head offices are situate at Dunster House, Mark Lane, with fifty-five branch shops in London and the suburbs, are in keeping with the colossal casks to which we have alluded.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

RESIDENT MEDICAL PUPIL (DUBLIN).—An M.D. Dub. Univ., and F.R.C.S.I., who is intimately acquainted with the method of medical education in Ireland, will receive a young gentleman to reside in his house, for whose education he will, if desired, make all arrangements. Apply by letter to SOCIUS, 23 El P Dublin.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, DEC. 4. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, DECEMBER 11. Gentlemen who have completed four years of Professional Study according to the College Regulations are eligible for admission to this Examination.

Every Candidate for the College Licence is required to produce a Certificate of having acquired proficiency in Vaccination, signed by a Vaccinator appointed or recognised by the Local Government Board.

Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under special By-laws.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the By-laws are to be left at the same time.

The Licence of this College is a qualification to practise Medicine, Surgery, and Midwifery, and is recognised by the Poor-law Board as a qualification in Surgery as well as in Medicine.

Pall Mall East. H. A. PITMAN, M.D., Registrar.

FEVER HOSPITAL AND HOUSE OF RECOVERY
CORK STREET, DUBLIN.

RESIDENT MEDICAL PUPIL REQUIRED. He must be a Medical Student of at least one year's standing.

Particulars of duties &c. can be seen at the Hospital.

Furnished apartments, coal, light, and attendance are provided.

Applications, with copies of Testimonials, to be lodged with me, on or before Nov. 8th, directed "*The Chairman of Committee*" and marked *outside* "Medical Pupil."

Personal attendance necessary at 9½ A.M. on THURSDAY, November 9th.

By Order,
G. PURCELL ATKINS, Registrar and
Resident Medical Officer.

Board-room, Oct 19th, 1876.

MERCER'S HOSPITAL, Founded A.D. 1750, WILLIAM STREET.

PHYSICIANS.

THOMAS P. MASON, M.B. Lond.; F.R.C.S.I.; Lecturer on Anatomy and Physiology in the Ledwich School of Medicine, and formerly Physician to the Cork Street Fever Hospital.

GEORGE F. DUFFEY, M.D. Univ. Dub.; F.K. & Q.C.P.I.; Lecturer on Materia Medica, Carmichael School.

SURGEONS

EDWARD LEDWICH, F.R.C.S.I.; Lecturer on Physiology and Surgical Anatomy in the Ledwich School of Medicine; Member of Council, Royal College of Surgeons in Ireland, &c.

E. STAMER O'GRADY, M.R.I.A., A.B., Ch.M., M.B. Univ. Dub., F.R.C.S.I.; Fellow and Member of Court of Examiners, Royal College of Surgeons, Ireland; Licentiate King and Queen's College of Physicians.

BENJAMIN F. McDOWELL, A.B., M.D. Univ. Dub; F.R.C.S.I.; L.K. & Q.C.P.I; Senior Surgeon to the Westmoreland Lock Hospital; Surgeon to the Sailor's Home, and Lecturer on Materia Medica in the Ledwich School of Surgery.

Visited punctually at Nine o'clock, a.m.

This Hospital is situated in the centre of the metropolis, in the midst of a densely crowded population, and its doors are open at all hours for the reception of accidents and of acute cases.

Further information can be obtained from any of the Medical Officers of the Hospital, or from the Medical Registrar.

By Order,
JAMES SHAW, Medical Registrar.
Mercer's Hospital.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,

W. O'NEILL, Secretary.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE,

50 LINCOLN'S INN FIELDS, W.C.

BAXTER LANGLEY, LL.D., M.R.C.S., F.L.S.

&c. (KING'S COLL.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable Investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle, that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

COMPETENT ASSISTANTS provided without expense to principals. No Gentlemen recommended whose antecedents have not been inquired into.

LOCUM TENENS.—Dr. Langley has now organised a thoroughly reliable Staff of suitable Gentlemen to take full Charge of any Practice which may require it in the absence of the principal, at fees from £2 12s. 6d. upwards, according to age, experience, qualifications, &c. One of these gentlemen can be despatched by an early train after receipt of telegram or letter stating duties and terms. Office fee 10s. 6d., payable by the principal.

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for Negociation (in addition to those advertised in Dr. Langley's List, which is sent post free on application).

A 219. LONDON, WEST-END. Well accustomed medical residence to be let on beneficial lease, 15 years unexpired. Rent, £100. The present Occupier retires from Practice, having secured ample means. The connection is special and is not offered for sale, but part of it could probably be obtained by a suitable Successor. The furniture and fixtures, &c., must be taken at a valuation, the assumed value being about £2,500.

A 217. YORKS. In consequence of ill-health, the Incumbent of a Practice yielding about £1,000 a year is willing to treath with a Successor on easy terms. Expenses small. No horse required. Convenient cottage. Rent, £25. Premium, £650.

A 216. In the Suburbs of a large city, a well-established PRACTICE. Receipts, average £800 a year. About 30 cases of midwifery a year. Fees, £1 1s. and upwards. All appointments declined. Residence situate in a main thoroughfare, it contains 12 rooms. Rent, £50. A good introduction will be given. There is scope for £1,500 a year. Hospital and medical school. One horse and carriage kept. No assistant. Premium, 1 year's purchase.

A 214. NOTTS. Old-established PRACTICE, yielding £420 a year. Patients, middle class. Convenient house, containing 14 rooms, with suitable offices, stabling, paddock, garden, &c. Rent, £55. Only one opponent. Terms, easy.

A 210. In a Sea-port Town, within 80 miles of London, with direct rail, one of the Leading Practices for Transfer. Receipts, upwards £1,000 a year. Patients, good class. No midwifery under £1 1s. One horse kept. The Successor may have a Partnership introduction if desired.

A 208. In a large Hospital town, with great Educational advantages, a SELECT PRACTICE, yielding upwards of £1,000 a year. Pleasant appointments bring in £50. Midwifery, £1 1s. and upwards. Visits, 5s to 10s. Patients, good middle class, resident within a narrow area. No horse or carriage, and no assistant. Convenient house in good repair, it contains 13 rooms. Rent, £50. Part of the premium may be paid by instalments.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

DURING THE QUARTER ENDED 26TH SEPTEMBER, 1876.

MR. CHAIRMAN AND GENTLEMEN,—Since last meeting of the full Council, held June 9th, the Committee have held *nine* meetings, which were generally well attended. The month of August was devoted to vacation.

Although The Coroners' (Dublin) Bill had passed the House of Commons—it being still before the House of Lords—the Committee sent forward a petition to the House of Lords, similar to the one presented to the House of Commons, against the Bill. The Earl of Donoughmore presented the petition, but wrote to say he regretted he could not be of much service, as the Bill had been endorsed by Sir Arthur Guinness, whose local knowledge gave his name great weight. The Committee instructed the hon. secretary to communicate with Lord Redesdale as a last resource, but, unfortunately, the communication was of no avail; however, it is satisfactory to know that every protest which could be offered by this Association, in the interests of the profession, as well as of the public, has been made, although the desired results were not obtained.

The Committee having discussed the best course of action to be taken concerning the petition sent forward to the House of Commons in support of The Coroners' (Dublin) Bill, by the Corporation of Dublin, which contained some false statements affecting the credit and status of this Association, deputed two members to draw up a letter embodying the views expressed. This letter was adopted, and published in the Dublin daily newspapers, of the 21st of June, and was signed by Dr. Jacob, Chairman of Council. The Lord Mayor immediately addressed a letter to each of the Dublin daily newspapers, disclaiming all knowledge of the slurs cast upon the Association by the Corporation; but the *Freeman's Journal* published (22nd June) an article defending the Corporation, and reflecting upon the Association, to which Dr. Jacob replied, challenging the *Freeman's Journal* to make the exposure threatened, but no notice was taken of his letter, and the subject was allowed to drop, the Committee being satisfied that the character of the Association has been vindicated in the estimation of the public.

The balance of £46 0s. 4d., appearing to the credit of the Association in the late hon. treasurer's name, has been handed over to Dr. Minchin, the present hon. treasurer.

Owing to the statement made by the Corporation of Dublin, to the effect that this Association was an unknown body, comprising only a few individuals, the Committee thought it advisable to obtain information as to the expense and proceedings necessary to be incurred in having the Association made an incorporated society, under Act of Parliament. The Committee are informed that the expense would be about £40, and they desire to bring the subject under the notice of the Council.

The sum of £10 bequeathed to the Association by the late Sir William Wilde, has been received by the hon. treasurer.

The Bill drawn up by this Council, for the purpose of amending The Registration of Births and Deaths (Ireland) Act of 1863, having been favourably reported upon by the departments, has been introduced to Parliament by the Right Hon. the Earl of Donoughmore, at the instance of Sir Michael Hicks Beach, Chief Secretary for Ireland. The Bill has been printed, by order of the House of Commons, and will be brought under the notice of the legislature next session, when it is to be hoped and expected, in consequence of its having been favourably reported on, that it will be passed. The Bill provides increased remuneration to the registrars, with less trouble and inconvenience to them in the discharge of their duties, as well as greater facilities to the public; and, as far as desirable and convenient, will assimilate the law in Ireland to that in force in England. A new form of medical certificate of cause of death has been issued by the Registrar-General, which is similar to the form in use in England; it will, doubtless, be approved of by the profession generally.

A copy of the report of the Association for the past year has been sent to each member of the Association, and to every medical man in Ireland holding public appointments, who is not as yet a member.

The annual general meeting omitted to appoint two auditors for the current year; these appointments, therefore, devolve upon the Council to make this day.

Dr. Kerans, of Ahascragh, having permanently left Ireland, has resigned his seat on the Council. The name of Dr. Sharkey, of Ballinasloe, has been prominently brought under the notice of the Committee; it devolves upon the Council to fill the vacancy this day.

The proceedings of the annual general meeting of the Association were reported in the Dublin and several provincial newspapers. The *Ulster Gazette* published an article of a hostile nature concerning them, which has been replied to by Dr. Gray, of Armagh.

The Public Health (Ireland) Acts Consolidation and Amendment Bill was not proceeded with last session of Parliament, but it is likely that it will be again brought before Parliament early next session. Up to the date of its withdrawal, the Committee continued to examine its numerous clauses. The 10th clause was first considered, it being most important to professional interests. The designation, "medical officer of health," instead of that of "sanitary officer," was approved of, and the Committee agreed to recommend its adoption; also that all towns comprising a population of 20,00[illegible] inhabitants should appoint a "superintendent medical officer of health," who should be debarred from professional private practice, whilst eligible to hold a professorship, or to be attached to an hospital. It was further agreed upon to recommend that the duties of the "sanitary officers" should not include attendance at court, and that for such service they should be separately remunerated. It was also considered advisable that the salaries of the sanitary officers should be proportionate to the areas and populations of their districts. The Committee agreed to recommend that any two or more neighbouring districts comprising together a population of 20,000 inhabitants, might unite if they desired it, and appoint a superintendent medical officer of health for such combined districts. The clause suggested by the conjoint Committee of 1874 relating to the appointment of a staff of medical inspectors for sanitary purposes, was approved of, and agreed upon to be recommended. Clause 130 was considered, and the Committee agreed to recommend that the onerous and responsible duties, by this clause to be imposed on medical officers of health, should be advanced as a claim for additional remuneration to those officers, and that they should be empowered to obtain analyses, when they thought them necessary. The Committee thought it better not to make any recommendation concerning clause 146; but agreed that the rate of remuneration proposed under clause 150 was inadequate, whilst difficult to determine, and the system suggested not likely to work well, and that instead thereof a fee of one guinea should be paid to the medical officer of health for each inspection or visit made on board ship. The Dublin Sanitary Association having proposed that a conjoint committee, consisting of representatives from the several colleges and associations interested in the public health enactments, should nominate two representatives, the Committee nominated Drs. Speedy and Chapman to represent the Association on the conjoint Committee, and are glad to observe that several of the other representatives are also members of the Association. However, owing to the withdrawal of the Consolidation, &c., Bill (which was expected), the conjoint Committee has not as yet met. Notwithstanding the fact that the conjoint Committee will give its attention to all the points requiring consideration and amendment in the new Bill, the Committee of Council think it advisable to pursue their investigation, so that this Association may be in a position to put forward its views and recommendations independently. If each of the colleges and other associations interested adopt a similar course, the suggestions made to Parliament from so many different sources must have great weight, if they be (as may be expected) unanimous in their recommendations.

Almost all the members' subscriptions for the past year have been paid; a third application circular had to be sent to some; several new members have joined the Association, and, in consequence of the amalgamation of the Poor-law Medical Officers Association with this Association, the Committee expect to enrol a large number of new members this year.

The Prisons' (Ireland) Bill came under the notice of the Committee, and it being observed that, under clause 23, medical officers of prisons in Ireland were liable to be transferred from place to place, on pain of resigning their appointments, the Committee directed the hon. sec. to write to Sir Michael Hicks Beach on the subject, and explain that medical officers of prisons in Ireland were private medical practitioners, upon whom it would be an injustice to place such restrictions, and Sir Michael Hicks Beach replied that the matter should receive attention.

The Committee having observed that Lord F. Hervey had given notice in Parliament that he would call the attention of the Legislature to the qualifications and appointments of coroners, the hon. sec., at the request of the committee, communicated with his lordship, and, in reply, received a letter stating that the notice given referred only to the qualifications of coroners in England; but that his lordship would be glad to receive any information, submitted by the Council of this Association, bearing on the subject, and the hon. sec. was requested to afford all the information he could. A communication was received, requesting that the Council should endeavour to have certain modifications made in the regulations as to duties of workhouse medical officers, it being alleged that, owing to the wording of the regulations, the workhouse medical officers were placed in a position which, unnecessarily, rendered them liable to annoyances from workhouse masters, if ill-disposed towards them, whilst no good purpose was effected. The writer suggested a course to be taken, and the Committee obtained a report on the subject from a competent source; but, owing to pressure of other matters requiring more immediate attention, the Committee have not had an opportunity of considering this case up to the present time.

The whole subject of remuneration to civil medical practitioners in charge of troops in Ireland has also been reported upon; but, like the preceding case, and for the same reason, it has not as yet been dealt with by the Committee. These two cases shall receive early attention.

A letter was received, in which the Council was requested to endeavour to have the local constabulary appointments opened up to workhouse medical officers; under the existing regulations, these appointments can be held only by Dispensary medical officers. The writer is under the erroneous impression that this Association is too partial to the interests of dispensary medical officers, and that it has hitherto neglected those of workhouse medical officers. The hon. sec. tried to remove the erroneous impression, but the writer still appears to be unconvinced. The committee desire to bring this subject under the notice of the Council, and request that the matter may be decided upon by them, as they are of opinion that it is not desirable to seek for any change in the existing regulations, because the dispensary medical officer, being a *district* officer, is (in their opinion) more suited and has higher claims to an appointment requiring district visiting than the workhouse medical officer, who is an hospital surgeon; and, independently of this consideration, they fear that competition for these appointments might possibly result in a smaller remuneration being offered by the authorities.

A very important trial has recently been held with regard to the subject of "well-to-do" persons obtaining tickets for dispensary medical relief, "poor persons" *only* being entitled to receive it under Medical Charities Act, viz., Dr. Woods, of Monaghan, having received a dispensary visiting (or *red*) ticket to attend, in her accouchement, a Mrs. M'Geough, the wife of a national schoolmaster (she herself being national schoolmistress) residing in his district; Dr. Woods attended the case, and continued his attendance for several days, when the patient's husband demanded what appeared to Dr. Woods to be an unnecessary visit to the patient, which Dr. Woods declined to be coerced to make; M'Geough thereupon, called in another doctor; and, in due course, Dr. Woods reported the matter to his dispensary committee, who *cancelled the ticket*, on the ground that the patient, not being a "poor person," was not entitled to receive dispensary medical relief. Dr. Woods then sued M'Geough, the patient's husband, for the amount of his fee, but the chairman of the quarter sessions dismissed the case, and expressed his opinion that the guardian who improperly issued a ticket to a person able to pay for medical advice, was the person who should have been proceeded against; accordingly, Dr. Woods sued Mr. Crumley, the guardian who issued the ticket; and, the case having been heard, the chairman directed Crumley to pay Dr. Woods the amount of the fee which Dr. Woods admitted he would have consented to receive for his services had the case been one in his ordinary private practice, considering the patient's means, with costs; against this decision Crumley appealed. Dr. Woods then reported the matter to the Committee of Council, who directed the hon. sec. to telegraph to Dr. Woods to employ leading counsel in the appeal case, if not already so represented, at the expense of this Association, and the hon. sec. was instructed to inform Dr. Woods that the Council would gladly afford him all the assistance in their power, with the view to having the case tried. The appeal case was heard before Judge Fitzgerald, who dismissed it without prejudice, on account of a legal informality, the charge of *fraud* not having been set down in the summons and plaint. The judge expressed strong opinions against the unfair issue of dispensary medical relief tickets to persons able to pay for advice, and gave every encouragement to Dr. Woods to bring the case forward again; and the Committee instructed the hon. sec. to write to Dr. Woods, recommending him to obtain the opinion of his counsel as to whether it was advisable to proceed with the case as one of *fraud*. A full and verbatim report of the trial of this case was forwarded to the Committee by the editor of the *Northern Whig* newspaper, for which a fee of one guinea was ordered to be paid, and the report was forwarded to the editor of the MEDICAL PRESS AND CIRCULAR for publication. Dr. Woods has announced his determination to persist in the case until a final decision be arrived at.

The Committee agreed that it would be advisable to dispute the presentments to be made by the Corporation of Dublin as far as regards the payment of salaries to the coroners' medical witnesses, such mode of payment not being in accordance with the method laid down by Act of Parliament; but, before proceeding, they deemed it advisable to take counsel's opinion as to the prospect of success, and agreed to consult Mr. Purcell, Q.C. As yet no step has been taken with regard to this matter, as the presentments are not to be made until November, and the Committee preferred to have the views of the full Council expressed on the subject; besides which they considered it desirable to await the appointment of a solicitor.

It having been reported to the Committee that, on the 18th April last, Dr. Tagert, late of Carrickmacross, had resigned the appointment of consulting sanitary officer to Carrickmacross Union, and no candidate offering, the guardians have several times advertised without effect for candidates for the vacant office; first stating that the officer appointed would be paid by fees—one guinea for each consultation—which was subsequently rescinded, and a salary of £10 a year offered instead. This course having failed, advertisements and handbills for circulation were ordered, and a copy of the notice ordered to be sent to each dispensary committee, but up to the present time no candidate has offered to accept the office with such a paltry salary, and the guardians, on the 19th of Septembe, decided to take no further action in the matter. The Committee are aware that if a sufficient salary were offered, there would be no dearth of candidates, and accordingly directed the hon. sec. of Council to bring the matter under the notice of the Local Government Board, when it is to be hoped that Board will insist upon a proper salary being offered.

A large number of communications have been made to the Committee concerning matters which they do not deem it necessary to bring before Council, and needlessly occupy their time with the details. Many of these letters were on the subjects of fees for examining and certifying dangerous lunatics, and for giving evidence at prosecutions of defaulters under the Vaccination Acts; and all have been disposed of.

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BRIDGETOWN DISPENSARY.

A letter was read from the L.G.B., stating that Mr. O'Brien reports that the medical officer's duties are discharged in a very unsatisfactory manner. An extract from his report is enclosed herewith, which will place the guardians in possession of the facts relating to the subject; and it appears to the L.G.B. that having regard to what Mr. O'Brien reports, it is necessary, in the interests of the sick poor, that the medical officer, who is manifestly incapable of performing his duties any longer with any degree of efficiency, *be afforded an opportunity of availing himself of the provisions of the Medical Officers' Superannuation Act.*

EXTRACTS FROM THE INSPECTOR'S REPORT.

The Medical Relief Register is very imperfectly kept, the columns prescribed for recording the treatment and the result of the several cases being left blank, and the tickets are neither numbered or filed, as required by the several regulations.

The Medical Officer's Report and Attendance Book is not kept at all, and the Form of Notice (C) prescribed by Section 8 of the Vaccination Act has also, though absolutely essential, been disregarded in practice.

Dr. Furlong's Resignation.—Gentlemen,—During the last few days my failing health and growing infirmities have frequently urged me to resign the very onerous duty of medical officer of this large and populous district. Indeed, it has been the oft-repeated wish of my family, and as often frustrated by my inability to bring myself to sever the ties and associations of over thirty years.

I now feel that I must tender to you my resignation, and in doing so I may fairly say that I have grown grey in the service, and that I never spared myself either night or day, while it was God's will to leave me health and strength. It is now my duty to offer you, gentlemen of the dispensary committee, my most kind and sincere thanks for the very kind and courteous manner you have ever displayed towards me in the discharge of your official duties, and for the confidence always reposed in me.

I remain, gentlemen,
Your obedient servants
ANDREW FURLONG, M.D.

Mr. Walsh said as there had been a wrong impression upon the public mind respecting the considerations under which superannuation could be granted, he wished to read an extract from the Superannuation Act of 1869 which was the latest Act that had been passed on the subject. According to this Act it was perfectly clear that the Act was not compulsory. It was simply permissive, and if the Board of Guardians should decline to grant superannuation, it was not within the powers vested in the L.G.B. to compel them to grant it. It was also plain that the payment would come off the Union at large, and this was in his opinion not quite fair, as he thought this division would be doing an injustice by making other divisions contribute towards the support of its medical officer. It was altogether untrue, as had been stated that part of the payment of superannuation would come out of the consolidated fund, as it was clear, according to the emphatic terms of the Act, that all should come out of the rates. He considered it only proper to make these observations as rumours likely to mislead had been in circulation.

Dr Boxwell—But you know, gentlemen, that it does not concern us at all; the whole thing is vested in the Board of Guardians.

Mr. John Walsh—We can recommend it or not.

Dr. Boxwell—Yes, but the Board of Guardians may not pay any attention to your recommendation.

Major Harvey—We are here to consider the matter, and it is in our power to recommend it to the Board of Guardians; but no matter what our recommendations may be, whether for or against, the Board of Guardians can take it up afterwards and decide the question.

Mr. Harvey said,—Gentlemen, I intend proposing a resolution recommending that Dr. Furlong should receive superannuation. I have known him for a great many years, and perhaps have had more intimate knowledge of his services than many of you here present. He was appointed to this dispensary the very year I came to reside here, in 1846, and I can only say I have had opportunities of observing his conduct for a great number of years, indeed for the whole term since his appointment, with the exception of the last three years while I was from home, and I must say during that time, as far as my knowledge went, and it was no slight knowledge, I never saw a man more anxious to discharge duties on every occasion, and under every adverse circumstance, no matter at what inconvenience, whether night or day, he was always at his post. I could give you a great many instances which have come under my notice, but I shall only mention one. I have known Dr. Furlong to go to the Mountain in the chill of a wintry night on a midwifery case, for which he was to get no direct fee. Finding it a difficult case, he despatched a message for Dr. Crean, and when he (Dr. Crean) came next morning, he found Dr. Furlong at his post, after a weary night's watching by the bedside of his poor patient, and this is only one instance out of many in which he showed his care and anxiety, for the welfare of the poor, and for the careful discharge of his duties as a Dispensary Medical Officer. I recollect when it was considered that £100 was too large a salary of a dispensary doctor; but when we consider that the doctor was obliged to travel over 4,000 miles in the course of the year, and that this could not be done without a large expenditure of horseflesh, I am sure you will agree with me that the salary was not extravagant. Now, with regard to the superannuation, there are at present about sixty-five on the retiring-list, and of these there are none whose length of service comes up to Dr. Furlong. That of one comes up to thirty, another to twenty-eight, but the average is twenty years; whilst that of Dr. Furlong is thirty years. The average superannuation allowance is £54 16s., and Dr. Furlong's servitude is the highest of any. When I look back on these long services, I cannot but feel that it is only justice to Dr. Furlong to give him a suitable and fair superannuation allowance. It is, of course, very true that we should look to the interests of the ratepayers, but in doing so we should not act unjustly to an old and faithful servant. Mr. Walsh has remarked that it would be an injustice to other divisions of the Union, if we throw on them the burthen of paying part of the superannuation of our late medical officer, but I can see no injustice in this. It is our case to-day, but it may be the case of any of the other divisions to-morrow, and we shall be bound to bear our share of the cost. We have under consideration the case of a good and faithful servant, who has become worn out in our service; and with all due consideration to the interests of the ratepayers, I think we should do an act of injustice by refusing him the reward of his services, a reward which in our private capacity we would not refuse for services faithfully rendered. In my opinion this case calls loudly upon us for consideration. There is a passage of Scripture which forces itself upon my mind: "There is that scattereth, and yet increaseth; and there is that withholdeth more than is meet, but it tendeth to penury." Do not suppose I want to force my opinion upon others, but I am quite sure you will bear with me, and take it in good part (hear, hear), when I say that I believe justice demands of us to give Dr. Furlong a superannuation allowance. I therefore propose that Dr. Andrew Furlong, late medical officer of the Bridgetown Dispensary, be granted a retiring pension of two-thirds of his former salary.

A division was then taken, when there were—for, 11; against, 8.

There were four who refused to vote.

Mr. Nunn said a recommendation from this place may be very good. There is no one in this room who more highly appreciates the services of Dr. Furlong than I do. I have known him for the last thirty-two years to be a faithful, honest man, but it rests with us only to recommend.

It was resolved unanimously, "That in consequence of the resignation of Dr. Andrew Furlong, the hon. sec. be requested to engage the services of Dr. John Crean, to take charge of the district, pending the election of a successor to Dr. Furlong."

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"ADVANCED THINKERS."—That single expression—advanced thinkers—will do more to establish theories and doctrines, and practices also, than learning and experience and wisdom combined. Let a man who differs from the mass be pronounced by common consent an advanced thinker, his fame is established, no matter how extravagant his notions. To say that a man is an advanced thinker, means, as a general thing, that he don't think at all, but is captivated with some popular idea or some popular scientist, or that he aspires at notoriety by identifying himself with such. Time was when advanced thinking was a dangerous business, which men did not dare except under penalty of martyrdom. Now it is the reverse. Advanced and original thinkers are really but few, and their advance is often more apparent than real. They often but exhume the old and install it as new. Our age has much need of individual and independent thought. Men are afraid to hold fast to the pass or the present in view of anything claiming to be in advance. It is so in theology, in general science, in medicine. Better maxim than this was never uttered: "Prove all things—hold fast to that which is good."—*Pacific Med. and Surg. Journal.*

MEDICAL DEFENCE ASSOCIATION.—This energetic Society has brought the notorious "Dr." Kahn before a magistrate, and is preparing for a more active campaign. Bravo! The College of Surgeons refused its permission to prosecute in its name. Shame!

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TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, October 28th,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, OCTOBER 21st, 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
UBLIN	10,050	314,666	19	168	115	15	32	...	1	2	...	4	4	1	4	3	28
BELFAST	20,687	182,082	22	103	76	17	7	...	...	4	...	7	7	4	1	1	5
CORK	13,816	91,965	23	64	40	10	15	...	...	...	...	...	1	3	...	1	9
LIMERICK	8,509	44,209	14	12	12	1	6	...	...	...	...	...	...	...	...	...	6
LONDONDERRY	21,865	30,884	7	11	4	1	1	...	...	...	...	...	...	...	...	...	...
WATERFORD	17,209	30,626	25	9	15	2	6	...	...	...	...	...	...	...	...	...	13
GALWAY	21,358	19,692	13	9	5	1	1	...	...	...	...	...	...	...	..	..	1
SLIGO	30,835	17,285	9	8	3	...	1	...	...	...	...	..	...	...	..	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 15, 1876.

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PSOAS ABSCESS.—A NEW METHOD OF TREATMENT. (a)

By MR. EDMUND OWEN, M.B., F.R.C.S.,
Assistant-Surgeon, St. Mary's Hospital.

IN August last my attention was attracted by a short paragraph in one of the medical journals, in which it was stated that Mr. Callender had lately been treating cases of chronic abscess by hyperdistension with carbolised water, and that so far as the cases went, they showed that abscesses connected with caries of bone can be emptied and reduced to non-suppurating sinuses without causing any constitutional disturbance.

It was not long before a case which I considered to be very favourable for making a trial of this new method came under my care at St. Mary's Hospital. And I think it worth while to give a somewhat detailed account of the physical condition of the patient, together with an explanation of the method of treatment adopted.

On Saturday, 9th of September, a pale, sickly-looking boy, with patches of deepish ulceration on his cheeks, was admitted to the children's ward under my care. He was between six and seven years of age, and was carried into the hospital by his sister, who was scarcely bigger than himself. He was in a most pitiable condition, with an enormous abscess on the upper and outer part of the front of the right thigh. The skin in that neighbourhood was red and thin, and it was evident that unless something were done for him without much delay, the wall of the abscess would give way certainly if it met with any rough usage. There was angular curvature of the spine at the upper lumbar region, and great fulness extended up the flank under Poupart's ligament.

Up to within a short time he had been able to play about with his companions, but now he was in such an exhausted state that it would have been unsafe to have sent him away. He was therefore placed in bed, and on the following Wednesday, he having been placed under the influence of chloroform, an incision was made in the most prominent part of the swelling, and of sufficient size to admit one's finger. From this opening a large quantity of thick and healthy-looking pus escaped, and when the flow was becoming slow the nozzle of a large syringe was introduced, and the cavity completely washed out with a warm solution of carbolic acid and water. The edges of the wound also having been held securely over the syringe, the cavity of the abscess was more than fully distended with the injection, which was allowed to be retained "while one with moderate haste might tell a hundred." A drainage tube having been introduced well up into the loins, and the wound covered up with oiled lint, the boy was sent back to bed. When I went to see him an hour afterwards, he was half sitting up in bed playing with his toys, and talking to other children in the ward,

Next morning his pulse had risen to 108 beats a minute, and his temperature to close on to 100°. Mr. Coumbe, the house-surgeon, who has syringed out the cavity every other day, tells me that the boy's temperature has never reached 101°; and that he has been in no pain, but that he has eaten, slept, and drunk well. The drainage-tube does not pass as far up as it did at first, but it is generally kept in the wound. The discharge has continued sanious since the second dressing.

I may here state that the boy is still in the hospital, but I intend shortly to case his trunk in a large and stiff plastic splint, and to have him removed to his home.

The other case is that of a boy of seven years, named Ambrose, who was brought up from the country into my out-patient room at the Hospital for Sick Children on the 20th of last September.

From notes which were taken by Mr. Cant, the house-surgeon, it seems that he has five well-conditioned brothers and sisters, and that his father and mother are alive and well.

He himself had always been a healthy boy until a year ago, when some of his young friends had been amusing themselves by jumping on his back. Shortly after this he complained of pain, and walked lame. Two months since a swelling appeared on the front of his thigh, and this, at the time of his admission as an out-patient, was very extensive and pointing. The skin was red, thin, and very tense. There was well-marked angular curvature in the lower dorsal and upper lumbar region. It was evident, or at any rate highly probable, that if he were sent home the integument might give way on the journey.

(a) Communicated to the Harveian Society of London, Nov. 2nd, 1876.

His temperature was about normal, and his pulse 105. The tongue was coated, and the bowels were confined.

He was taken at once into the operating theatre and treated like the patient whose case I related just now, except that no oiled lint was applied over the wound.

Next day his temperature had risen to 101°, but gradually coming down, it remained at about normal for twelve days.

Every other day the sac was washed out; the boy remaining in very good health. At this juncture the drainage-tube slipped out, but was replaced, as nearly as the sister of the ward can remember, six days afterwards. But in the meanwhile his temperature had risen to 103°. For a few days it varied from 100° in the morning to 103° in the evening. At the present time the morning temperature is but little above the normal. The boy is dreadfully excitable, but eats and sleeps well. He still complains at times of pain in the back, but since he has been in the hospital his physical condition has greatly improved.

Remarks.—The great feature in this method of treatment of psoas abscess is its simplicity, and the absence of all special and intricate dressings. All that are required being a scalpel, the warm solution of carbolic acid, of the strength of one part in thirty, an ordinary enema syringe, a long probe, and a drainage tube. The best dressing consists in fine picked oakum for soaking up the subsequent discharges, and a bandage.

Of course one cannot attempt to predict the unfailing good results for all psoas abscesses treated in this way. On the contrary, I am strongly of opinion that nothing is more perversive of the truth in surgical practice than may be first successful cases. Still from what I have heard of this method of treatment of psoas abscess in Mr. Callender's hands, together with my own limited experience, I feel sure that we are advancing towards a happy solution of a most difficult question. Hitherto surgeons have, for the most part, dreaded interference with these abscesses of the spine. They have deferred active treatment of the abscess as long as possible. Nature has, indeed, often been allowed to step in and effect an outlet in her own way. Hectic, profuse discharges and death have then closed the scene. So-called valvular incisions, partial emptyings, and aspirations have been attended with no better result.

However carefully punctures or incisions may have been made, with a view to prevent communications between the cavity and the exterior being permanent, I have always found that the pus has taken advantage of them, and that a constant drain has followed shortly after.

Professor Lister has done much towards establishing a correct method of the treatment of chronic abscess. He has shown us what free incisions for the outlet of pus, the use of drainage tubes, and a due attention to hygienic matters can effect. The complication of antiseptic gauzes, many folds of "protective," and whatnot, have, however, placed his method of treatment beyong the reach of the single-handed and busy surgeon. Indeed, few dare call themselves thorough practitioners of his school, unless they have had the advantage of studying under his able guidance, and following him daily through his wards.

The simple treatment of psoas abscess which I have described, and which has been called the treatment by hpperdistension, seems to be antiseptic treatment carried to the furthermost limits of the disease; and a great part of its perfection consists in its absolute simplicity.

I do not imagine for a moment that my two cases of caries of the spine are cured, but I think I may say that they have been safely guided through a much-to-be-dreaded and critical stage of their disease.

What they want now is many months, perhaps years, of perfect rest and good feeding.

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THE ADULTERATION OF FOOD, AND BRITISH LEGISLATION RELATIVE THERETO.

By Dr. C. R. Alder Wright,

Lecturer on Chemistry at St. Mary's Hospital.

(*Continued from page 375.*)

Another point bearing on the above is the circumstances that the salary to be paid to the analyst is left wholly to the discretion of those appointing him, and the scale of fees usually paid is apparently modelled on the provision in the Act that any purchaser of any article of food or drink or drugs shall be entitled on payment of a sum not less than half-a-crown, nor more than half-a-guinea to have such article analysed by the public analyst for the district. Thus, the following table illustrates the salaries and allowances actually made (W. L. Scott, *Journal Soc. Arts*, XXIII., 434) (*a*):—

City of London, £600 per annum, as medical officer of health and analyst.

Metropolitan Vestries.

Paddington, Feb. 4, 1873, £150 per annum.
St. George's in the East, £100 per annum.
St. Giles, Camberwell, Jan. 31, 1873, 10s. 6d. to 21s. for analysis.
St. George's and St. Giles's, Bloomsbury, May 8, 1873, £100 per annum.
St. George, Hanover Square, Nov. 7, 1872, £350 per annum.
St. George the Martyr, Southwark, Jan. 25, 1873, 2s. 6d. to 10s. 6d. for analysis.
St. James and St. John, Clerkenwell, May 8, 1873, £100 per annum.
St. John, Hampstead, £50 per annum, and £1 1s. for analysis.
St. Leonard, Shoreditch, April 8, 1873, £50 per annum, and 10s. for analysis.
St. Luke, Chelsea, March 18, 1873, £250 per annum.
St. Luke, Middlesex, Nov. 5, 1872, £150 per annum.
St. Martin in the Fields, £100 per annum.
St. Mary Abbotts, Kensington, £50 per annum, and 5s. for analysis.
St. Mary, Islington, Dec. 6, 1872, £300 per annum.
St. Mary, Lambeth, Oct. 10, 1872, 2s. 6d. to 10s. 6d. for analysis.
St. Marylebone, Jan. 24, 1873, £100 per annum.
St. Mary Magdalen, Bermondsey, March 3, 1873, 2s. 6d. to 10s. 6d. for analysis.
St. Mary, Newington, April, 18, 1873, 2s. 6d. to 10s. 6d. for analysis.
St. Matthew, Bethnal Green, £51 per annum, and 7s. 6d. for analysis.
St. Pancras, Jan. 15, 1873, £100 per annum.

Metropolitan District Boards.

Fulham, 5s. to 21s, for analysis.
Greenwich, Dec., 1873, £100 per annum.
Lewisham, March 31, 1873, £50 per annum, and 10s for analysis.
Limehouse, Aug., 1873, £150 per annum.
Plumstead, May 16, 1873, £50 per annum.
Rotherhithe, 2s. 6d. to 10s. for analysis.
Strand, £100 for one year.
St. John, St. Thomas, and St. Olave, Southwark, April 18, 1873, £50 per annum.
St. Saviour's, Southwark, £105 per annum.
Wandsworth, Jan. 22, 1873, 2s. 6d. to 10s. 6d. for analysis.
Westminster, April 25, 1873, £100 per annum.
Whitechapel, March 11, 1873, 10s. 6d. to 21s. for analysis.

Boroughs.

Abingdon, April, 20s. for analysis and travelling expenses.

(*a*) It being 17 months since this article was written, and several changes having been made since in the number and character of these appointments, some of the above figures require slight modification.

Bedford, Jan. 15, 1873, £50 per annum.
Beverley, Feb., 1874, £10 per annum and fees.
Birmingham, Dec. 17, 1872, £150 per annum.
Bolton, £50 per annum.
Bradford, £100 per annum and expenses.
Bridgnorth, Feb., 1874, fees.
Bristol, Jan., 1874, £100 per annum, and £50 for expenses.
Buckingham, 20s. for analysis and expenses.
Cambridge, Jan., 1874, fees.
Canterbury, Feb. 26, 1873, 7s. 6d. to 10s. 6d. for analysis.
Colchester, 10s. 6d. to 21s. for analysis.
Cork, £50 per annum, and 5s. for analysis.
Dublin, March 6, 1873, £300 per annum, and £20 for expenses.
Edinburgh, June, 1873, fees and expenses.
Ely (Isle of), £5 5s. per annum, and 20s. for analysis.
Gateshead, £10 per annum; 6s. 6d. to 21s. for analysis and expenses.
Galway (City and County), £25 per annum.
Gloucester, Dec. 31, 1872, £30 per annum.
Gravesend, May 21, 1873, £15 per annum.
Hanley, £25 per annum; 6s. 6d. to 21s. for analysis and expenses.
Hastings, £200 per annum.
High Wycombe, £203 per analysis.
Ipswich, £25 per annum, and 5s. to 10s. for analysis.
Leeds, £30 per annum.
Leith, June, 1873, fees and expenses.
Limerick, £25 for one year.
Londonderry (City and County), £20 per annum.
Manchester, March 5, 1873, £150 per annum.
Oxford, April 7, 1873, 20s. per analysis and expenses.
Reading, £15 per annum and fees.
Rye, 5s. to 10s. for analysis.
Sheffield, June 17, 1873, £100 per annum.
Sligo, £25 per annum.
Shrewsbury, Dec. 30, 1872, 21s. per analysis.
Southampton, £40 per annum and fees.
Swansea, May, 1874, £100 per annum.
Tenby, Feb., 1875, fees, 2s. 6d. to 10s. 6d. per analysis.
Waterford, £25 per annum.
Wigan, £30 per annum.
Windsor, 6s. to 21s. per analysis.
Woolwich, £50 per annum and fees.
Wolverhampton, March 1, 1872, fees, 5s. to 10s. 6d. per analysis.

Counties.

Buckingham, 20s. per analysis and expenses.
Bedford, July 1, 1873, £50 per annum, and 6s. per analysis.
Berks, April 7, 1873 20s. per analysis and expenses.
Cambridge, £5 5s. per annum and fees.
Carlow, £25 per annum.
Carnarvon, April 2, 1873, £5 per annum and 21s. per analysis.
Cheshire, £100 per annum and 6s. per analysis.
Clare County, £25 per annum.
Cornwall, Sept. 1873, £1 1s. per analysis, and £2 2s. per quarterly report.
Denbigh, Jan. 2, 1873, 10s. 6d. per analysis and expenses.
Derby, April 8, 1873, 5s. to 15s. per analysis.
Devon, 7s. 6d. to 21s. per analysis.
Dublin, £50 per annum.
Durham, £10 10s. per annum, 7s. 6d. to 21s. per analysis.
Essex, Feb. 18, 1873, 6s. to 21s. per analysis.
Fermanagh, £25 per annum.
Hampshire, (main division) 10s. to 21s. per analysis.
Hampshire (Isle of Wight division) 10s. to 21s. per analysis.
Herts, Dec. 31, 1872, 6s. to 21s. per analysis.
Hunts, £5 5s. per annum and 20s. per analysis.
Kent, 6s. to 21s. per analysis.
Kerry, £25 per annum.
Kildare, £30 per annum.
Kilkenny, (City and County) £30 per annum.
Leicester, £60 per annum.
Longford, £25 per annum.
Mayo, £25 per annum.
Monmouth, 10s. per analysis.
Montgomery, 21s. per analysis and expenses.
Nottingham, 10s. 6d. to £2 2s. per analysis.
Oxford, 20s. per analysis and expenses
Portsmouth, £50 per annum.
Queen's County, £50 per annum.
Roscommon, £25 per annum.
Sligo, £20 per annum.
Salop, Dec. 30, 1873, 13s. 4d. per analysis.
Somerset, £100 per annum and £50 for expenses, &c.
Staffordshire, (North Division) June 30th, 1873, £100 per annum.
Staffordshire, (South Division) June 30th, 1873, £100 per annum.
Suffolk, (East) 10s. 6d. per analysis.
Surrey, Jan. 28, 1873, 10s. to 20s. per analysis.
Sussex, (East) 6s. to 21s. per analysis.
Sussex, (West) 6s. to 20s. per analysis.
Tipperary, £20 per annum.
Warwick, April 8, 1873, £75 per annum and 10s. per analysis.
Wicklow, £25 per annum.
Worcester, £100 per annum and fees.

With the exception of a few appointments, where a fair remuneration for a large portion of the times of a thoroughly trained man is offered (*e.g.*, St. George's, Hanover Square, £350 per annum, Dublin, £300 per annum and £20 for expenses; St. Mary, Islington, £300 per annum) the salaries paid are not such as to be worthy of the acceptance of first-class men who wish to make the Act effective, and not merely to do just what they must to show that their office is not a sinecure; St. Luke, Chelsea, offers £250 per annum; Hastings, £200; St. Luke, Middlesex, Limehouse, Paddington, and Manchester give £150 per annum each; whilst nearly all the remainder give from £20 to £100 a year. When the payments are by fees and not by salary the amount paid is mostly quite inadequate; thus, for five to ten shillings seems to be the average amount paid per analysis. Now, granting that some substances can be examined with sufficient exactness by the microscope alone (which is the case with very few), yet others (*e.g.*, milk) require a considerable amount of time to be expended in the *quantitative* determination of different ingredients, so that taking one thing with another, a fee of £1 1s. per sample all round is not at all too much. Guided, however, by the praiseworthy (but, in this case, however, most mistakenly adopted) desire to save rates, salaries, or fees are usually paid, the nature of which of necessity prevents the Act from being carried into execution as it should be in order to repress effectually the malpractices to which it is desired to put an end. If, in a given parish, for example, the inspectors made now and then a raid on every milkman, or every baker, &c., throughout their bounds, an enormous amount of analytical work would have to be done; the uncertainty as to when such a wholesale raid would be made would act far more effectively as a deterrent than the present system whereby the substances sold in two-thirds of the shops of a district are never examined at all, whilst of those shops that are sampled occasionally the majority are never visited a second time for long periods after the first inspection. To carry out this Act in this way, however, and to remunerate adequately the analysts under it, would probably require the doubling or trebling of even the highest rates of salary at present paid, whilst the average payment would have to be increased tenfold at least. The low average rate of remuneration is one great cause why the highest class of chemists have, as a rule, not come forward as candidates for such appointments, or have refused such posts when offered to them. Connected with this also is the circumstance that the fees paid to the analyst for attendance in court for cross-examination in cases of prosecutions are often absurdly low; if half-a-guinea is offered to a consulting chemist for doing that for which his usual fee is five or ten guineas, it is clear that the damage done to his consulting practice by the acceptance of a post which entails his non-refusal of the lower fee would far outweigh the advantages to be derived from the salary attached to the appointment.

Notwithstanding, however, the above and other objections to the practical working of the Act of 1872, the general result arrived at that considerable good has been done by it, imperfect as it may be in its own nature, and inadequately as its provisions may have been carried out; thus, the following table speaks for the improvement in the quality of the foods &c., now (April, 1875) met with in the market as compared with those examined by Dr. Hassall (*a*) :—

NAME OF DISTRICT.	Time Act has been in Operation.	Total Number of Samples Analysed.	Number found Adulterated.	Number of Convictions Obtained.	Percentage of Adulterated Samples to Total Analyses.	Percentage of Convictions to Total No. of Samples Examined.
	Mos.					
Bedford	27	abo't 200	..	..	..	..
Bedfordshire	21	510	42	20	7 37	8·51
Bermondsey	17	281	45	33	16·01	11·74
Beverley	13	few milk	1	..	..	..
Birmingham	30	165	102	83	61·82	23·03
Bolton	32	289	11	10	3·80	3·46
Bradford	9	126	24	24	19·05	19·05
Brighton	13	124	14	6	11·29	4 84
Bristol	15	281	149	10 prosecutions.	53 02	..
Buckingham and Buckinghamshire	..	22	3	..	13 63	...
Canterbury	24	45	7	2	15·55	4·44
Camberwell (St. Giles)	25	545	68	66	12·47	12·11
Cambridge	13	2	1	..	50·00	..
Colchester	12	1	1	..	100·00	..
Cork (City) .. Cork (County) ..	32	115	48	2	41·74	1·74
Chelsea	32	281	35	5 or 6	12·45	1·78
Cheshire	27	587	164	96	27·94	16·35
Devonshire	12	58	28	none	48·27	..
Durham	15	70	26	1	37·14	1·43
Denbigh	..	..	..	..	..	..
Edinburgh (Leith) ..	22	ab't 150	about 50	12	33·33	8·00
Gateshead	16	92	38	20	41·30	21·74
Gravesend	12	10	10	1	100·00	10·00
Greenock	..	..	..	..	..	..
Greenwich (including all Plumstead and Woolwich)	16	701	84	..	11·98	..
Hackney	21	206	28	13	13·59	6·31
Hanley	9	115	57	7	49·56	6·09
Hampstead	12	39	1	none	2·56	..
Huddersfield	16	18	1	none	5·55	..
Isle of Man	21	140	33	ab't 25	23·57	17·85
Kensington	8	140	25	20	17·85	14·28
Lambeth	20	252	29	28	11·51	11·11
Leeds	19	270	32	18	11·08	6·66
Lewisham	22	123	18	17	14·63	13·82
Leicestershire	..	..	..	..	..	..
Limehouse	20	169	15	5	9 23	3·08
Lincolnshire	32	1036	490	66	47·30	6·37
Liverpool	10	3 8	117	60	31·25	16·30
London (City)	..	..	..	..	..	..
Londonderry	26	158	43	5	27·21	3·16
Manchester	15	75	12	7	16·00	9·33
Monmouth	25	9	2	2	22·22	22·22
Montgomeryshire ..	12	17	6	none	35·30	..
Newcastle-on-Tyne ..	32	293	96	14	32·87	4·81
Newington (St. Marys)	22	..	..	..	..	..
Oxfordshire	24	27	14	none	50·00	..
Portsmouth	15	164	..	15	..	9·14
Reading	13	23	1	none	3·57	..
Rotherhithe	9	45	6	none	13·33	..
St. George's, Hanover Square	17	154	51	5	33 11	3·24
St. Pancras	24	570	79	23	13·86	4·04
Shoreditch (St. Leonards)	23	87	22	8	25·28	9·19
Shrewsbury	13	7	3	none	42·86	..
Shropshire	30	26	5	2	19·23	7·70
Somersetshire	16	2312	863	520	37·.3	22·49
Southampton	9	21	7	none	33·33	..
Southwark (St. George's)	21	92	22	21	23·91	22 82
Southwark (St. Saviour's)	23	128	36	23	28·12	17·97
Staffordshire (North) ..	15	947	381	155	..	..
Staffordshire (South) ..	15	526	251	..	47·30	..
Suffolk (East)	18	..	..	..	..	..
Surrey	24	1513	168	140	11·10	9·27
Sussex (East)	about 18	8	..	none	..	..
Sussex (West)	21	48	2	none	4·16	..
Swansea	4	56	26	17	46·43	30·35
Tenby	2	2	2	none	100·00	..
Wandsworth	21	974	84	22	8 62	2·26
Westminster	20	241	41	16	16·11	6·61
Wigan	17	53	10	2	17·24	3·44
Wolverhampton ..	24	163	56	..	34·35	..
Worcester	..	..	..	..	..	..
Worcestershire ..	30	246	68	..	27·64	..

From these numbers it is manifest that the 1872 Act has actually been beneficial to a considerable extent in checking adulteration; but the amount of good done in this way is far less than was hoped for at the time of its coming into force; this arises partly from imperfections in the bill itself, the clauses being sometimes loosely worded, so that the decisions of magistrates have not been uniform in character; partly from the circumstance that it has not been put into operation thoroughly and universally; and partly from the fact that at the time when it came into force there was not a sufficient number of properly and specially trained analysts in existence to meet the demand, whilst a large number of the higher class of analysts refused to have anything to do with the appointments, on account of the insufficient remuneration attached to them, and other objections; and again in some instances, the Act has been purposely stultified either by the intentional appointment of incompetent men, or by neglecting to procure any samples of food, &c., for analysis when an analyst has been appointed, whilst in other cases the same result has been unintentionally brought about through the vesting of the powers of appointment in the hands of boards or officials incapable of forming proper opinions as to the qualifications of the candidates.

Partly from motives connected with trade interests, and partly from the fact that in a few cases undoubted mistakes were made by some of the analysts, especially at first, a most vigorous opposition to the Act was organised; and as the last result a select committee of the House of Commons was appointed to inquire into the working of the Act, and to consider the steps to be taken for its amendment; numerous witnesses were examined, the evidence of whom did not show quite as much agreement on questions as to matter of *fact* as might have been desired; for example, Dr. Hassall and Dr. Voelcker were in favour of the prohibition of the facing of tea; the latter, however, did not consider one and a-half per cent. of facing (the usual average) as an adulteration. Mr. Wanklyn did not consider facing tea as adulteration at all, whilst Mr. Allen did not view the tinting green tea of a more bright hue than that naturally possessed as an adulteration; whilst he reprobated the practice of facing black tea so as to make it appear green. Again, Dr. Voelcker and Mr. Wanklyn utterly denied the possibility of detecting foreign fats in butter with certainty, whilst Drs. Hassall and Tidy were quite of the opposite opinion: in these as in most other cases, probably the proverb *via media tutissimus* holds; there can be little doubt that wholly artificial concoctions could be made in which nothing foreign to butter could be detected, whilst the admixture of certain substances with butter when present in any quantity might be detected with reasonable certainty, especially in *fresh* butter. With one exception (Dr. Tidy) all the witnesses agreed that the provision in the Act that an analyst must possess *medical* knowledge is wholly unnecessary; and, in fact, it is manifest that no

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(*a*) W. L. Scott, *Journal Soc. Arts*, xxiii., 436.

knowledge of the healing art can be any use in the solution of what is either a purely chemical question, or one depending on familiarity with microscopic appearances; as well might a knowledge of surgery be considered indispensable. The question as to whether a given adulteration is likely to be injurious to health is one quite as likely to be answered correctly by a chemist as by a medical man; the former, if he knows his science at all, knows what substances are poisonous either as specific poisons or as corrosive or otherwise injurious bodies; and, indeed, the whole *rationale* of drug-giving depends on the performance of complex chemical reactions (unfortunately for the most part of very imperfectly known nature) in the organism; what there is of science therefore involved in questions as to the healthfulness or otherwise of certain admixtures, really appertains to the domain of chemistry and not to that of the diagnosis of diseases.

Differences of opinion thus existing amongst those most interested in the scientific part of the question deliberated by the committee, it is not much to be wondered at that the recommendations made by the committee on reporting were in some respects of an unsatisfactory nature, and that their conclusions, from the evidence before them, were somewhat hazy, and not always in accordance with the more recent experiments published by competent observers. One of the most objectionable of these recommendations was that disputed cases should be referred to the Inland Revenue Office Laboratory, in Somerset House. This proposal was most unpalatable to the public analysts, being viewed by them as grossly unfair, since some at least of the analysts are of high reputation, whilst the majority of the Revenue analysts are but little known by reputation out of their own walls; hence the reference to Somerset House was considered to be from a higher to a lower authority, somewhat as though the decision of a court of appeal were to be rendered liable to reversion by an ordinary magistrate, or as though the opinion of a leading consulting physician were to be publicly subjected to correction by an unknown village practitioner. Moreover, no provision was made that the referee should be cross-examined on oath. Another almost equally objectionable recommendation was that analysts should be compelled to pass an examination at South Kensington before appointment. Manifestly it would be unwise to let any one training school have a preference over others, unless it were one specially devoted to food analysis in particular, as well as theoretical chemistry and analysis in general, and this can hardly be said of the institution in question, although the systematic laboratory training given there undoubtedly is amongst the very best of its kind.

One immediate result of the report of the committee was that an association was speedily formed consisting of public analysts and others practising as analytical chemists, and this has since become known as the "Society of Public Analysts;" since its formation some eleven months ago it has accomplished a considerable amount of work; numerous discussions on the report of the Select Committee, the draught of the bill introduced by Mr. Sclater Booth (Sale of Food and Drugs' Act, 1875,) and the alterations made therein have taken place, and the resolutions passed have been in many cases adopted in this bill; in addition, many valuable papers have been read on points connected with food analysis and analytical chemistry generally, and thus an impetus has been given to the perfecting and elaborating methods of examination of various substances. Not only this, the society endeavours to raise its members in the public estimation by attempting to weed out from the ranks of the public analysts incompetent persons, and by demanding explanations and passing votes of censure in such cases as may require such stringent measures; a valuable *esprit de corps* is thus engendered whereby it is to be hoped that the complaints that have been made (not always without some cause) of incompetence amongst public analysts will soon become things of the past. Of course, amongst any body of men there will always be some unscrupulous persons; we have heard of an analyst who; on being asked to certify that a loaf was free from deleterious ingredients, coolly ate a portion for lunch, and then, feeling no worse for the meal, certified that he had not succeeded in detecting anything of an injurious character in the bread! and of another who systematically copied the published official analyses of water for the previous month, instead of actually performing them according to his agreement. The knowledge that such practices, if detected, would bring professional discredit, and consequently loss of income, would probably serve as a deterrent from such disgraceful proceedings, which for the rest are rare enough, if not altogether singular.

(*To be continued.*)

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THE PHYSICIAN'S PROBATION AND PROFESSION. (*a*)

By Francis R. Cruise, M.D., F.K.Q.C.P.,
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It is but right to premise that I alone am responsible for the advice I shall give and the views I shall propound. If, perchance, they grate upon the opinions and sensibilities of any, I shall regret the pain they may give, but I will nevertheless offer them fearlessly to you as the honest convictions derived from a personal experience of nearly a quarter of a century devoted to the unceasing study and teaching of the profession you are about to undertake.

Taken in its most extended signification, the study of medicine includes all the various branches of human knowledge, which, united, enable us to recognise the countless forms of injury and disease that menace the destruction of life—which instruct us to predict and understand the course and final termination of those protean phases of evil—and which arm us to protect, to assist, and to comfort suffering nature in the combat with the myriad ills which descend as heir-looms to her fallen state.

A brief reflection analyses these motley elements of knowledge into three leading groups, in accordance with their final purposes, namely :—

First, those which qualify for the recognition of abnormal conditions, or for what is technically termed diagnosis.

Secondly, those which appertain to the nature and history of morbid states, or pathology.

Thirdly, those which instruct us to avert, so far as may be possible, the impending evils of disease, or therapeutics.

Reducing this analysis to the most practical application possible, let us reflect for a moment upon the three grand questions which the physician must answer whenever he stands by the bed of sickness :—*First*, what is the disease? *Secondly*, how will it result if left alone? *Thirdly*, what assistance can be rendered, and how?

I shall endeavour to point out as succinctly as possible the means whereby you may attain the grand end of answering these questions with justified confidence. In the first place, as regards *diagnosis*, if you would acquire the power of accurately recognising disease, you must in the commencement devote yourselves to the investigation of the structure and functions of the human body in health, and then to their contemplation in disease. In a word, you must begin with the study of anatomy and physiology, and subsequently pass on to that of pathology. Anatomy and physiology claim first attention, inasmuch as they constitute the grammar of all medical science. The truth of this statement scarcely needs illustration.

To learn anatomy is the first portion of the great task.

It is a much disputed point whether anatomical plates are serviceable to the pupil or not. I have no hesitation in stating my conviction of their great advantage, when properly used. They are no substitute for dissection, but in a course of anatomical reading I believe them to be

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(*a*) Abstract of the Introductory Address delivered at the opening of the Session, 1876-7.

invaluable in guiding the student and rescuing him from inextricable and almost overwhelming confusion. At the same time attend the lectures and demonstrations, noting what you see and hear; occupy a portion of your evenings in writing out these notes, correcting and condensing them; finally, endeavour, either alone or with the assistance of others, to reduce your knowledge to the form of question and answer.

A system such as I lay down will prepare you to dissect with ease and advantage, and will save you from the heavy discouraging task of groping after parts, whose name, position, and relations are alike new and unknown. I am fully aware that many censure resort to the artificial aid I now suggest, maintaining that dissection alone is the means to proficiency. I admit the statement, and would merely qualify it by reiterating my conviction, derived from experience and observation, that to dissect to good purpose you must be prepared beforehand by a course similar to that I recommend.

On the subject of *dissection*, I can scarcely speak with adequate emphasis. This is the focus to which all your previous exertions must converge. To fit yourselves for it is the end and object of the preparation I have advised. It is the solitary means whereby a useful knowledge can be obtained, the only school in which dexterity and certainty in operation can possibly be acquired. Practise it incessantly; sacrifice everything for it, except hospital attendance. If you are juniors seek the assistance of those more advanced; if you are seniors dissect for those who are beginning. Be convinced that every hour so spent will abundantly repay you in the fulness of time.

It is a common delusion to imagine that a general knowledge of anatomy suffices for practical purposes. This is a fundamental error, replete with danger. If we aspire to follow medicine as a science, to benefit others and ourselves, our knowledge of it cannot be too minute or too accurate. You may ask, "How much knowledge of anatomy is absolutely requisite?" The question is difficult to answer. If I must give a precise reply, I would do so in the words of the illustrious Beclard:—"The surgeon should understand anatomy so thoroughly and perfectly, that, when he plunges his scalpel into any region of the body, he should be able to strike the part he seeks, and avoid whatever may be endangered, with as much certainty as though all were transparent, and his gaze fixed upon the point of the knife."

By an easy step we pass from the contemplation of normal structure and function to consider the various perverted conditions to which these are liable—in other words, to the study of disease, or pathology. In the prosecution of this division of our labour it is unnecessary for me to call upon you for increasing vigour and application. The end and object of your study is to enable yourselves to combat and alleviate disease. To do so you must first learn to understand its nature, causes, effects, and tendencies. How is this knowledge to be obtained? Whosoever hopes to win it must begin, as I have already set forth, by the study of anatomy and physiology, wherein alone are found standards with which to compare altered structures and functions, and measure the amount of their aberration from health. Thus prepared you must industriously investigate and patiently analyse disease itself by the bedside and in the dead-room.

Again, the natural desire to render the history as faithful a representation as possible of the case in point, educates and refines the power of observation, and gives quickness and accuracy to this, of all faculties, the most indispensable in the investigation of natural science. To comprehend fully its utility, bear in mind that in the several branches of *natural* science the mode of advance contrasts directly with that in mathematics. While in the latter we start with a few principles, and argue and construct from these; in the former we must begin by observing ultimate facts, then by reflection reduce them to classes, and ultimately arrive at general laws. It would be difficult for me to lay sufficient emphasis upon the incalculable importance of cultivating a reasoning and fruitful power of observation in the study of our profession. The sooner you acquire it, the more profitable your labours will become. Remember that it will avail you little merely to see the phenomena of health and disease. You must also learn to perceive their import.

It is hardly needful to quote illustrations in corroboration of what I state. The whole history of the advance of medical science is but a record of the reflective observation of its ablest and wisest followers. Many thousand years had rolled by from the creation of man; through ages and ages hundreds had dissected and beheld the structure of the human body; and yet it remained for the acute perception of William Harvey to discover, in the uniform direction of the valves in the venous system, a starting point from whence to reason out and demonstrate the circulation of the blood. What an amount of accurate knowledge of disease, previously unnoticed, has been contributed within the last half century by the labours of the keen observers who have shed the lustre of their genius upon medicine: such, for example, as the researches of Laennec and Stokes upon affections of the lungs; of Hope and Corrigan upon cardiac diseases; of Bright on renal degenerations; of Graves, Hudson, and Jenner on fevers; of Addison on melasma; of Brown-Séquard on nervous affections; and of a countless host of labourers in the same field of usefulness. For all this, and other progress, we are indebted to the simple fact, that these wise men profited by what others saw and passed unheeded for untold centuries. Remember that in every object there is inexhaustible meaning, but the eye only sees what the eye brings means of seeing. How different the universes that Sir Isaac Newton and his pet dog Diamond beheld; yet the images on the retina of both were probably the same. Learn, then, at the bedside to see with the mind as well as with the eye.

The habit of case-noting possesses many advantages in addition to those already instanced. It exercises constant personal familiarity with disease, engraves its lineaments indelibly upon the memory, and soon accumulates a mass of valuable experiences for reference and assistance in difficulty. The late Mr. Colles was remarkable for his extraordinary knowledge of disease—so much so, that patients were often astonished at the accuracy with which he was able to recount their symptoms. All this he attributed to his habits of case-taking. The late Sir Benjamin Brodie and Trousseau tell us emphatically that the records of cases noted during their pupilage, proved throughout their long and eminently successful lives constant and faithful guides in circumstances of perplexity and doubt.

Do not suppose, for a moment, that I undervalue the help you can obtain from your instructors; but, rest assured, the best teacher is he who teaches you to do without him—taking you a certain distance and leaving you, having put into your hands the means of going further if you choose to use them. In fine, keep before you Solomon's aphorism:—"Get knowledge, but, above all, get understanding."

Therapeutics—the last portion of our task, still remains to be considered. Of its importance you will form a just estimate on reflecting that your previous studies are but *means* to this *end*. You learn anatomy and physiology to prepare yourselves for the study of pathology. The sole utility of comprehending disease is to enable you to treat it upon a rational foundation. How, then, may a sound knowledge of therapeutics be acquired? As anatomy and physiology lead the way to pathology, so the latter prepares for therapeutics. In a word, we must add to a comprehensive knowledge of disease an acquaintance with the power and use of remedies.

I would venture to suggest the following method in pursuing the study of therapeutics:—

First, to ascertain the properties of medicines.

Secondly, to learn the indications in disease; and,

Finally, to labour in the acquirement of judgment in the use of remedies in particular cases.

Without a knowledge of medicines you cannot even approach the subject of therapeutics; therefore, I would advise you *forthwith* to study materia medica and its allied sciences—chemistry, mineralogy, botany, and pharmacy.

A clear perception of *indications in disease* is not easily acquired; in fact, it implies profound pathological information. Patient clinical observation, especially case-noting, is the certain means whereby to gain it. Without this knowledge your therapeutics can never be scientific; its absence originates the too frequent error of treating disease according to its *name* rather than its *nature.* I shall not spend time in quoting illustrations; many will soon strike you. Of two cases of pneumonia one may require blood-letting, tartar emetic, and mercury; the other wine and quinine—skill in recognising *indications* must guide your choice.

Judgment in the selection, combination, and application of remedies to meet the requirements of particular cases constitutes the ultimate reward of long-practised observation and reflection. In it consists *resource*, the qualification wherein probably physicians differ most, and which, beyond all others, determines professional rank.

It is a not unfrequent foible, even with some physicians, to depreciate the value of remedies. I warn you solemnly against this dangerous frame of mind. I once heard the most accomplished therapeutist I ever met say, that in his opinion the disbelief in the value of medicines arose from want of knowledge in their use. I have lived long enough to believe his words so firmly that I offer them to you as an aphorism, and I feel confident you will ultimately accept his doctrine.

Hitherto reasoning *a priori*, I have laboured to show that in the acquirement of a knowledge of our profession, the first step is to learn anatomy and physiology; thence to proceed to pathology; and, finally, to master therapeutics. From motives of convenience, and to economise time, these different branches are studied together; nevertheless, analysis of the mental process gone through in the management of each individual case verifies the order above stated.

Medicine and surgery have before them a magnificent future; all things tend to show that as years pass it will be their glorious task to diminish pain and lengthen life. A few hundred years ago childbirth was three times more fatal than now; small-pox decimated continents; plague, black sickness, and leprosy raged in Europe. How different now! Life is longer in every grade than formerly; small-pox is, to a great extent, annihilated as an epidemic—the plague is never heard of—and anæsthetics, the fairy-gift of chemistry, have robbed the surgeon's knife of all its terror.

Even within my own memory notable advances have been made in the healing art. I may quote a few instances:—The antiseptic dressing in surgery, so perseveringly worked out by Lister, has revolutionised previous experience, and rendered the immediate healing of large and dangerous wounds the rule in place of the exception—Esmarch's mode of applying compression to the vessels of the limbs enables us to perform tedious operations without the loss of a spoonful of blood—Torsion as a means of healing up bleeding vessels, popularised by Syme—blood transfusion in cases of extensive hæmorrhage, revived, simplified, and perfected by my friend, Dr. Robert M'Donnell, of Dublin—the extension of the subcutaneous method of administering medicines—the knowledge of the value of bromide of potassium in epilepsy—the re-introduction of ether as an anæsthetic by the late Dr. Morgan, of Dublin; and, last, not least, Leibreich's discovery of chloral hydrate as a sedative, have conferred real blessings on suffering humanity.

I have already spoken of the advantages of noting the cases in hospital, but you must do more. You must undertake their dressing and manual care, and, if possible, you should, in due course, become resident pupils. It is in after-life that you will fully realise the immense value of hand-to-hand contact with your work. If sufficiently prepared for this responsible post, I believe you will learn more that will serve you in the actual exigencies of life in six months of residency than in several years of ordinary attendance.

By it you will add to your knowledge that presence of mind which will enable you to meet emergency. In fact, you will supplement *Power* by the essential gifts of *Promptitude* and *Resource.*

We all feel the necessity of this, and can easily see how it applies to a general in the field, to a pilot in a storm, to a sportsman, to a fencer, to a debater. It is the same with an operating surgeon at all times, and may be, at any time, with the practitioner of the art of healing. You must be ready to deal with all emergencies—with the cases that rise up at your feet and must be dealt with on the instant or lost.

Dr. Henry Marshall tells a story which illustrates my words:—

A young and well-informed surgeon, attached to a regiment, went out professionally with two officers who were in search of what used to be called "satisfaction." One fell shot in the thigh, and half an hour after he was found dead, the surgeon kneeling pale and grim over him, with his thumbs sunk in the thigh *below* the wound, the grass around steeped in blood. If he had placed them two inches higher, or extemporised a torniquet with his sash, and the pistol's ramrod and a stone, he might have saved his friend's life, and his own—for he shot himself that night. Such was the result of want of presence of mind.

Béclard gives a similar sad instance:—A young surgeon hurriedly performed tracheotomy, to save a friend who was dying, but in his haste he carried his incision a shade too far down and opened the innominate vein. Thus, although for the moment he recalled his friend to life, he endured the agony of seeing him die of hæmorrhage, the penalty of his unsteadiness.

I need not dwell further on this topic.

Let me here explain the precise value I attach to lectures—Clinical lectures—which refer to the cases under your eyes, and original discourses on subjects specially investigated by the lecturer, are invaluable; but enforced attendance, year after year, on systematic lectures, I look on as a mere waste of valuable time—as a relict of those mediæval periods when books were not procurable. They are of service to a beginner, but for the advanced pupil their utility is most questionable. Nay more, unfortunately, they are so numerous and lengthy in your curriculum, that they would absorb much of the little leisure at your disposal, and seriously impede your progress.

Happily, for the most part, the student is treated considerately, and allowed to attend or not as he may find his interest; but recently, strange to relate, the University of Dublin has framed rules compelling attendance on systematic courses of lectures. So obsolete a policy reminds one of Washington Irving's quaint story of "Rip Van Winkle," and seems an astounding retrograde movement.

The reform we veritably need in our educational system touches the *Final Examinations.* These, so far from really testing whether the candidate is so disciplined in mind and in special knowledge as to fit him to undertake the business of life with benefit to others and credit to himself, are too often actually perfunctory—so much so, that, as teachers know well, the best informed pupils are sometimes rejected, while the most incompetent are allowed to slip through.

It is deeply to be regretted that, while legislators wrangle over details, and wage pigmy wars about trifles, they do not seem to go boldly to the root of the evil. It should matter nothing to the examining boards how, where, or when the candidate obtains his knowledge, but they should lay themselves out to ascertain whether he really possesses it or not. Of late years there is a movement towards the reform I advocate, but of a slow and halting nature, and, while so many licensing bodies exist, there must inevitably be, unless obviated by stringent legislation, a fatal tendency to competition *downwards*—in other words, to fix the *minimum* of knowledge which may be tolerated in the aspirant.

I dwell on this matter solely to make you comprehend that the object of your studies should be not merely to pass examinations—that values little—but to know your profession in real earnest.

I must not omit to add a few words on private teaching or "grinding." Properly used, I believe it to be invaluable, and I would recommend the student to adopt it from the beginning of his course. It must, however, be carried out honestly or it is worse than useless. The conscientious tutor who teaches you systematically by question and answer is your best friend, and many of the most esteemed lecturers pay tribute to his value by adopting his system to a great extent. It is only when the grinder descends to cramming with answers to suit special examiners that he becomes an evil—an evil, I regret to add, the natural outcome of the deficiencies of the existing system of examination.

There remains, gentlemen, a vital point connected with your studies regarding which I must claim your attention—I allude to the general mental training needful for the profitable study of medicine. Of all the evil influences which overshadow the education of the modern physician, none, I am satisfied, is comparable to the almost universal neglect of extra-professional mental culture. The licensing bodies at large, with a few honourable exceptions, vie with each other in setting at naught the general education of the student. Probably we owe this serious error, in great measure, to the utilitarian character of the age; but, surely, law-givers should stand above such an influence where so much is at stake. I allude to this point in order to impress upon your minds the need of prosecuting, on your own account, the cultivation of your intellectual powers, outside your special studies, if you desire to attain superiority in the profession of medicine. It requires but little reflection to understand the force of what I state—a glance exhibits the necessity, indirect and direct, of an enlarged education for success in the pursuit of our vocation. If, indeed, its subject-matter were definite and limited, it might with some plausibility, be urged that general education was not indispensably requisite. But, as I have endeavoured to show you, the physician is for ever engaged in a struggle to master a subject, which, from its very nature, is partly beyond his comprehension, and over which his control must be proportionate to the extent of his sagacity and the perfection of his mental training and resource. Moreover, he is in immediate need of a liberal education to fit him for the acquirement of that portion of knowledge which is actually within his command. Without an acquaintance with classics and modern languages the very phraseology of the profession is unintelligible, and many of the richest sources are cut off. Without the cultivation of the reasoning faculties it is impossible to attain that logical precision of thought which saves from error and guides in the search for truth. Without a competent acquaintance with physics, mathematical and experimental, no one can appreciate or profit by the characteristic improvements of modern medicine.

Just now the medical profession in Great Britain feels deeply a recent act of legislation, insultingly carried in the teeth of its protest, most uncalled-for, and specially calculated to impede progress in the higher branch of our studies—I mean the Vivisection Bill. This singular outcome of hysterical sentimentality tends seriously to limit those investigations by which, in the past, we have acquired nearly all our knowledge of the circulation, of vaccination, of the functions of the nervous system, of the significance of the sounds of the heart, and of the familiar facts which help us to save life and mitigate pain in daily practice, and to which we look in the future for the alleviation of the great scourges of cancer, tubercle, cholera, hydrophobia, snake poisons, and a host of miseries as yet beyond control.

It is well that no such ban existed in the days when Harvey worked out the great problem of the circulation of the blood, the very turning point of rational practice, which, he tells us, he accomplished *mainly* by experimenting on living animals.

Does it not seem strange, and significant of the real state of our progress, that in England, Harvey's native country, law-givers should now carry this Bill, thwarting those who work for humanity's sake, while they neglect to punish countless real odious cruelties, practised, not for the alleviation of human suffering or the prolongation of life, but for sheer sport, gluttony, or sordid gain.

The celebrated Dr. Arnold, of Rugby School, who enjoyed unrivalled opportunities of observing students, and of watching their career in after-life, has made the memorable statement that in his experience the difference between men was not in *ability*, but rather in *energy*. Carlyle, too, one of the profoundest thinkers of the age, has defined genius to be "the art of taking uncommon pains."

Still, my young friends, while I wish to encourage, I would not mislead you. I have no wish to multiply difficulties, but the selection of a permanent career is so important that I should fail in my duty if I did not inculcate the grave and urgent need of caution. If your *inclinations* do not call you to medicine, abandon it at once. Unless you find a special delight in your work, give it up and turn elsewhere. The prizes in our profession are not rich, and fall to the lot of few; an equal amount of industry, bestowed in almost any other department of energy, will secure a better return. If you finally decide upon it, be prepared for a life of labour and self-denial—such as is not dreamed of, I believe, in any other position in life.

Be prepared to risk your lives daily and hourly—if needful to go into the field of battle, and work under fire, like our noble brethren M'Cormac and M'Keller, at the siege of Alexinatz—to face scenes of harrowing pain, bodily and mental, amidst which you shall move, striving to do what good you can, succeeding sometimes, failing often, for such must be your lives, the grief and glory, the anxiety and consolation, mingled as the smoke and the flame.

Withal be not discouraged by the thought of the little you can accomplish individually. Cast from you this ruinous fallacy. Each of you resembles a link in a chain, a bee in a hive, a soldier in an army, contributing a mite to the common good.

Sad it is that most of what you know and are capable of must die with you, often untold and unfinished, as with Humbolt, Cuvier, Bichat, and a thousand others, but so long as you live you can and should add something to the world's inheritance of knowledge.

Those amongst you who are somewhat advanced, and approach the completion of your studies, may reasonably ask me—What, after all, are the material prospects of the profession of medicine?

In the first place, I would advise you to avoid the army, at home and abroad, and the Navy. These services, under existing regulations, appear to me beneath the notice of men of capacity. The social position is doubtful—the pay miserable—promotion tedious—the sacrifice of liberty for the best years of your life unbearable, and ultimately ruinous—the compensation on retirement, after the waste of the brightest and most fruitful period of your existence, preposterously inadequate.

The Indian army offers a better reward, but the risk of health is very great. I read formerly for the Indian service, and meant to enter it, though circumstances afterwards caused me to abandon the project. We were a goodly class—some twenty or so; I can recall most of their names. Of all who went to India and remained there, I believe but one still survives.

The Army service, as now appointed, is in bad repute, and able men do not offer themselves for it. My friend and colleague, Dr. Hayden, has placed in my hands a very remarkable table, which shows the steady decadence in the quality of the answering at the Army Board Examinations for the last few years. This is just what the profession expect, and what I think it should desire. Until the regulations of the military and naval services are amended, in favour of the officers, it would be a sad pity to see men of ability sacrifice their prospects by entering them.

Gentlemen, I have no inclination to inflict upon you a moral lecture, nor to remind you what conduct becomes you as students of medicine. Suffice it if I can succeed in making you feel the dignity and charity of your calling, and all that I could add follows, though unspoken. Then it will be needless to remind you of the kindness, gentleness, and conscientiousness with which you should treat the poor sufferers in the hospital wards, as those stricken by poverty, affliction, and suffering—as God's chosen ones—as your brethren—and as the living books from which you must learn all that will bring you success and distinction in after-life.

I hardly like to touch, even in passing, upon the fancied hindrances which are at times supposed to detract from the nobility of our calling. If I must allude to them at all it shall be briefly, and only to disabuse your minds of prejudices which a little time, without my aid, must dissipate. It is a not uncommon practice, with a certain class of the public, and even of the educated, flippantly to depreciate the profession of medicine, urging that it is wanting in scientific basis, evil in its tendencies, and of doubtful social position. We who understand better can afford to bear such aspersions in pity rather than in anger, because to all who take the trouble to understand it, apart from its mere practical art, medicine is a science, and the grandest of sciences. Day after day brings to light new proofs of the truth of its general laws, and of their co-relation and intimate connection with the dogmata of physics in general. Medicine is none the less a science because, being inductive, we have no universal axioms from which to deduce the individual facts of disease; because we are obliged to elucidate its laws synthetically by the comparison of a host of particular instances, and in many cases are forced to reason by analogy and hypothesis. Neither is it the less a true science because it is an imperfect one, perplexed and confused by the intermixture of vital with physical phenomena—in a word, by the immediate contact of the spiritual with the material.

I shall not dilate upon the social position of the profession of medicine. Unfortunately, it is too true that many influences—some difficult, if not impossible to remedy—some painful even to think of—have depressed in below the just standard. So far as this point is concerned, I think we shall act most wisely by accepting our vocation for its own sake; by struggling each one according to his ability, to elevate it in the estimation of those around us. For ourselves we need have no misgivings—most assuredly, if our calling has disadvantages, it also has wondrous attractions. That which can only be the occasional luxury of others—the relief of pain, the mission of mercy above all distinctions—is our daily task. That which is the recreation of few save the rich and leisurely, the wondrous operations of nature, it is our constant business to study and commune with; we follow no dubious principles of right and wrong; we are harassed by no scruples of mind or conscience; we truckle to no caprice, acknowledge no worldly dependency, but follow in freedom a life at once useful and bountiful to others—elevating and independent for ourselves.

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THE PRESENT AND FUTURE OF MEDICINE. (a)

By Lambert H. Ormsby, A.B., M.B., L.K.Q.C.P., L.R.C.S., &c.
Surgeon to the Meath Hospital, &c., &c.

There is no sound reason for supposing that the profession of medicine should not claim even a higher place in public estimation than that of the Church, the Bar, the Army, or Navy. Yet what are the facts? Is it not that the healing art, the Godlike profession, is generally placed last in comparison with the various callings before mentioned as regards State recognition or appreciation. In the House of Commons they found more than 120 barristers, 100 officers in the army, and but six medical practitioners. Among the many subjects that must be decided by Parliament before very long, and which emphatically demand the best attention of a sound medical opinion, are the following:—The health and management of prisoners, the treatment of habitual drunkards, the further restriction of the pollution of rivers, the opposition to compulsory vaccination, the position and qualification of coroners, and last, not least, the war cry of self-constituted humanitarians—the vivisection question, of which they heard so much in the present day, with its alleged abuses and needless barbarities. Such abuses, the profession were the very first to set their faces against, and to require and imperatively demand stringent State legislation; but certain painless experiments, under the administration of anæsthetics, on animals are absolutely necessary, considering the imperfections of our art, and the limited knowledge we have on certain subjects connected with it. If those who oppose all such experiments could witness the dreadful scenes of horror and anxiety that often occur in hospital and private practice, owing to a want of knowledge regarding the administration of certain substances their opposition might be considerably less. The life of the late Sir Robert Peel might have been saved had the action of chloroform or other anæsthetics been better known. What about pigeon matches, coursing, fox-hunting, and all such supposed manly pastimes? Is it more culpable to take life in the interest of science than of sport? Or, to go to another subject, what about the atrocities in Bulgaria, and the dark page of human anguish and suffering, and the bloodstained field of battle, where thousands of our fellow-men have bled and died, owing to a tumultuous wave of public opinion, or to cold-blooded diplomacy seeking to adjust the balance of power between jealous emperors and kings. The profession should be properly and fairly represented in both Houses of Parliament, as are the sister professions, to decide great and momentous questions. What decoration did the profession get in reward for scientific research? An occasional baronetcy or knighthood; and that too ofter conferred on some favourite connected by family or social position with those in power."

Dr. Ormsby then discussed the prospects of the younger members of the profession, who upon their admission were uncertain as to which branch they would commence life in. We naturally ask what prospects have we? In answer, he would mention they had the Army, the Navy, and the Indian Medical Services, foreign appointments, ship surgeoncies, poor law or hospital appointments, and, lastly, private practice in the country or city. As to the Army home service: it was the last position he would like to see any one fill in its present condition, as it offers but a poor and wretched provision for any duly qualified gentleman. By a royal warrant, dated April 28th, 1876, the pay of a surgeon on appointment is fixed at £250 per annum. On the completion of ten years' service, unless the surgeon be specially selected for further employment in the Medical Department of the Army, or if he be unwilling to serve therein, his services are dispensed with, and he is only entitled to receive the sum of £1,000 upon certain contingencies. The Home Army Medical Service is simply ruined, and he warned young men not to enter it under any conditions during the present regime. Rather let them wait, for, on the reassembling of Parliament there will be, doubtless, a motion for the appointment of a royal commission to inquire into the matter. The remedy is simple: if the gentlemen who have an ambition to serve their Queen would only hold back for a short time, they would compel the authorities to rectify these glaring and iniquitous defects. The Indian Medical Service he would recommend more to their notice. It gives a good provision, and merit receives a just reward, as a man is paid according to his labour. The Naval Medical Service ranked next in order of desirability. To those who do not care for a roaming life, and who would rather begin practice at once, the Poor Law Medical Department offers many inducements; but the service is by no means perfect. By the present system, educated professional gentlemen are, in many cases, left in the hands of illiterate and uncompromising guardians, who may worry the unfortunate doctor out of existence, if he dare disobey these keepers of property and health, who pride themselves in writing P.L.G. after their name, as if it was equal to a C.B., or any other highly distinguished title. These appointments are frequently filled more in regard to sectarian principle than anything else, as if a man's religion had anything to do with his professional knowledge. To make the service perfect it would be better to attach it to the Civil Service; and the appointments should be filled up by competitive examination as vacancies in Union dispensaries occurred.

(a) Abstract of Introductory Lecture delivered at the Meath Hospital, Dublin.

Clinical Records.

NOTES OF, AND REMARKS ON, CASES OF IDIOPATHIC PERICARDITIS.

By **James Barr**, M.B., L.R.C.S. Ed.,

Late House Surgeon Northern Hospital, Liverpool.

Case I.—P. T., æt. 27, fireman, admitted under the care of Dr. Dickinson, Sept. 18th, 1874, complaining of a feeling of "oppression" and pain in the precordia. He states that nearly four weeks ago his complaint began with severe "dull aching" pain in the cardiac region, and shortness of breath, which totally unfitted him for work, and he has not been able to do anything since. The pain has much abated of late, and he is now not troubled with dyspnœa.

He is a strong muscular man, employed as a fireman at sea, and ascribes his disease to cold and wet after sweating. He never had acute rheumatism, and has always previously enjoyed good health.

The cardiac area is much enlarged and the sounds are obscure. Along the left margin, during inspiration, there is heard a slight friction murmur.

He is now put on ordinary diet, and ordered a diuretic mixture of acetate of potash and sweet spirits of nitre.

21st.—Over the whole cardiac area there is a fine double friction murmur, which is also slightly perceptible to the hand laid over the precordia. The heart sounds are much obscured, but not attended by any endo-cardial murmur. The cardiac dulness extends from 1½ inches to the right of sternum to beyond the left nipple, and measures 6 inches transversely. Apex beat is not appreciable, but a diffuse impulse is felt over the cardiac area. Pulse 80 weak, tongue dry, and slightly coated, appetite fair, bowels free. Ordered emplastrum cantharidis to precordia.

28th.—The blistered surface has now healed. The transverse dulness measures 4¾ inches, and only extends slightly to right of mid-sternum. Apex beat in the sixth interspace, and within the line of nipple. The sounds are still somewhat obscured and have a ringing tone. The friction murmur is very faint, and only heard during inspiration. General condition good.

Oct. 3rd.—The transverse dulness measures only 4¼ inches, the sounds are clear and distinct, and there is no friction murmur. He is anxious to leave, and accordingly is discharged.

Case II.—W. A., æt. 26, 'bus-driver. Admitted under the care of Dr. Davidson, April 26th, 1875, complaining of pain in the precordia, shortness of breath, and faintness.

He was in this hospital last autumn with symptoms of intestinal obstruction; since then, he remained quite well up to a month ago, when he was suddenly seized one evening during the cold weather with pains in the left side and dyspnœa. He never had acute rheumatism. Pulse 90, weak; respiration, 32; he has a slight cough, but no expectoration.

The cardiac dulness is enlarged, especially towards the base, and over a great part of this area there is heard a loud double shuffling friction murmur. At the base of the left lung posteriorly there is slight dulness, diminished vocal thrill, and feeble breathing. Ordered a mixture of the iodide and acetate of potash.

After a short residence in hospital the patient was discharged well.

Remarks.—These cases are examples of a rare origin of a common affection, and may be justly called *idiopathic*, if such an appellation can be properly applied to pericarditis, but I think there is no more necessity for using such a term in connection with that disease than there is in the case of pleurisy arising under similar conditions. Pericarditis is so commonly associated with general diseases, such as acute rheumatism, Bright's disease, &c, that some writers believe it to be always a secondary affection. Markham says:—"That pericarditis, except in those rare cases in which it is the result of traumatic injury, or is excited by contiguous disease, is not a mere local inflammation, but is the consequence of some exciting cause operating generally in the body." Walshe says:—"I have never seen idiopathic pericarditis as a solitary disease," and Dr. Blakiston states that "such a disease is almost unknown unless induced by some local injury." Niemeyer says:—"It is extraordinarily rare for this malady to attack previously healthy persons as an independent isolated disease."

On the other hand, some such as Dr. Tanner set down, cold and damp—among the causes of the disease, but without adducing any evidence in support of their statement, Dr. Bellingham, in his treatise on "Diseases of the Heart," says: "Pericarditis may also arise under the same circumstances as acute inflammation of internal organs generally, such as exposure to cold and moisture when the body is heated, &c." Dr. Beale, in his "Archives of Medicine" (Vol. II., page 92, and Vol. III., page 43), records two or three cases of idiopathic pericarditis, and no doubt there are some others scattered through the pages of our literature. These cases, as well as the two which I have just described, leave no doubt that pericarditis sometimes, although very rarely arises, like pleurisy, as an independent isolated disease.

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RUPTURE OF THE UTERUS.

By **James Metge**, M.B., Inch-Gorey.

On Sunday, the 29th of October, about 3 o'clock a.m., I visited Mary G., of Ashwood, co. Wexford, æt. about thirty-five, and in labour with her sixth child. I found the funis presenting and pulseless. I passed a gum elastic catheter, without the stylet, but only obtained a few drachms of urine. I gave her a dose of ergot, and as she was cold and skin moist, ordered whisky punch. In less than an hour alarming symptoms set in—viz., hiccough. Her death took place so suddenly, that I think it was occasioned by internal hæmorrhage, consequent on rupture of the uterus.

Post-mortem.—I, assisted by Dr. Weldon, of Gorey, examined the remains about thirty-six hours after death, and on removing the muscles and peritoneum, by an incautious use of the scalpel, a considerable quantity of red fluid escaped about the bed. Next found the body of the fœtus, the head impacted in the pelvis, which required considerable force to remove. Further dissection brought to view the uterus, which was ruptured at the cervix. On the unruptured portion of the cervix I observed a black band-like mark, about four inches in breadth. I inflated the bladder, which was empty and uninjured, excepting a black mark on its surface, about the size of a florin. The placenta was found in the right hypochondrium, from which it was removed by traction on the funis.

Transactions of Societies.

THE PATHOLOGICAL SOCIETY.

At the meeting of this Society on the 7th inst., the attention of the members was drawn to some cases of great pathological interest.

Mr. Sydney Jones introduced a young man 23 years of age, the subject of multiple melanotic tumours. Three years ago the patient had a sore resulting from a graze of a black mole on the left leg. Six months later he applied to St. Thomas's Hospital with a small melanotic growth in the same situation. There was no enlargement of the femoral glands, and after the removal of the growth the patient soon left the hospital. Fifteen months afterwards he returned not only with a recurrence of the affection in the cicatrix, but with several small melanotic masses in the left groin. These had not long been operated upon before they made their appearance again, both in the cicatrix and in the groin, and were for the third time excised. Up to the present time there has been no return of the affection in its original seat, but there are numerous small, black, shot-like nodules in the skin of both thighs, thorax, and neck, which increase rapidly in size and then ulcerate. This case, in which there was no family history of tumours or cancer, Mr. Jones regarded as one of melanotic sarcoma, originating in an inflamed mole, and spreading by means of the lymphatic system.—Dr. Hilton Fagge inquired whether the urine had been examined for the presence of melanotic pigment. He exhibited two such specimens of urine, one taken from a patient who had a melanotic tumour, together with melanotic nodules in the lungs and mediastinum, and the other from a patient suffering from melanotic sarcoma of the liver. Dr. Fagge also referred to the obscurity in which the origin of the disease was shrouded. Virchow, he said, apparently doubts the identity of the urinary pigment with the melanotic formation, thinking that the former is due to indican, and to co-existent disease of the liver; but in Dr. Fagge's first case there was no affections of the liver, while the urine contained casts of the renal tubules of very black appearance. In reply, Mr. Jones said he had not met with melanuria in his case, but was quite willing to have the urine carefully analysed. The same member also brought forward a case of symmetrical shortening of the foot from disease of the bone.

Dr. **Hilton Fagge** exhibited a "Rare Specimen of General Osseous Anchylosis of the Dorsal Vertebræ and Ribs removed from a man 34 years of age." The patient was unable to lie down. His back formed a complete rounded curve, and there was scarcely any mobility either in the dorsal or in the cervical region, and the ribs were fixed. For more than a year before his admission the patient had suffered from pain in his abdomen and back, he began to stoop, to suffer from cough and purulent expectorations, and was obliged to relinquish his occupation. On admission, his breathing was entirely abdominal, and the difficulty of breathing so great that he soon afterwards died. In this case the dorsal vertebræ were found to be united by bone between their arches, the new bone being deposited outside the ligamenta subflava, and also between their articular processes and the ribs. One of the hip-joints was similarly anchylosed. The bronchi were dilated, but the lungs were not much affected, and the liver had become bent at a sharp angle upon the ribs. Cases of this kind are very rare. Reference was made to one recorded by a Dutch writer, and which closely resembled the one exhibited by Dr. Fagge, and Mr. Wagstaffe said that the museum of St. Thomas's Hospital contains several specimens of union of the transverse processes and laminæ of the vertebræ. The discussion which ensued turned upon the question whether these cases were due to rheumatic arthritis. The absence of pain in this case did not point to any such conclusion; but the President remarked that cases of rheumatic arthritis often occurred without pain being a prominent symptom. Dr. Fagge also exhibited a "Specimen of Aneurism of the Pulmonary Artery occurring in a child 2¾ years old, who suffered from phthisis and extensive emphysema, followed by profuse hæmoptysis the day before death."

Mr. Carr Jackson then showed a "Remarkable specimen of Repair after Fracture of the Spine twenty-six years before death." Twenty-six years ago the patient was admitted into the Royal Free Hospital under the care of Mr. Wakley, Mr. Jackson being house-surgeon. He then suffered from an injury to the lumbar spine from a box falling upon his back. There was great pain, slight prominence of the spinous processes of the second and third lumbar vertebræ, and complete motor paraplegia. Sensation remained perfect, and there was no paralysis of the sphincters. He was discharged about a month after his admission, and was then able to walk with a stick, but with a peculiar waddling gait, and his body slightly bent. During all the years above mentioned, Mr. Jackson did not lose sight of his patient, who continued to enjoy tolerable health, and after his recent death from bronchitis Mr. Jackson removed the whole of the spinal column and presented it to the Royal College of Surgeons. On examination, the second and third lumbar vertebræ had been apparently dislocated and partially fractured. There was considerable rotation of the bodies of the lumbar vertebræ, the four lower being twisted from right to left, and the upper from left to right. The first, second, and third were anchylosed, and the spinal canal was much narrowed between the first and second lumbar vertebræ. In reply to the President, Mr. Jackson stated that the man complained of great pain after the injury, but there was no loss of sensation. The man could walk quite upright, and he had always a straddling gait.

Dr. Pye-Smith showed a specimen of "Suppuration of the Brain and Cord" from a patient who had been cured of an empyema. A large amount of pus had been evacuated from the pleura, and the discharge had ceased, and the puncture had cicatrised, when he was suddenly attacked with vomiting, severe headache, and a rise of the temperature, followed by left hemiplegia strabismus, coma, and death. In the right hemisphere of the brain there was found two large abscesses, one of which had discharged itself into the lateral ventricles, which, with the subarachnoid space of the spinal cord, was full of pus. The manner in which the cerebral affection had originated was not very clear, as the empyema sac was lined with a thick false membrane, and there was an entire absence of septicæmic symptoms in which the cerebral abscesses, which were by no means recent, must have been forming. Dr. Pye-Smith thought it was a case of "metastatic abscess" without septicæmia, but other explanations were offered by some of the members present.

One or two other specimens were brought before the notice of the Society, after which an adjournment took place.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 15, 1876.

THE DUBLIN HOSPITAL SUNDAY DISTRIBUTION.

The Hospital Sunday Celebration in Dublin has again come and gone, and we have every hope that the appeal to the benevolent Protestants of the "second city in th empire" will prove to have been as successful as its objects deserve.

We have in successive years had much to say on this subject, and we have this year refrained from reiterating our criticism upon the management of the fund in Ireland, only because we did not desire to follow the foolish and uncharitable example of the antivivisectionists, who have endeavoured—with no success, we hope—to check by false inuendos and stupid conclusions the stream of charity flowing in so worthy a direction. The Dublin Hospital Sunday movement has almost everything to recommend it. It aims at satisfying the urgent wants of institutions which minister to the necessities of a large and helpless population of sick poor, and which, in the absence of endowments such as the London hospitals enjoy, are greatly overweighted by the claims upon them arising from the magnitude of that population.

But, as we have before said, the whole movement is discredited, the confidence of the public in its integrity shaken, their charity restricted, and the value of the movement to the sick poor curtailed, by the inconsiderate and unbusinesslike method in which the fund is distributed. We can readily comprehend the reasons which suggested the adoption of that method in the first instance. The most energetic and loudest-talking section of the Fund Council were the representatives of hospitals which did little work for the poor but kept up a great establishment of unnecessary officials, which had but a small clientele amongst the destitute sick, yet possessed large wards filled with half occupied beds, which enjoyed great facilities for begging amongst influential people, but few opportunities of relieving disease amongst the poor.

Such institutions happened to be ably represented by influential and plausible deputies, and, consequently, the distribution of the Fund was moulded to suit accurately the characteristics of these hospitals. In the first place, extern work was almost altogether ignored; secondly, the amount of private subscriptions which each hospital received was made a pre-eminent claim to the lion's share of the fund; and, lastly, the maintenance of a large number of beds—no matter what sort of cases might occupy them—was made the ground for a liberal subsidy. It will easily be understood that the practical working of such a system has been to divert the greater part of the hospital charity of the Dublin public away from the institutions which the donors of that charity would desire to support, and into the treasury of those for which the public care little as charities, however admirable they may be as teaching institutions.

Let us compare the effect of the present system upon two hospitals, each an actually existing representative of its class, which we shall—in order to avoid personality—designate as A. and B.

As to the amount of relief which each affords to the sick poor there can hardly be an equitable comparison. A. is situated in the centre of a closely packed and squalid district, and has always been in special favour with the poor who, in case of accident, are carried thither even from the doors of other equally good hospitals, its extern dispensary is, therefore, enormous, and the relief it distributes amongst the sick poor is widespread and valuable. B. is, on the other hand, placed in a locality in which there are comparatively few poor, being bounded on two sides by an unpopulated district, and on the other sides by the residences of wealthy people situated in fashionable localities. Its extern department is, therefore, necessarily small, and its work amongst the poor of Dublin contracted and comparatively unimportant. But A is small and B large, A has little money and B a great deal, and, ergo, while A is obliged to husband its space and its resources, and to take into its wards only cases of real urgency which have a strong claim upon its few beds and scanty funds, B has accommodation and resources to take in almost as many patients as are desired and to keep them as long as the medical officer likes. It will be easily seen that the actual amount of work done in the form of sick relief is greatly in favour of A, for each case which it treats in its wards represents dozens treated elsewhere, many of whom are of such gravity as would ensure their admission to a bed in B immediately on application. And yet the grant from the Dublin Hospital Sunday Fund to the large, well-fed, scantily-occupied hospital B has, on an average, been greater than to the hard-worked unfriended institution.

Our special objection, however, to the system of distribution is its complete disregard respecting the purposes to which the public charity is applied by the hospital to which it is granted. The Distribution Committee seems to consider that its responsibility is discharged when it hands over a share to an hospital, and the members would appear to hold that the committee has no right to inquire whether that share is or is not rightly used. In this view the Dublin Committee is at variance with all other hospital fund distributors who have, in London and elsewhere, shown by their acts that they attach the greatest importance to economy of administration, which the Dublin Committee entirely ignores, and it certainly appears to us that reason lies with the English system in this respect. Which of us, if he had but £1 to give in charity, would hand it to a person who would spend 15s. of it in superfluities and 5s. in necessities, and if we entrusted our limited bounty to a friend for distribution to deserving persons, should we not feel annoyed and distrustful if we learned that he had given it to such a recipient. Yet this is what the Dublin Distribution Committee does in a greater or less degree. It subsidises largely Cork Street and the Coombe Hospitals, in which only 5s. out of each £1 reaches the patient directly or indirectly, and it makes but a meagre grant to Steevens's, in which over 11s. goes straight to the sick man. It is equally liberal with Sir Patrick Dun's and Cork Street, in which each bed costs respectively £70 and £90 a year, and with Mercer's and the Meath, where the cost is only £44 and £37. It makes no distincion between Cork Street, in which it costs over £1,600, besides cost of maintenance, to "manage" forty-one beds. The Coombe, where it costs £388 to take care of seventeen beds; and, on the other hand, the City of Dublin Hospital, where it only costs £263 to administer fifty-three beds, and Steevens's, which keeps up 126 beds, with a supervisory expenditure of only £430.

The latest effort in England on behalf of Hospital charity—*i.e.*, the Saturday Fund, has proceeded on a principle diametrically opposed to the course thus illustrated. The London managers have taken their stand firmly on the principle that "*the distribution will be based solely upon the amount of relief afforded, the economy practised, and the efficiency attained.*" To assess the grant which each hospital shall receive, a close enquiry is made into its management, and returns are required of the number of officers, their salaries, and the money spent on their accommodation, and it is even required that hospitals shall admit an inspection of the institution and its books at all times, on behalf of the Fund Council. The necessary information having been thus obtained, the fund is distributed by a system of marks set forth by the Council as follows:—

> "The amount of relief afforded, being the question of *primary importance*, shall be first taken into consideration, and a proportion of the total moneys available for distribution, equal to £75 per cent., shall be allotted under the head of relief. The remaining £25 per cent. being allotted in equal proportions, under the heads of economy and efficiency. That, 3rd, The amounts to be awarded to each hospital or dispensary shall be determined by a system of marks on the following plan:—(A) Relief—Ten marks for every 25 in-patients, and ten marks for every 1,850 out-patients (1,850 out-patients being equal to 25 in-patients) relieved during the past twelve months. Marks to be totalled, and the £75 per cent. of moneys available for distribution, for relief afforded, to be allotted in the proportion of so much for each mark obtained. (B) Economy—That the hospital and dispensary marks shall be respectively awarded as follows—viz., hospitals, at which the cost of in-patients, *per bed per week* is 15s. or under, three marks, 20s. or under, two marks, 25s. one mark; of out-patients, *at which the cost per head* is 5s. or under, three marks, 8s., or under, two marks, and 15s. or under, one mark."

It thus appears that the London Council attaches great importance to out-patient work, which is almost altogether ignored in Dublin, and that it takes special cognizance of economy of management, which in Dublin is totally disregarded.

The London Council has, in fact, shown courage in grappling with abuses of hospital administration which the Dublin Committee have feared to take notice of, but which it is their plainest duty to deal with, before they pay away the money entrusted to them by the public.

Extravagance of management is to a certain extent outside criticism, as long as the money wasted is the gift of an individual. The donor has the opportunity of finding out where his charity goes to, and if he fails to do so, no one is entitled to take up the cudgels in his behalf, but the case is different when the money is a contribution to a general fund. In such cases the public cannot inquire for itself, and it confides to others the task of so doing. To fail in such a task, as the Dublin Committee have done, is peculiarly unfortunate, for not only does it result in the misapplication of charity which is insufficient for the pressing wants of the sick poor, but it dams the stream of benevolence which it is so desirable to enlarge. We are not a little surprised that the representatives of those institutions which execute the greater part of the hospital work of Dublin and receive little of the charity of the fund, have contented themselves with a silent acquiescence in a system which diverts from them the money to which they have an admitted right; and we hope that a method of distribution which is unique amongst Hospital Sunday systems in its unfairness will not be perpetuated. We do not hesitate to say that Hospital Sunday, as at present administered in Dublin, is little better than an incentive to clamorous begging and reckless extravagance, and, being so, does almost as much harm as good.

MR. GLADSTONE ON VACCINATION.

In the *East Anglian Daily Times* there is an extract from a letter received by an inhabitant of Ipswich from Mr. Gladstone, in which the right hon. gentleman says:—"I view with misgiving all new aggressions upon private liberty, unless upon a clear and certain proof of necessity, and I keep my mind open upon the question whether such proof has or has not been supplied in the matter of vaccination."

This is not the first time that Mr. Gladstone has hinted that his views on the subject of compulsory vaccination are very different from those which are held by persons who are most competent to pass judgment on the question, and which, after the most patient inquiries and repeated Government Commissions on the subject, have been found by the highest authorities, medical and statistical, to be conducive to the health of the community. It is to be the more regretted that the right hon. gentleman should publish his peculiar opinions on compulsory vaccination at a time when small-pox is again amongst us, and when it is all important that the faith of the public in the efficacy of vaccination should not be in the least shaken by the writings or speeches of those whose talents and position afford some presumptive evidence that their opinions may be right, and who are, on that account, very likely to warp the judgment of the ignorant and inexperienced. With regard to the infringement of the "liberty of the subject," on which so much has been said and written, we shall only remark that that liberty has already been, for the good both of the individual and of the public, so often trespassed upon, that its infringement, when the loss of thousands of human lives by the most frightful disease known is concerned, is certainly one of the poorest pleas that can be offered in favour of abolishing compulsory vaccination. With respect to the reasons for enforcing the adoption of this beneficent operation, we may venture to remind the great statesman that he is not the only one who would resent any aggression upon private liberty "unless upon a clear and certain proof of necessity." No good citizen and no good Government would think of restricting the liberty of the subject, unless such restriction was necessary to the public good, and unless the particular object in view was found to be unattainable by other means. And it is because they know that legal restrictions upon their personal liberty are merely slight sacrifices to the general welfare of the community, that a free people tolerate and even welcome the many compulsory Acts that are to be found in our Statute Book. Moreover, we may ask is there one of these Acts, the object of which is more praiseworthy, and the grounds for which are so strong, as that which has made vaccination compulsory throughout the land? Aggression is made upon private liberty in order to prevent people getting drunk. Was this upon a more "clear and certain proof of necessity" than that which aims at the prevention of disease? A man is not at liberty to sell tobacco or spirits without a license. The manufacturer cannot keep one of his young factory hands at work beyond a certain number of hours without incurring the penalty of the law. The father is compelled by law to place his sick child under medical attendance, whatever his private opinions may be as to the efficacy of drugs; he is compelled to send him to school after a certain age, nor can he even chastise him beyond certain limits without bringing down upon himself the vengeance of the law. But can one of these "aggressions upon private liberty" be regarded as half so important and half so necessary as that which prevents a whole community from being repeatedly devastated by pestilence, and thousands from being disfigured by disease. Would not a mother feel the loss of her child by small-pox, or its disfigurement for life, as a far greater affliction than any evil that would result from overwork, or the severest corporal punishment; and would not the consequences of abandoning education to the voluntary care of parents themselves be far less disastrous to a community than its total neglect of vaccination?

But if the liberty-of-the-subject argument is about as weak a one as could be brought forward on so momentous a question as that of public and compulsory vaccination, Mr. Gladstone's doubt as to whether proof of its necessity has been supplied is certainly most remarkable in face of the overwhelming mass of evidence that has been repeatedly adduced, both as to the efficacy and necessity of the operation. The efficacy of vaccination as a preventive measure has been proved to the satisfaction of all who have taken the trouble to inquire into the matter, and Mr. Gladstone must be well aware of this. And as to the necessity of compulsory legislation, as a means of ensuring the universal practice of the operation, the ignorant prejudices on the subject, which are to be found among a portion of the public, the mischievous doings of the anti-vaccinators, and even Mr. Gladstone's own views, are sufficient to show what would be the consequences of leaving the practice of vaccination to the caprice and prejudices of the community.

It would be a task of supererogation to enter into the details of the "clear and certain proof" on which Mr. Gladstone throws so much doubt, especially as we have elsewhere touched upon the subject; but we may draw the attention of the right hon. gentleman to the important and unanswerable fact that properly performed infantine vaccination, duly renewed at puberty, would virtually extinguish small-pox as a fatal disease among such populations as have recourse to it; that this belief, to use Mr. Simon's words, "rests on so vast a basis of well-established facts as not to have needed for scientific completeness that any further facts should corroborate it;" and that, we may add, in spite of this belief, in spite of the representations of the medical profession, and in spite of the Vaccination Laws, there is still a large amount of imperfect and insufficient vaccination and re-vaccination throughout the country. So what would happen if the compulsory system were given up we shall not venture to predict, but it may well excite apprehension in thoughtful minds, and makes us regret that any one of Mr. Gladstone's authority and position should lend his influence to the promulgation of opinions that cannot but have a mischievous effect upon the due execution of the laws relating to the public health.

AMENDMENTS IN THE POOR-LAW MEDICAL SYSTEM.

The Lord Advocate of Scotland, previous to his election, addressed to the constituency of the allied Scotch University, a letter which set forth his views as to Poor-law medical relief in his own country, and which seems well worthy of attention as the deliberate utterance of a man who speaks from an official stand-point, who has now a voice in Parliament, and who has no doubt carefully considered the possibilities and necessities of the subject.

He points to the Bill introduced into Parliament last session by Lord Gordon and Mr. Secretary Cross, as embodying his views, and expresses his satisfaction that the Government is under a pledge to re-introduce the measure next year. Two of the points which the Lord Advocate makes are of great importance to the Irish Poor-law medical service, and his fixing upon them as essential parts of the Bill shows that he is well informed respecting the faults of that system. He expresses his opinion, 1st. That there shall be a medical officer in every parish, with a salary fixed with due regard to its population and extent, and the number of paupers, and that it shall be exclusive of the cost of medicines and medical appliance. 2nd. That the medical officers shall no longer be removable at the will of the Parochial Boards, but only by the Board of Supervision, on failure or neglect to perform their duties, either through refusal or incompetency.

If the Government should legislate next session for Scottish medical charity, it is to be hoped that they will insist on these points, for experience in Ireland shows it is just here that the system is faulty. Irish dispensary salaries bear no proportion to labour gone through, or duties discharged, because they are fixed at the simple caprice of the guardians, whose only idea of their duty is that they should provide a medical officer of some or any sort on the cheapest terms. It would be reasonable to suppose that where the district was most extensive—the population proportionably largest—the paupers most numerous, and the chance of private practice least, there the salary should be largest; but in Ireland it is just the reverse, for it is in this very district that the poor rates are highest, the number of persons capable of paying them fewest, and the guardians naturally most parsimonious.

The inevitable consequence of leaving the fixing of salaries to the ratepayers is that there is no sort of uniformity in Irish Poor-law medical service. Some districts command the services of the best men because the salaries are better than in poorer places, while the duties are comparatively light and the private practice lucrative; other districts are obliged to be content with fifth-class medical officers because, while the functions to be discharged are immensely laborious and the expectation of private earnings *nil*, the salary is no better than in the more favoured locality.

For these reasons it should be insisted on, as the Lord Advocate suggests, that the salary should be fixed "with due regard to population and extent of district and to the number of paupers, and it should be exclusive of medicine and medical appliances."

The only tribunal capable of forming a just opinion in such a matter is the Local Government Board, and to it should the assessment of salaries be confided, on the understanding that it shall proceed on the principle approved by the Lord Advocate, and not on the haphazard system at present followed.

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Notes on Current Topics.

Jaborandi in Acute Pleurisy.

JABORANDI has proved very serviceable in several cases of pleuritic effusion, and in a late number of *La France Médical*, Dr. Michon reports two cases, the happy termination of which certainly appears to be due to the action of this drug. In both cases the patients were rather bad subjects, the symptoms severe, and other remedies unsuccessful. Five grammes (75 gr.) of jaborandi leaves were given in infusion, and in both cases this dose was soon followed by copious expectoration, salivation, and diaphoresis, together with marked absorption of the effusion, and speedy relief to all the symptoms.

The Bromohydrate of Quinine.

M. GUBLER (*Journal de Thérapeutique*) says that this drug corresponds to the sulphate of the same base, but is more soluble, and contains more of the alkaloid than the latter. It possesses the physiological property of the salts of quinine in general, and probably also the therapeutic virtues of its officinal congener. It produces, however, but little cinchonism, and has a marked tendency to act as a sedative and hypnotic upon the nervous system.

The Expectoration in Pulmonary Phthisis.

THE *Progrés Medical* of October 21st draws attention to a monograph by Dr. Georges Daremberg on the above subject. The reviewer justly observes that the ancients, who did not possess the precise means of physically examining the chest as we do, attached great importance to the study of the expectoration in thoracic affections. This study, however, has recently made great progress. If the histological examination of the sputa assists us in arriving at the diagnosis of phthisis (for we only find elastic fibres in the sputa of phthisis, pulmonary gangrene and hæmorrhagic infarction, the two last of which are easily eliminated by their special characters), the chemical examination of the sputa allows us to form a prognosis with respect to the progress of the disease. Such is the chief point brought out by the careful researches and analyses of M. Daremberg. He arrives at the conclusion that "the sputa may contain as much of the phosphates and of the chlorides as the urine does, and that, in phthisical patients, the expectoration is one of the channels by which the products of tissue waste (*dénutrition*) are expelled; it is not only one of the channels but one of the causes of this tissue-waste, a circumstance which affords prognostic and therapeutical indications of a precise nature." These and other considerations connected with special forms of phthisis are clearly explained in the remaining chapters of this little work, which should be in the hands of all who are specially interested in the subject. It is published by J. B. Baillière, of Paris, and may be had by applying to our own publishers, Messrs. Baillière, Tindall, and Cox, 20 King William Street, Strand.

A Battle Over a Bed-Bug.

THE *Pacific Medical Journal* says that a sprightly quarrel is in progress among the homœopaths on the subject of bed-bugs. A number of years ago this interesting animal was introduced into their materia medica, in company with *pediculus capitis*, *crotalus horridus* and other lively medicines. In spite of some opposition from individuals, it gained a footing, and now holds a permanent place in Allen's "Homœopathic Materia Medica," a standard authority. Dr. J. P. Dake, one of the strong men of the sect, wages war against it, his last demonstration taking the form of a long article in the June number of the *Hanhemannian Monthly*. In this, however, he almost surrenders, declaring that "as it has been admitted to the pages of the "Encyclopædia" by Dr. Allen, I will no longer protest against its remaining there, as it may be, after all, 'the right thing in the right place.'"

A Californian Country Doctor.

THE following account of himself, contained in a letter from a California doctor to his friend, is too good to be lost:—

"I am not situated like my metropolitan brethren. I am located in a little obscure country village, consequently am my own apothecary, and cannot supply myself with all the elegant preparations of modern pharmacy. I have but few medicines, but they are reliable, because I purchase them from parties whom I know to be trustworthy. It matters little how they taste or how they are got down, so that they do go down. I do not send prescriptions to druggists to have them spiced and flavoured to suit the taste. I never write prescriptions—the fact is I do not know how. I have no highly flavoured remedies to expel wind either up or down to suit the caprice of my patients. I do business in a plain and simple way, and when not professionally employed, I work in the field, barn-yard, garden our potato patch, cut wood, do chores, churn, and rock the baby."

"The ——— amongst the Tailors."

THE Board of Examiners of the "California State Medical Society of Homœopathic Practitioners" having brought suit against the members of the Board of Examiners of the "Pacific Homœopathic Medical Society of the State of California," have succeeded in obtaining a decision in their favour, which adjudges the latter body as "usurping the franchise and privileges of a corporation," and excludes them from the office of trustees. This leaves the former organisation master of the field.

The Benzoline Cautery.

THE *Students Journal* calls attention to one of the most beautiful instruments lately placed at the service of the profession known as the benzoline cautery. It is a French invention and may be thus described: A metal cautery of any shape is hollow, containing a double tube through which a current of benzoline vapour mixed with air, can pass, going forwards in one tube and returning by the other. The benzoline vapour and the air are mixed together and the mixture forced through the cautery by means of an apparatus like Dr. Richardson's spray-producer. In using it, the cautery is first heated by a spirit lamp to a moderate temperature, quite below red-heat. Then the lamp is taken away and the benzoline mixed with air pumped through the cautery by the contrivance described above. The mixture ignites and raises the cautery to a red-heat, which can be kept up as long as may be desired by simply working the "spray-producer." Everyone who knows what a troublesome and complicated affair the galvano-cautery is, will appreciate the value of this most elegant invention.

The Medical Degrees of the University of Dublin.

The following resolutions were adopted by the Council at the meeting, on November 8th :—

1. That the subjects for the half M.B. examinations should, after the 1st January, 1874, be three in number—viz. : (*a*) Botany and materia medica ; (*b*) Physics and chemistry ; (*c*) descriptive anatomy.

2. That the times for holding the half M.B. examinations should continue as at present arranged.

3. That one extern examiner (an extern examiner means an examiner not a teacher in the school of physic. Any person holding the appointment under the board; of teacher of their students in Sir Patrick Dun's Hospital, is a teacher in the school of physic, within the meaning of these resolutions) be chosen to examine in botany and materia medica.

4. That one extern examiner be chosen to examine in both physics and chemistry.

5. That one extern examiner be chosen to examine in descriptive anatomy.

6. That two only of the three teaching examiners in descriptive anatomy shall take part in the examination in that subject.

7. That, in addition to the regius professor of physic, two extern examiners be chosen for the M.B. examination, to examine in clinical medicine and institutes of medicine (including medical pathology), respectively.

8. That, in addition to the regius professor of surgery, one extern examiner be chosen for the B.Ch. examination, to examine in ophthalmic surgery, and also one in operative surgery.

9. That the professors of the school of physic shall furnish to the provost and senior fellows, before the 10th of December in each year, a list of twenty-one names of persons considered by them qualified to act as extern examiners, as follows :—Botany and materia medica, three names. Physics and chemistry, three. Descriptive anatomy, three. Clinical medicine, three. Institutes of medicine (including medical pathology), three. Ophthalmic surgery, three. Operative surgery, three.

10. That the extern examiners be appointed each year in the month of January.

11. That five per cent. marks be allotted at the B.Ch. examination, to each of the subjects of surgical appliances and surgical pathology, in lieu of ten per cent. of the marks hitherto gvien in general surgery.

N.B.—The courts of examiners would thus have the following compositions :—1. Botany and materia medica, externs one, teachers two. 2. Physics and chemistry, externs one, teachers two. 3. Descriptive anatomy, externs one, teachers two. 4. Medical degree, externs three, teachers six. 5. Surgical degree, externs three, teachers four.

12. That the report of the professors of the school of physic on the curriculum and examination for the M.A.O. degree in midwifery be adopted.

The report was as follows :—The professors recommend the following curriculum and examination for the new degree in midwifery.

Curriculum.—1. One winter course in midwifery. 2. Six months' practice in a recognized lying-in-hospital or maternity. 3. A summer course in obstetric medicine and surgery. 4. Two months' practice in the Cow-pock Institution. Existing graduates in medicine, of the standing of M.D., to be entitled to present themselves for examination, without complying with regulations 3 and 4.

Examination.—The Court of Examiners to consist of:—1. The King's professor of midwifery. 2. The professor of comparative anatomy and zoology. 3. An extern examiner to be appointed from time to time by the board, on the principles adopted on 17th of June, 1876, in the case of other extern examiners.

[The foregoing report was adopted by the Provost and Senior Fellows on the 28th of October, 1876.]

The Recovery of Fees in Quack Prosecutions.

At the last meeting of the Council of the Medical Defence Association, the secretary reported that he had applied to the Registrar of the Medical Council for the penalties recovered in the Metropolitan Police Courts, under the Medical Act, and had been informed that the penalties are retained by the Receiver of the Metropolitan Police Districts on the ground that the Medical Act of 1858 is overridden by the Act 2nd and 3rd Vict., cap. 71, which enacts that all penalties recovered in the Metropolitan Police Courts must be paid to the Exchequer. After some discussion it was resolved, that the Secretary be requested to write to the Medical Council asking the Council to receive a deputation from the Association in reference to the question. There can be no doubt that the framers of the Medical Act of 1858 intended that all fines recovered under the Act should be paid to the Medical Council, so that the Council might be able to meet the expenses of prosecution, and we shall be glad to hear that it has been decided to defend what appears to be the just claim of the Council to the fines thus recovered. If it is found that the fines must go to the Exchequer, the Act must become a dead letter, as far as London is concerned, for it will be found almost impossible to get the funds necessary to meet the heavy expenses incurred by the Defence Association in enforcing the provisions of the Acts in the metropolis.

Sanitary Teaching for the People.

With a view to enlighten the working classes on the laws of health, and following in the wake of Manchester and Birmingham, a series of twenty lectures will be given in London this winter, under the auspices of the National Health Society and the Trades Guild of Learning. The first lecture was given on Saturday evening before a very large and attentive audience in the large room of the Society of Arts, John Street, Adelphi, a fee of one penny per lecture only being charged to the working classes. For other members of the community the charge is one guinea for the course. Professor W. H. Corfield, of University College, has been selected to deliver the lectures, which are all to be in the simplest terms, that every labouring man and woman will be able to understand, the subjects being the structures of the body ; the separate work of the bones, muscles, &c.; the circulation ; brain work ; preventible diseases ; ventilation ; water supply ; drainage ; foods and drinks ; the arrangement of dwellings ; unhealthy employments ; disinfection, &c. The sympathies of the working classes having been appealed to and obtained, such a course of instruction cannot fail to exert a healthy influence upon the masses, and strengthen the hands of those who are engaged in an uphill hygienic warfare.

The Professorship of Midwifery in Galway College.

THE election of a Professor of Midwifery in the Queen's College, Galway, in place of the late Dr. Doherty, who, it will be remembered, died suddenly more than 12 months ago, was held, after an unexpected delay and a postponement, on the 5th inst. There were, we believe, sixty-two candidates, and from them Dr. Kinkead, of Tuam, was chosen as most fitting to succeed to the chair. Dr. Kinkead is a graduate in arts and a doctor of medicine in the University of Dublin, and holds the licenses of the Colleges of Physicians and of Surgeons in Ireland. He obtained his education in the School of Physic and the Royal College of Surgeons in Dublin, and at the Adelaide and Coombe Hospitals, and since his entrance into the profession he has proved himself at all times an advanced student, and an energetic and original practitioner. His appointment will ensure that the duties of the professorial chair shall be well discharged.

The Public Health of England and Wales.

THE following statistics from the Official Report of the Registrar-General for England and Wales will be read with interest. During the three months ending September last, 119,909 deaths were registered, equal to an annual rate of 19·6 per 1000 of the estimated population. This death-rate was 1·4 per 1000 below the average rate in the corresponding quarter of the ten years 1866-75, and, excepting the rate in 1873 (19·5), was lower than that which prevailed in any of those years; in the remarkably hot summer quarter of 1868 the rate was 23·7, and was 4·1 in excess of the rate last quarter. The average death-rate in the third quarters of the 38 years 1838-75 was 20·6 per 1000; the summer rates in these 38 years ranged from 17·2 in 1860, to 30·6 in 1849. The summer of 1860 was unusually cold and wet, and in 1849 a severe epidemic of cholera prevailed.

The 119,909 included 62,560 deaths of males, and 57,349 of females; the male death-rate was equal to 21·0, and the female rate to 18·3 per 1000 persons living of each sex. In equal numbers living, the deaths of males in the quarter were as 115 to each 100 deaths of females; the proportion in the corresponding quarter of 1875 was 114 to 100.

The deaths between one and 60 years was equal to 10·5 per 1000 persons living at these ages, and was 0·5 below the rate that prevailed during the same period of 1875. Among persons aged upwards of 60 years the rate of mortality in England and Wales averaged 55·7 per 1000, against 57·3 and 54·8 in the corresponding periods of 1874 and 1875.

The 119,909 deaths from all causes in the quarter included 14,755 which were referred to diarrhœa, 3772 to scarlet fever, 2443 to fever, 1683 to measles, 1491 to whooping-cough, 601 to diphtheria, and 543 to small-pox; in all 25,288 deaths resulted from these seven principal zymotic diseases, and were equal to an annual rate of 4·1 per 1000, which was 0·7 below the average zymotic rate in the six preceding corresponding quarters.

Public Baths.

UNDER this title Mr. Francis Vacher, medical officer of health for Birkenhead, has published a small pamphlet, in which he calls attention to the great need there is of cheap and commodious baths for the poorer population of all large towns. It is really a reprint of a paper read at the recent meeting of the British Medical Association, but the subject is an important one, and too great publicity cannot be given to it. Not long ago we took occasion to reflect upon the dirty habits prevalent among a large number of the lower classes, and we, therefore, heartily endorse all that Mr. Vacher has said on the advisability of doing what we can to encourage among them habits of cleanliness and a wholesome liking for plenty of soap and water. Mr. Vacher directs attention to an old Act of Parliament of which the public are most probably ignorant, and of which, unfortunately, the various municipal corporations have not taken due advantage. This Permissive Act, under which boroughs, cities, ports, towns, &c., are empowered to erect public baths, sought to promote a healthy appetite for bathing among the inhabitants of the poorest districts, and with this intention a scale of charges was laid down and other provisions made, which, if carried out, would have put the benefits of these baths within the reach of the poorest inhabitant. But we regret to say that in ninety-nine cases out of a hundred these provisions have been perfectly ignored; while in others the obvious aim of the Legislature in passing the measure seems to have been quite lost sight of. While the enabling powers sought to provide for that class only which had neither baths of their own nor money to take them to those already in existence, the local authorities thought only of erecting large, handsome, and expensive buildings, which, on account of their great expense, not only often ended in their not being built at all, but when built afford no accommodation for those for whom public baths are most desirable, and for the benefit of whom the Act above mentioned was exclusively framed. Mr. Vacher shows that whereas some of these large buildings, with their imposing frontages, &c., cost between £17,000 and £20,000, a suitable site, building, water-service, &c., might all be provided for about £2,500. He gives a plan of such a building, and says:—

> "If a building on this pattern had been erected close to the most thickly populated part of the district, who can doubt but that the people would soon have learned to use it? Then another might have been established in another crowded locality, and by-and-by another. After the township had put up half-a-dozen such buildings, had as many been required, but £15,000 would have been spent, or £2,000 less than the estimated cost of the splendid architectural triumph the health committee long since came to the conclusion 'would ultimately be at once the most economical and best' for the town. Even as an experiment—not a very venturesome one—an outlay of £2,500 would surely have been justifiable."

Those who wish to know the structural details of the public baths proposed by Mr. Vacher must refer to the pamphlet itself. We will only observe, in conclusion, that a building constructed on his principle would suffice for—say 10,000 inhabitants of any urban district; that it would, in his opinion, meet the requirements of the labouring classes better than any other form of bath-house, and that it would cost considerably less than those heavy and expensive establishments, which are chiefly patronised by the middle ranks of society.

Religion and Doctoring.

It has long been notorious that the majority of those whose business it is to select a medical attendant for the sick poor in Ireland make their choice not at all of the best man, but of the man who professes one or other religion. Such a system is an abominable perversion of a very simple duty, and, whether perpetrated by Protestant or Catholic, a gross abuse of the confidence which the country has been foolish enough to repose in such persons. Nothing can so completely damp the ardour of a student or a practitioner as to find that his labour and the guarantees of fitness which he holds are as nothing beside the imprimatur of the parish priest or parson, and yet this is the actual state of affairs in many districts in Ireland. We have long been aware of the fact but have not dwelt upon it, being hopeless of the Local Government Board desiring or attempting any better system; but it behoves us to notice the subject when we find a journal which ought to have influence impudently suggesting that doctrine should oust medical fitness in such a competition. The *Tipperary Free Press*, referring to a recent election, says:—

> "It was felt, and with ample reason, that the medical officer selected to minister amongst the poor should be of the same religious persuasion as themselves, one who, when the shadow of Death was nigh, would be conscientiously solicitous for their spiritual well-being in accordance with the tenets of their faith, while in other emergencies, when the necessity for conditional baptism, &c., should arise, a —— doctor alone, at such a crisis, could afford that consolation in the homes of the poor which would deprive natural sorrow of its most bitter sting in cases of domestic bereavements."

Medical science has no religion, and ministers alike to Pagan and Christian. Let us hope that the fanatics of one or other doctrine will fail in the attempt to supersede surgical skill by special forms of piosity.

Prison Discipline for Chronic Patients.

Medical men frequently send their patients abroad for the restoration of their health, remarks our comtemporary, the *Observer*, but they never send them to prison; yet there can be little doubt that no more salutary prescription could be given to many an invalid than a few weeks or months incarceration in one of our gaols, where not only temperance, regularity, and cleanliness often exercise a beneficial effect on the constitution weakened by irregularities, but the general arrangements are such as conduce in a marked degree to the restoration and preservation of health. A hint to this effect is given by the Directors of Convict Prisons in their report for the past year, just issued. It may, as they point out, perhaps be said that for many years sanitary considerations and sanitary laws were attended to in prisons when little or no attention was paid to them in any other quarter. The result is summed up in a passage in the report of the medical officer of Millbank Prison, who says:—"On looking through the Annual Medical Statistics of these prisons for the twenty years 1855-74, I find that only eight deaths are ascribed to enteric fever, or 0·4 per annum in a population, male and female, averaging 7,913. During the five years 1870-74 only two deaths were caused by this disease in an average population of 9,509. If the sanitary securities enjoyed by the inmates of the convict prisons could be extended to the general population of the country many thousands of lives would every year be saved." In other words, invalids would derive incalculable benefit from committing an offence against either property or person.

A New Defence for a Poacher.

At the Armagh Petty Sessions, a prisoner accused of shooting a hare without leave or licence, put in a plea of guilty, but submitted that he heard a certain portion of a hare, if injected into the ear was an undoubted "Elixir" for deafness, with which his father was afflicted, and that he merely killed this "little hare" to get at the needful fluid.

The magistrate desired to know the result of the remedy, and hoped that if it succeeded, that Parliament would make a special change in the game laws in favour of obtaining the "fluid" if it really was a success.

Dublin Obstetrical Society.

The First Meeting of the Thirty-ninth Annual Session will be held on Saturday evening, the 18th inst., in the Hall of the Irish College of Physicians, at eight o'clock, Dr. Lombe Atthill, President for the past session, will deliver an address; and the election of officers for the ensuing session will be held. The Council has invited a number of visitors.

The Council recommend that Dr. Thomas Darby be elected President. and that Dr. Madden and Dr. MacSwiney be elected Vice-Presidents. They also recommend that Dr. Roe be re-elected as Treasurer, and that Dr. Kirkpatrick be re-elected Secretary.

During the quarter ending October 1st, the number of deaths in hospitals, asylums, and workhouses was 10,037, or 8·4 per cent. of the deaths registered during the quarter.

Typhoid is assuming alarming proportions in Paris. During the last three weeks the deaths from this cause have steadily risen from 29, 40, to 59.

The deaths from small-pox rose in London from 15 in the previous week to 21 last week. The mortality from the same cause in Liverpool remained stationary, namely, 10 each week.

The deaths referred to accidents, violence, &c., during the last quarter numbered 4,590 in the United Kingdom. There were also 6,459 inquests held during the same period.

Nature furnishes its readers, this week, with a complete report of the Arctic Expedition. A carefully drawn map shows in detail the various geographical discoveries made by the exploring parties. This account has been furnished by Captain Nares, and is therefore all the more valuable, and of a highly interesting character.

Dr. L. S. Forbes Winslow has just issued a pamphlet *apropos* of the prevailing mania, under the title of "Spiritualistic Madness," which, if attentively perused by the general public, is calculated to produce healthy results. The opinions there expressed, together with the cases adduced in proof, are provoking considerable discussion in literary circles.

Some of the persons who were so active in the recent fruitless agitation in reference to the Hampstead Hospital being made a receptacle for small-pox patients, are about bringing an action at common law against the Asylums Board, claiming damages for injury to property surrounding the hospital. For this purpose a guarntee fund of £2,500 or £3,000 is proposed to be raised, of which it is reported more than £1,000 has been subscribed.

On Friday last a deputation of some of the Marylebone vestry waited upon the President of the Local Government Board to protest against the guardians erecting a new infirmary at Bayswater, at a cost of nearly a quarter of a million to the ratepayers, contending that the present provision for the sick was not inadequate, and that, at all events, a site could be obtained nearer to the workhouse. The President combated the arguments as to the necessity for increased accommodation, which, he said, had been fully proved, but as to the question of site, he would give the matter consideration.

The Council of the University of Dublin has found it necessary to take notice of the prevalence of "copying" in the medical examinations, and have resolved—"That the medical registrar be requested to bring under the notice of the Professors in the Medical School the fact that sufficient precautions are not taken to prevent copying at the medical and surgical examinations, and to request them to suggest, if possible, adequate precautions against this abuse

During the Slade prosecution we announced that another *soi-disant* "Dr." had been apprehended at Huddersfield for fraud, under the disguise of spiritualism. This said individual, Francis Ward Monck, was indicted before the magistrate on Friday last with having by subtle means imposed on certain persons. The articles seized on the prisoner's premises, and acknowledged to be his property, consisted of a fishing rod—used to wave a tambourine about—an electric battery, fairy bells, gloves to which elastic was attached, and other articles. The prisoner was remanded.

The election of the Council of the Surgical Society of Ireland took place last week at the Royal College of Surgeons in Ireland. The following gentlemen were elected:—Charles Benson, Philip Bevan, William Colles, Humphrey Minchin, M. Harry Stapleton, Richard G. Butcher, George H. Potter, B. Wills Richardson (Hon Sec.), J. Stannus Hughes, J. H. Wharton, Albert Walsh, Jolliffe Tufnell (Hon Sec.), Rawdon Macnamara, John Barker, Edward Hamilton, Edward D. Mapother, Henry G Croly, Henry J. Tyrrell, William Stokes, Anthony Corley, Benjamin Francis McDowell. It will be observed that Dr. Bennett, Professor of Surgery in the University of Dublin, lost his seat, and was replaced by Mr. Tyrrell.

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THERAPEUTICAL PREPARATIONS.

AERATED WATERS.

Mr. W. Hay, of Hull, has forwarded for our analysis samples of his highly aerated waters. The Lithia water contains an appreciable quantity of the Lithia salt: it is well aerated and pleasant to the palate. Both the potass and soda waters hold in solution a definite quantity of either potass or soda alkalies. Their flavour is agreeable, and they retain their briskness for a considerable time after the bottles are uncorked. The lemonade is of an exceptionally good flavour and quality, and the ginger-beer of a perfectly transparent solution, having a fine, delicate flavour of ginger, quite unlike the article usually sold under the name of ginger-beer. The latter is usually made with the essential oil of ginger of commerce, and never very long retains its flavour or transparent appearance. There is, however, another article, sold under the name of ginger-beer, which is transparent; but this is a different preparation altogether, and scarcely deserves the name by which it is called. Jamaica ginger consists of an aromatic, volatile essential oil, in which all the aroma and flavour of ginger exists—a non-volatile, acrid, pungent and somewhat bitter resin, besides a quantity of mucilaginous fermentable matter. The second mentioned component (the resin) exists in large quantities in the essence of ginger of the shops; and this it is which is separated from and rejected in this preparation used by Mr. W. Hay in the manufacture of his ginger-beer. This precaution has enabled him to supply a superior article, with an improved and agreeable flavour, and which is not liable to undergo further change by keeping.

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Literature.

AURAL SURGERY. (a)

This work is in part a reprint of communications which have appeared in our columns, and which were well received by our readers. Several of the chapters discuss subjects of peculiar interest to all practitioners of medicine, inasmuch as they treat of diseases with the remedies for which it is the duty of every general practitioner to acquaint himself. By a short and simple explanation it is shown that every one without acquiring any deep knowledge of the speciality of aural surgery, may readily learn sufficient to recognise among the forms of deafness which will present themselves before him, many amenable to a simple treatment which he himself can apply, and many others which hitherto looked upon as hopelessly incurable will assuredly prove curable under certain definite forms of treatment.

The first chapter shows how a novice may examine a patient suffering from impaired hearing, what he will be likely to see, and the conclusions to be drawn from the appearances presented.

Chapters follow on aural catarrh and its results, and here we notice the description of a very simple method of applying the Eustachian catheter.

Warm the catheter in hot water and introduce it into the inferior meatus of the nose (best done by depressing the patient's lip), pass it along the floor of the nares until it reaches tha posterior wall of the pharynx, then turning the point of the instrument inwards, withdraw it until it impinges upon the septum nasi; if it is then rotated, the point being turned downwards, then outwards and a little upwards (a position shown by the ring on the handle of the catheter), the mouth of the Eustachian tube will be easily found.

(a) A Treatise on the Curable Forms of Ear Disease. By Geo. P. Field, M.R.C.S., Aural Surgeon to St. Mary's Hospital, and Lecturer on Aural Surgery in the Medical School. Henry Renshaw, Strand.

The last chapter treats of tinnitus aurum, narrating its causes and their treatment.

The work will doubtless command a ready sale, for it renders a long list of painful diseases now known only to the few at once simple, recognisable, and remediable.

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Correspondence.

ALCOHOL IN THE ARCTIC REGIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Dr. Quinlan, in his lecture at St. Vincent's Hospital, on Nov. 1st (as reported in the Medical Press and Circular, Nov. 8th, speaking of alcohol), says, ". . . facts throw a strong light upon the folly of using large quantities of alcohol on the part of persons exposed to cold and hardships. They could not use a worse thing, and this fact is well known to all Arctic voyagers." Before the expedition left England, you kindly permitted me to draw attention to this subject in your issue of January 27th, 1875. I am sure a favour would be conferred on advocates of abstinence from intoxicating liquors if some of the medical gentlemen who were with the expedition and who I am glad to see, by your columns, have been recognised and promoted for their services,—would tell us their experience. It has been stated that where alcohol was not used in former Arctic voyages, no death occurred; but as I believe the contrary has been the case on board the ships just returned, it is I think a fitting subject for enlightenment from those who are so well able to give it as the gentlemen referred to.

Yours truly,

H. P. Gibson,

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Medical News.

The Mortality of Foreign Cities. — The annual rates of mortality, according to the most recent weekly returns of the Registrar-General, were:—In Calcutta 24, Bombay 26, Madras 35, Paris 24, Brussels 22, Amsterdam 22, Rotterdam 29, The Hague 22, Copenhagen 18, Stockholm 25, Christiania 16, Berlin 26, Hamburg 23, Breslau 24, Munich 36, Vienna 22, Buda-Pesth 34, Rome 19, Naples 20, Turin 18, Alexandria 46, New York 21, Brooklyn 16, Philadelphia 20, and Boston 23. The fatal cases of typhoid fever in Paris, which had been 29 and 40 in the two previous weeks, further rose to 59 last week.

Vital Statistics.—From the Registrar-General's returns we learn rhat during last week 5,939 births and 3,374 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,615. The mortality from all causes was at the average rate of 22 deaths annually in every 1,000 persons living. The annual death-rate was 17 per 1,000 in Edinburgh, 20 in Dublin, 21 in Glasgow, and 21 in London. In the other large towns the rates of mortality were—Sunderland 16, Birmingham 19, Hull 19, Portsmouth 19, Bristol 20, Brighton 20, Nottingham 21, Bradford 21, Newcastle-upon-Tyne 23, Liverpool 24, Manchester 24, Norwich 24, Leicester 25, Plymouth 25, Leeds 26, Sheffield 26, Oldham 28, Wolverhampton 29, and the highest rate 40 in Salford. The annual death-rate from these diseases averaged 2·8 per 1,000 in these towns, and ranged from 0·8 and 1·2 in Bristol and Oldham, to 7·2 and 11·7 in Wolverhampton and Salford. Scarlet fever caused 10 more deaths in Portsmouth. Forty-six deaths were referred to small-pox, against 32 in each of the three preceding weeks, and included 21 in London, 10 in Liverpool, 14 in Salford, and 1 in Manchester.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Betts *versus* The Medical Press and Circular.—This case is expected to come on for trial this day (Wednesday). We intend giving a full report in our next.

Glasgow and Aberdeen Universities Election.—At the close of the poll on Friday last at Glasgow and Aberdeen, the numbers were:—For Lord Advocate Watson, 2,392; for Dr. Anderson Kirkwood, 1,787. The majority for the Conservative candidate being 604.

CORONERS' INQUESTS.

To the Editor of the Medical Press and Circular.

Sir,—I am anxious to bring under your notice, as well as that of the readers of your journal, a resolution adopted by "The Board of Superintendence" of a county gaol in the province of Munster, as to my mind it injuriously affects the interests of our profession, and tends to render the finding of coroners' juries less reliable.

The following is a copy of the resolution—viz.: "In future the Board of Superintendence recommend that in case medical evidence is roquired by coroners' juries that the foreman of said jury endorse the voucher of the medical man so examined, and that the grand jury be requested to insert a minute to this effect in the county book."

With a view to elicit opinions on this matter I would ask the following questions, to which, I am sure, you, with your usual kindness, will give your attention:—

1st. How are the jury to decide whether medical evidence is required?

2nd. Having heard it, can the forman refuse to *endorse* the voucher?

3rd. The foreman having refused to endorse the voucher, how is the fee recoverable?

I am, Sir, yours, &c.,

A Medical Man.

[Such an order is illegal and of no force. The coroner is authorised by the Act to call to his aid a medical witness when he sees fit, and the jury have no authority to interfere unless they shall consider further evidence necessary, in which case they can compel the coroner—by a written requisition—to summon a second medical witness. The coroner's presentment for a fee for a medical witness may be opposed before the grand jury; but it has been decided by Chief Baron Pigott, Baron Fitzgerald, and Mr. Justice O'Brien that the jury have no power to disallow a fee paid by the coroner except they shall consider that he did not act *bonâ fide* and to the best of his judgment in calling the witness. Thus it appears, that the coroner need not comply with the order quoted by our correspondent, and that the payment of the fee is no better, in law, with the endorsement of the juror than without it; that the juror might or might not refuse without altering the legality of the claim, and that the grand jury could not refuse payment in consequence of such refusal. The action for recovery of the fee would lie against the coroner, who could obtain a recoup from the grand jury by an appeal to the fiating judge.—Ed. M. P. & C.]

H. L., Athlone.—We decidedly think one guinea a day a totally inadequate payment for a day's delay, annoyance, and responsibility as a witness in a court of law. The Council of the Irish Medical Association has the question of fees to medical witnesses under consideration at this moment, and is about to take steps to repeal the official instructions if possible. If our correspondent will address the Secretary, his case may strengthen the hands of the Council.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Compendium of Histology. By Heinrich Frey. London: Smith, Elder, and Co.

Transactions of the Clinical Society of London. Vol. IX.

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VACANCIES.

South Dublin Union, Rathfarnham Dispensary District.—Midwife. Salary, £25 per annum. (See Advt.)

East London Hospital for Children.—Resident Medical Officer. Salary, £60 per annum, with board, lodging, and washing. (See Advt.)

Glasgow Western General Infirmary.—Superintendent. Salary, £150, with board and furnished apartments. Testimonials to the Secretary, 30 Gordon Street, Glasgow.

Derbyshire Infirmary.—Assistant House Surgeon. Board and lodging provided, but no salary. Address the Secretary, Derby.

St. George's and St. James's Dispensary, Grosvenor Square.—Surgeon. Honorary. Applications to the Secretary.

North Riding Lunatic Asylum.—Assistant Medical Officer. Salary, £120, with board and lodging. Address the Medical Superintendent, York.

Royal Albert Infirmary, Wigan.—Assistant House Surgeon. Salary, £60, with board and lodging. Address the Hon. Sec.

Bridgend and Conbridge Union.—Medical Officer. Salary, £58, with extra fees. Address the Clerk to the Union, Bridgend, Glamorganshire.

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Deaths.

Barlow.—On Nov. 8, at Salzburg, Henry Clark Barlow, M.D., late of Newington Butts, Surrey, aged 70.

Fincham.—On Nov. 10, at 68 Loudoun Road N.W., Eliza, younger daughter of the late George Fincham, M.R.C.S., of St. John's Wood.

IRISH POOR-LAW INTELLIGENCE.

MONAGHAN QUARTER SESSIONS.

[Before W. M. BARRON, Esq., Chairman.]

ALLEGED FRAUD.

W. Woods, Esp., M.D., v. *William Crumley.*

THIS was an action for fraud, brought by Dr. Woods, the medical officer of Monaghan Dispensary, against William Crumley, an ex-Poor-law guardian, and member of the Dispensary Committee.

It may be recollected that this case has been twice previously before the public. In the first instance it was brought on the civil side of the court and the same chairman gave a decree for three guineas. From that decree the defendant appealed, the going judge of assize and Mr. Justice Fitzgerald reversed the decree, and dismissed it without prejudice, to enable the plaintiff to bring it properly before the Court. He said the case was one of fraud, and if it came again before him he would afford the utmost latitude in the discussion of it. The case now came again before the chairman, charging the defendant with having, in November, 1875, fraudulently issued a red ticket directing the plaintiff to attend at the residence of Bernard McGeough, a national schoolmaster, and afford advice, attendance, and medicine gratis to his wife in her confinement, the said Bernard McGeough not being "a poor person" within the meaning of the Medical Charities Acts.

Mr. Givan and Mr. Joseph Wright appeared for the plaintiff, and Mr. McLoughlin, barrister-at-law (special), instructed by Mr. John Reilly, and Mr. J. B. Ross, for the defendant.

Mr. Givan said the question to be tried was one of law, and he had a very powerful opponent in Mr. McLoughlin, and he would ask the forbearance of the court in respect of anything he had to say. The case was tried at last sessions, and again before Mr. Justice Fitzgerald at the assizes—

Mr. McLoughlin—We are now trying a new case. The last decree was reversed by the going judge of assize, and because he dropped a hint you are not going to ask the chairman to recollect what was tried then.

Chairman—I know nothing of the case now before me, and you had better let us get into it.

Mr. Givan said the defendant was last year a Poor-law guardian of the Monaghan Union, and as a warden he was also a member of the Dispensary Committee ex-officio, and had power to issue dispensary tickets; and the plaintiff was the medical officer of the dispensary. He was prepared to prove that he issued those tickets broadcast to everybody, and that he gave them to persons who were not intended to come within the meaning of those who were contemplated by the Poor-law, which distinctly stated the doctor was not bound to visit any except "poor persons." One of these was a national schoolmaster named McGeough, who was at the time in receipt of a salary of £60 or £70. So well was he off that when an observation was made by Dr. Woods refusing to treat his wife in a way prescribed by him, he went away and employed Dr. Ross, who, without consulting Dr. Woods, or making any intimation to him whatever, went and undertook the treatment of his patient, whose life had been with the greatest difficulty saved by Dr. Woods, and whom he had been visiting once every twelve hours for five or six days. He might mention that since Mr. Crumley's appointment there had been an enormous increase in the number of dispensary tickets issued.

Mr. McLoughlin objected to this. He did not like to interrupt Mr. Givan, for there was no man had a higher respect for Mr. Givan than he had. It was a common thing for barristers to say that about attorneys, whether they believed it or not, but in this instance he happened to believe it.

Mr. Givan said he was stating nothing but what he would prove in evidence. The North-East bar does not know law as well as the North-West—

Mr. McLoughlin—That is not true. They know it a great deal better, and I happen to be serious when I say that also.

Mr. Givan—According to the rules of the Local Government Board—

Mr. McLoughlin—I object to that.

Mr. Givan—You object to rules made by the Local Government Board, made under the authority of an Act of Parliament.

Mr. McLoughlin—Prove that.

Chairman—They are autocrats.

Mr. Givan—But they are autocrats by law and under acts of Parliament. He read the 12th section of the Acts which empowers the Local Government to make such rules and alterations of rules for the government of dispensaries as they may think fit.

Mr. McLoughlin—We are not in the same case now as at the last Quarter Sessions at all.

Chairman—I want to see what we are trying.

Mr. Givan—The defendant appealed from your worship's decision last time. It was fully argued before Judge FitzGerald, and we were turned round and ordered to come before you again because we did not impute fraud to the defendant. We are now imputing that technically—that is, we charge Mr. Crumley with having acted *ultra vires*, and outside the power and authority given to him by the statute, and by acting outside the power given to him he has perpetrated a legal fraud on the plaintiff, as distinguished from an intended fraud, or a dishonest act. He put upon Dr. Woods a duty that was not required of him by law, and thereby perpetrated a legal fraud on him and on the ratepayers. Will you now allow me to read what Judge FitzGerald stated at the assizes in reference to his idea of the law.

Mr. McLoughlin objected, and the Chairman refused to hear it.

Mr. Givan read the direction given to the member of committee as printed on the back of the ticket, to the effect that it was his duty to ascertain the circumstances of the party, as the doctor was not bound to visit any but "poor persons" contemplated by the Act.

Mr. McLoughlin said he would show what "fraud" was, from an authority immediately.

Chairman (to Mr. Givan)—Show, first, that he has issued this ticket, and then was the person a poor person.

Dr. Woods examined—I am medical officer of the dispensary of Monaghan; I know Bernard McGeough; he is a national teacher, his wife is also a teacher in Rakeeragh school, on the Rossmore estate: I know Crumley the defendant, he was last year a member of the dispensary committee of the Monaghan district; a ticket signed by him was presented to me in McGeough's name.

Mr. McLoughlin—Introduce it.

[The ticket was here produced together with 1,150 other tickets which the defendant had issued within a year.]

Is that the ticket? Yes.

Is it in the handwriting of the defendant? Yes.

Mr. McLoughlin—We admit it is.

Did you in pursuance of that ticket visit Mrs. McGeough? I did.

It was at the time of her confinement? Yes.

Where did she live? In Killygoan.

Where is that? Three quarters of a mile from Monaghan.

Was McGeough in comfortable circumstances? Yes, I should say so. I paid eleven visits to his wife; the case was of extreme difficulty. I had great difficulty in saving the life of the woman and her child. I paid the same attention to her that I would have paid to any private patient. When I found that McGeough was a man in comfortable circumstances I took steps to have the ticket cancelled. I had been at his house on the evening of the 9th November. I had to use a catheter every twelve hours. I saw her every evening at eight o'clock and every morning at eight, or between seven and eight.

Did you, on the last occasion you saw her, consider it necessary to see her before eight o'clock the following morning? I did not, it was not necessary. The next morning at four o'clock. Mr. McGeough called on me and said his wife was suffering very much from retention of urine, and demanded that I should go at once and relieve her. I said it was quite impossible that she could be for I had relieved her the previous evening at eight o'clock; and I told him that even if I were there I would not do anything. He told me if I did not go at once he would go instantly and employ another doctor, and report me to the Local Government Board. I said he might report me as soon as he pleased, but told him to leave my house at once, that I was the proper party to decide when I should see his wife and not he: and I told him he was an ungrateful man to speak to me in that way after all I had done for his wife. Next morning I was at his house at eight o'clock, Before entering the house, I asked if another medical man had been there. I was told that Dr. Ross had been there. I told McGeough he was most ungrateful after the manner I had attended his wife; and I said that any medical man who had come in to see my patient under such circumstances had acted unprofessionally. I had never done it myself, and had never known it to be done under such circumstances.

To Mr. McLoughlin—I heard what McGeogh's salary was.

Mr. McLoughlin—Well, I object to your telling what you heard.

Witness—I was present at the next meeting of committee when the ticket was cancelled.

Mr. Givan—After Mr. Crumley was appointed a member of committee were your duties largely increased?

Chairman—I dont think that is evidence.

Mr. Givan—We have proved the number of tickets issued, and we have them here.

Mr. McLoughlin—You are proceeding here for the value of your services? I don't think what I am proceeding for would be the value of my services. I never appeared in court in a case of this kind before.

I have been frequently offered payment by dispensary patients. I have been offered fees by the persons whom Mr. Crumley gave ticket to as dispensary patients. and was obliged to refuse them because I could not attend to them. What time did M'Geough call on you? It may have been two or four o'clock in the morning.—You did not think he was acting when he asked you to go to see her? No.—Did he tell you she was crying out with pain? No; he said she was in pain, and I told him it was hysteria. I told him I would see her at the usual hour, which was eight o'clock in the morning.—I am not finding fault with your attention to her; because I believe you were most attentive, as you are in general, but may I ask you were you very courteous with M'Geough? No; I was courteous with him till he threatened me. He threatened to report me to the Local Government Board, and said he would go for another doctor. I told him he might go where he liked.—Did you say at the last trial that you did not send him to hell which was next door to Dr. Ross's? No, that was Mr. Reilly's observation; he was cross-examining me.—In fact, did you tell him to go anywhere? I told him he might go to hell.—Last time you said he might go to the devil, thinking, I suppose, that he would find the owner of that place at home? Very likely. The dispensary committee is composed of elected and non-elected guardians. At the time referred to Mr. Crumley was a guardian. He has now ceased to be a guardian, and consequently he has ceased to be a member of committee.—I hope you had no hand in putting him out, doctor? None whatever.—Well, doctor, I will not trouble you further.

Mr. Foster Dunwoody, hon. sec. of the dispensary committee, gave evidence of the cancelling of M'Geough's ticket by the committee on the 10th November. Up till that time Dr. Woods was obliged to attend his patient. The committee only meet once a month.

Have you the tickets that were issued by Mr. Crumley during one year of office? I have (produces them).—How many are there in that bundle? 1,150.

Chairman—1,150! Is it in two years?

Witness—No, but in one year.

Chairman—It would be fair to hold that he did not use discretion in the exercise of his powers.

Mr. M'Loughlin—That is not the question.

Examination continued—The ticket was cancelled because Mrs. M'Geough was not a proper object for relief. My sole object in bringing this return is to put a stop to the wholesale issue of tickets to parties not entitled to them.

Bernard M'Geough was then examined, and said he was a national teacher; so, also was his wife. Their combined salaries in 1875 was £60.

Mr. Givan—Did you get any money with your wife?

Mr. M'Loughlin objected.

Mr. Givan—I want to know was he a "poor person?"

Chairman—Quite legitimate.

The witness said he may have got £10.

Mr. M'Loughlin then addressed the Court at considerable length, and quoted authorities defining what "fraud" was and what constituted it, and he read the following from Banks's "Compendium of the the Poor-law"—"That no action or suit shall be commenced against any commissioner or any other person, for anything done in pursuance of or under authority of this Act, until twenty-one days' notice has been given thereof in writing to the party or person against whom such action is intended to be brought, nor after sufficient satisfaction or tender thereof shall have been made to the party aggrieved, nor after three calendar months next after the act committed for which such action shall be brought."

The Chairman gave judgment on Friday, dismissing the case on the point raised by Mr. M'Loughlin in the above extract.

Dr. Woods appealed to the assizes.

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CERTIFICATES OF DANGEROUS LUNACY.

A CORRESPONDENT appeals to us upon the following case:—

The lunatic's father was anxious to have him sent to asylum, but two of the magistrates were in England. On Monday, the 6th inst., I left home to visit lunatic, but before doing so I drove about five miles, to the residence of a magistrate, who thought the best arrangement was to have the lunatic brought to Petty Sessions, and committed by the presiding magistrates. I then called at the Constabulary Barracks, and arranged with the constabulary to have the lunatic brought to Petty Sessions to-day, and the necessary witnesses. I visited the patient the following morning in the Barracks, was an hour in the Court-house, returned a second time to the Barracks with the magistrates, spending at least two hours this morning to facilitate the lunatic's committal, and now the Justices refuse to sign an order on the guardians for my fee. Surely the certifying for this fee ought to be compulsory, and not optional as at present.

[It certainly ought to be so, and no doubt the Irish Medical Association will not spare an effort to make it a claim as of right. Our correspondent should recollect that is only two years since medical men were compelled to certify in such cases "without fee or reward." However, we believe that the medical officer has the remedy in his own hands. The Act of Parliament orders that he, and no person, shall be called upon, and there is nothing in the Act, or in the Medical Charities Act, or the Dispensary Regulations to oblige him to go unless he likes. If he is refused payment he may, we believe, decline to attend again, and the lunatic will remain uncertified.

We express our belief, founded on an examination of the Acts, but we do not speak *ex cathedra*, nor would we wish our advice to be acted on without further consideration.]

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CORRESPONDENCE.

COMPULSORY SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your late numbers contained letters from several gentlemen regarding the above subject. These letters should have been very interesting to most of the workhouse and dispensary medical officers in Ireland, as the matter they refer to concerns them so much. It is to be regretted, however, that the writers did not give their names; as if they had, probably some private correspondence might have taken place, with the view of making a strong and united effort to carry out the contemplated project to a successful termination. I am only surprised that such a result has not been arrived at long before this!

After what has been so often stated in favour of the just claim that Poor-law medical officers have for obtaining superannuation, it is unnecessary for me tos ay anything. I would, however, beg to direct the particular attention of those gentlemen to the excellent letter signed "Dispensary Doctor," given in your issue of the 1st inst. I entirely agree with the writer in believing that, if a strong effort was made on the plan that he suggests, the desired object would be obtained. I venture thus to express my opinion with the hope that some influential gentleman may be induced to do what may seem to him best. I am, Sir,

Your obedient servant,

Abraham Kidd.

Ballymena, November 4th, 1876.

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CLONMEL ST. MARY'S DISPENSARY.

A meeting of the Committee of Management was held to elect a medical officer in the room of Dr. Scully, deceased. The following are those from whom applications were received:—

T. D. Stanistreet, M.D., Gordon Street, Clonmell; T. F. Sparrow, M.D., Peter Cutler, H. Borthistle, and Matthew James Hewetson.

A poll having been take, the following was the result: For Dr. Cutler, 16; for Dr. Hewetson, 16; for Dr. Stanistreet, 2; for Dr. Sparrow, 2.

A second poll was taken between Drs. Cutler and Hewetson, when the four gentlemen who voted for the other two candidates voted for Dr. Hewetson. Thus the voting was—Dr. Hewetson, 20; and Dr. Cutler, 16.

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WEXFORD UNION.

THE DRUG CONTRACT.

Mr. J. M. Vicary said—I have had some conversation with the medical officers, and they said to me—what is a fact—"that there are a great many things used by them which are not upon the list, and that when application is made to the druggist for them they charge treble the price." One of the medical officers told me he had ordered some brown Windsor soap from Dublin for which he was charged three times the amount it could be had for in Wexford, and which he very properly sent back.

It was resolved—"That the medical officers meet on a convenient day to consider the medicine tender and revise the list."

CARRICK-ON-SUIR UNION.

DANGEROUS LUNATICS.

The Clerk read an order from two magistrates for the payment of £1 1s. to Dr. Alexis Fitzgerald for his examination of a dangerous lunatic, named Kiely. It appeared that Kiely was seen in the first instance by Dr. Keatinge, who had come from Callan, a distance of eight miles. The Relieving officer informed the board that Kiely had been arrested by the Glenbower police and conveyed to Carrick, where Dr. Fitzgerald examined him.

It appearing by a section of the Act that magistrates are empowered to make an order for payment in such cases, it was decided to refer the matter, on the motion of Mr. Lalor, to the Local Government Board to know if they were bound to pay.

THE CORONERSHIP IN WATERFORD.

A body was discovered on Sunday, and an intimation to that effect was immediately sent to the Coroner, with a view to the holding an inquest on Monday. "His worship," however, was not accessible, and the friends of the deceased, the jurors, and the police, had to wait for him till this morning. This is not the first, or even the fifth time, that such delay has been caused, sometimes to the serious inconvenience of the relatives of the deceased. If the duties of the office are too great for Mr. Power, he should apply for a colleague, or, if his other avocations prevent him from attending to the coronership, he should resign the position, and let the public secure the services of some one who will mind their business. At least, an explanation of the cause of these delays is due to them.—*Waterford Citizen.*

DISPENSARY RELIEF.

(*Wexford Independent.*)

Some time ago the medical officer for Broadway Dispensary received a red ticket from a member of the committe, marked "urgent," directing him to visit a sick person. It was dark when the doctor received it, and the ground covered with snow. It being some miles to the patient's house, the Doctor had to saddle his horse and ride there in a heavy snow storm. On his arrival he found the patient sitting at the fire and complaining of toothache. We believe the charity of medical men is often abused; but a correspondent of the *Medical Times and Gazette* makes a statement which is startling. He states that the seven following instances of persons who are able to pay for medical attendance, but who have applied for and received out-door gratuitous medical relief, are cases which have occurred in his own practice:—

1. The wife of a geentleman who resides in one of the best houses in the suburbs, and has a private income of £800 a-year.
2. The wife of a gentleman who, besides other means of living, has a salary of £400 a-year.
3. The daughter of a musical instrument maker who has two establishments and employs a number of hands.
4. The wife of a grocer, in business.
5. A lady living upon her household property.
6. A publican doing one of the best trades—if not the largest—in his neighbourhood.
7. A tradesman just now recovering from an illness during which he stated that in the event of his death he had his family "comfortably provided for."

Another correspondent in the same journal states "that it is common for persons in good position to borrow their servants' clothes, and thus obtain medical aid for nothing." In giving tickets for medical relief to such parties, the giver of the ticket is committing a fraud on the ratepayers. He is the means of making the doctor give medicines at the expense of the ratepayers to persons well able to pay for them. To put a stop to such the members of the Dispensary Committee ought to examine carefully into each case on the doctor's books, and inquire into particulars, such as residence, employment, &c. Out-door relief in Wexford was at one time up to £14 or £15 a week; it is now reduced to one half that sum. A similar saving might be effected by attending at the Dispensary. It is very hard to ascertain who is a fit object for out-door relief, and many good persons may have been driven to part all they possessed by stopping relief from them, but it is different at the Dispensary. The gentlemen who have the power of giving tickets ought to study the words of Mr. Justice Fitzgerald at the last Monaghan Assizes, who laid it down as law that a person authorised to issue dispensary tickets is not only liable to a civil action, but is also guilty of misdemeanour, and liable to a criminal prosecution should he give a ticket to a person not entitled to medical relief.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF OCTOBER, 1876.

OCTOBER 2nd.—Nichols, John Moore, Louth Union Workhouse, Dublin. Lic. R. Coll. Surg. Irel. 1873, Lic. Apoth. Hall. Dub. 1875.

3rd.—Moore, Frederick Flood, Royal School, Cavan, Lic. R. Coll. Phys. Edin. 1876, Lic. R. Coll. Surg. Edin. 1876.

4th.—McParland, Owen Aloysius, Armagh, Lic. R. Coll. Surg. Irel 1875, Lic.. 1876 and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

5th.—Ross, David John, Midleton, co. Cork, Lic. R. Coll. Phys. Edin. 1874, Lic. R. Coll. Surg. Edin. 1874.

6th.—Fisher, John Baptist, Meath Hospital, Dublin, Lic. Apoth. Hall, Dub. 1873.

9th.—O'Grady, Standish Thomas, Erinagh, Castle Connell, co. Limerick, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876 and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

9th.—Ross, Charles Emilius, 3 Grosvenor Place, Rathmines, co. Dublin, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, and Lic. Mid. 1876 K. Q. Coll. Phys. Irel.

9th.—Deacon, William Oliver, Barrack Street, Armagh, Lic. R. Coll. Phys. Edin. 1876, Lic. R. Coll. Surg. Edin. 1876, Lic. Apoth. Hall Dubl. 1876.

11th.—Falkiner, Thomas Falkiner, 40 Clarinda Park, East Kingstown, co. Dublin, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

17th.—O'Flynn, Philip, 26 Lower Gardiner Street, Dublin, Lic. R. Coll. Surg. Edin, 1876, Lic. and F. Phys. Surg. Glas. 1875.

18th.—Jones, Wilmot John, Kilmore Rectory, Nenagh, co. Tiperary, Lic. R. Coll. Surg. Irel. 1872, Lic. 1875, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

18th.—Crean, John, 21 Main Street, Wexford, Lic. R. Coll. Surg. Irel. 1875, Lic. R. Coll. Phys. Edin. 1876.

18th.—Calwell, William, 54 Eglinton Street, Belfast, Lic. R. Coll. Phys. Edin. 1876, Lic. R. Coll. Surg. Edin. 1876.

18th.—Ingham, Hugh John, Belturbet co. Cavan, and 96 Pembroke Road, Dublin, Lic. R. Coll. Surg. Irel. 1876.

18th.—Franks, Kendal Matthew St. John, 42 Fitzwilliam Place, Dublin, Lic. R. Coll. Surg. Irel. 1875, M.B. 1875, and M.D 1876, Univ. Dub.

20th.—Burke, Richard John, Shamrock Lawn, Douglas, co. Cork, M.D. 1876 and M.Ch. 1876 Q. Univ. Irel.

20th.—Riordan, Thomas Francis, 37 Shandon Street, Cork, M.D. 1876, and M.Ch. 1876, Q. Univ Irel.

20th—Molony, Henry, Clonmore, Tulla, co, Clare, M.D. 1876, and M.Ch. 1876, Q. Univ. Irel.

20th.—Walply, John Jagoe, Kilronan, Dunmanway, co. Cork, M.D. 1876 and M.Ch. 1876, Q. Univ. Irel.

23rd.—Collings, Michael, Lakeview, Moylerigh, co. Galway, M.D. 1876, and M.Ch. 1876, Q. Univ. Irel.

24th.—Dwyer, John Henry, Kilcor, Castle Lyons, co. Cork, M.B. Univ. Dub. 1876.

27th.—McVittie, Robert Blake, Steeven's Hospital, Dublin, Lic. R. Coll. Surg. Irel. 1876. M.D. Q. Univ. Irel. 1876.

28th.—McIvor, Robert, Union Hospital, Belfast, M.D. 1876 and M.Ch. 1876 Q. Univ. Irel.

30th.—Leeper, George Reginald, 4 Kildare Place, Dublin, M.B. Univ. Dub. 1876, Lic. R. Coll. Surg. Irel. 1876.

30th.—Adams, John James, co. Infirmary, Monaghan, M.D. Q. Univ. Irel. 1875.

30th.—Camac, Robert John, Dervock, Ballymoney, co. Antrim, M.D., 1876 and M.Ch. 1876 Q. Univ. Irel.

31st.—McGeagh, William, 18 Claremont Terrace, Belfast, M.D. 1876 and M.Ch. 1876 Q. Univ. Irel.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING NOV. 4, 1876.

Total registered deaths in Dublin and suburbs * ...	118	
Ten years average of same week	145	
Decrease of mortality below average	27	
Ratio of deaths, suburb of Rathmines ...	17·0	per 1,000
" " " Donnybrook †	25·8	"
" " " Blackrock ...	14·4	"
" " " Kingstown ...	25·3	"
" " Entire Dublin district ...	19·5	"
COMPARATIVE RATIOS—London	21·0	"
" " Glasgow... ...	21·3	"
" " Edinburgh ...	17·2	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Five children died from convulsions.

Bronchitis proved fatal in 10 instances, pneumonia in 3, and lung disease unspecified in 1.

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TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, November 4th,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, NOVEMBER 4TH 1876.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM									No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.			
UBLIN . . .	10,050	314,666	20	171	118	16	31	...	1	5	2	3	6	8	3		2	34
BELFAST . . .	20,687	182,082	17	147	61	12	2	...	1	...	...	3	2	1	...		...	1
CORK . . .	13,816	91,965	25	50	45	6	6	...	...	2	...	...	...	1	...		1	18
LIMERICK . . .	8,509	44,209	11	10	9	1	2	...	...	...	...	...	...	...	...		...	1
LONDONDERRY . .	21,865	30,884	8	14	5	1	2	...	...	...	...	...	...	...	...		...	...
WATERFORD . .	17,209	30,626	12	19	7	2	1	...	...	...	...	...	...	...	...		...	...
GALWAY . .	21,358	19,692	24	5	9	1	4	...	...	...	...	...	...	...	..		..	6
SLIGO . .	30,835	17,285	30	7	10	...	3	...	...	...	...	..	...	...	..		...	6

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 22, 1876.

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THE ADULTERATION OF FOOD, AND BRITISH LEGISLATION RELATIVE THERETO.

By Dr. C. R. Alder Wright,

Lecturer on Chemistry at St. Mary's Hospital.

(*Continued from page* 397.)

The following definitions and regulations as to limits have been adopted by the Society of Public Analysts (*Chem. News*, XXXI. 59).

Definition of an Adulterated Article.

An article shall be deemed to be adulterated—

(*A*) In the case of food or drink:—

1. If it contain any ingredient which may render such article injurious to the health of a consumer.
2. If it contain any substance that sensibly increases its weight, bulk, or strength, or gives it a fictitious value, unless the amount of such substance present be due to circumstances necessarily appertaining to its collection or manufacture, or be necessary for its preservation, or unless the presence thereof be acknowledged at the time of sale.
3. If any important constituent has been wholly or in part abstrated or omitted, unless acknowledgment of such abstraction or omission be made at the time of sale.
4. If it be an imitation of, or be sold under the name of, another article.

(*B*) In the case of drugs:—

1. If when retailed for medicinal purposes, under a name recognised in the "British Pharmacopœia," it be not equal in strength and purity to the standard laid down in that work.
2. If when sold under a name not recognised in the "British Pharmacopœia," it differ materially from the standard laid down in approved works on Materia Medica, or the professed standard under which it is sold.

Limits.

The following shall be deemed limits for the respective articles referred to:—

Milk shall contain not less than 9·0 per cent., by weight, of milk solids not fat, and not less than 2·5 per cent. of butter-fat.

Skim Milk shall contain not less than 9·0 per cent., by weight, of milk solids, not fat.

Butter shall contain not less than 80·0 per cent. of butter-fat.

Tea shall not contain more than 8·0 per cent. of mineral matter, calculated on the tea dried at 100° C., of which at least 3·0 per cent. shall be soluble in water, and the tea *as sold* shall yield at least 30·0 per cent. of extract.

Cocoa shall contain at least 20 per cent. of cocoa-fat.

Vinegar shall contain not less than 3·0 per cent. of acetic acid.

These limits are derived from the results obtained by the investigations made by numerous analysts on substances of known purity: thus, in the matter of milk, out of many hundreds, if not thousands, of analyses made, not more than two or three specimens have ever been obtained from cows (under the most varied conditions as to breed, mode of feeding, length of time since calving, &c., &c.) containing less than 9·0 per cent. by weight, of "solids, not fat;" and of these the difference from 9·0 per cent. is excessively small (8·9 or 8·8), only occurring in exceptional cases with single cows: most milks yield numbers perceptibly higher than 9·0 per cent. by weight, whence it is evident that *average* milk, such as would proceed from a farm or dairy where many cows are kept, could not possibly contain a lower quantity of solids than this; if therefore a sample of purchased milk is found to yield only 8·0 per cent. of solids not fat, to every 8 parts of genuine milk, *at least* 1 *part of water must have been added*, or 12·5 *per cent.* Again, skim-milk has been found to differ from ordinary milk only in the quantity of cream present, the "milk solids not fat," being the same in each.

As the result of the labours of the Select Committee, a Bill was introduced into the House of Commons on

Feb. 12th, 1875, by Mr. Sclater Booth, under the name of the "Sale of Food and Drugs Act, 1875." From the guise in which this Bill first appeared, it was evident that "trade influences" had been largely at work in its production; and indeed it has been said with some justice that had it been proposed to legalise every conceivable form of adulteration, to bar most effectually every remedy for the grievances suffered by the population in consequence of the practice, and to undo everything that the 1872 Act and all previous legislation had accomplished, these objects could hardly have been obtained in a more complete way than by passing this Bill as it originally stood, inasmuch as it commenced by repealing the previous Acts, and then substituted no efficient prohibitions, whilst the wording of certain clauses was such as to render convictions impossible. Thus the following extracts from the original Bill may be given as a proof of this:—

"Whereas it is desirable that the Acts now in force relating to the adulteration of food should be repealed, and that the law regarding the sale of food and drugs in a pure and genuine condition should be amended:

"Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

"1. From *the commencement of this Act* the 23 & 24 Vict., c. 84, 31 & 32 Vict., c. 121, s. 24, and the 35 & 36 Vict., c. 74, shall be repealed, except in regard to any appointment made under them, and not then determined, and in regard to any offences committed against them, or any prosecution or other act commenced and not concluded or completed, and any payment of money then due in respect of any provision thereof.

"2. This Act shall not apply to Scotland or Ireland, except as herein provided.

"3. The term 'food' shall include every article eaten or drunk by man, other than drugs:

"The term 'drug' shall include medicine for internal or external use:

"The term 'county' shall include every county, riding, and division, as well as every county of a city or town, not being a borough.

"The term 'justices' shall include any police and stipendiary magistrates invested with the powers of a justice of the peace.

Description of Offences.

"4. No person shall knowingly mix, colour, stain, or powder, or order any other person to mix, colour, stain, or powder, any article of food with any ingredient or material of a nature injurious to health, with intent that the same may be sold in that state, and no person shall knowingly sell any such article so mixed, coloured, stained, or powdered, under a penalty in each case of *fifty* pounds for the first offence; every subsequent offence, after a conviction in such penalty, shall be a misdemeanour, for which the person, on conviction, shall be imprisoned for a period not exceeding six months with hard labour.

"5. No person shall knowingly, except for the purpose of compounding as hereinafter described, mix, colour, stain, or powder, or order any other person to mix, colour, stain, or powder, any drug with any other ingredient or material of a nature injurious to health, with intent that the same may be sold in that state; and no person shall knowingly sell any such drug, so mixed, coloured, stained, or powdered, under the same penalty as in the last clause for a first and subsequent offence.

"6. No person shall knowingly sell any article of food or any drug which is not of the nature, substance, and quality of the article demanded by the purchaser, under a penalty of *twenty* pounds, except as herein excepted and provided; that is to say, except—

"Where any matter is mixed therewith for the purpose rendering it portable, or of preserving it;

"Where a harmless ingredient is mixed with it for the purpose of rendering it palatable or of improving its appearance;

"Where according to the usage of trade it is sold in a mixed state;

"Where it is the subject of a patent in force, and is supplied in the state required by the specification of the patent;

"Where British, colonial, or foreign spirits are reduced from their ordinary strength by persons licensed and paying duties under the excise;

"Where a drug is compounded either in conformity with a prescription of a registered medical practitioner or otherwise, according to the usage of trade;

"Where the article is unavoidably mixed with some extraneous matter.

"7. No person shall sell any article mixed for any of the purposes mentioned in the exceptions above set forth, if the matter mixed be more than is ordinarily required for the purpose, under a penalty of *ten* pounds.

"No person shall sell any article of food which by the usage of trade is sold in a mixed state, unless the ingredients shall be mixed in the proportions required by such usage, and no person shall sell any compounded drugs, except the same shall be compounded according to the prescription in writing submitted for that purpose, or in accordance with the regulations prescribed by the British Pharmacopœia issued by the General Medical Council, or with a basis to be laid down by the Pharmaceutical Society, or the Local Government Board, or the Privy Council, subject to a penalty of *twenty* pounds.

"8. Provided that no person shall be guilty of an offence in respect of the sale of an article mixed with any ingredient not injurious to health, whether the case may or may not fall within any of the above mentioned exceptions, if at the time of delivering such article he shall supply to the person receiving the same a notice to the effect that the article is mixed, by a label written or printed on or with the article.

"9. No person shall knowingly, and with the intent that the same may be sold in its altered state without notice, abstract from an article of food any part of it so as to affect injuriously its quality, substance or nature, and no person shall knowingly sell any article so altered without making disclosure of the alteration, under a penalty in each case of *ten* pounds."

Clause 1 here manifestly repeals all previous enactments on the subject.

Clause 3 is so worded as to include *water* amongst the substances to be examined by analysts under the Act, whilst it might be contended that tea, coffee, and similar preparations are not included amongst these substances, inasmuch as the articles sold are, *as sold*, not "articles eaten or drunk by man other than drugs."

Clause 4 is so worded that the use for flavouring purposes, &c., of substances injurious when taken in any quantity, but harmless when only present in minute proportions, would be punishable: thus, a confectioner who used essence of almond in his wares might be thus subjected to penalties; moreover, any benefits that might accrue from the prohibitions in the clause are wholly vitiated by the use of the word *knowingly*. In ninety-nine cases out of a hundred it would be impossible to prove that the seller of an adulterated article actually knew that the substance was so adulterated.

Clause 5.—The latter remarks on Clause 4 apply here also.

Clause 6.—Here also not only is the whole object of the clause lost through the use of the term "knowingly," but also adulteration of every possible kind is legalised by the special exception that any article of food or any drug may be sold which is not of the nature, substances, and quality of the articles demanded by the purchaser, "when *according to the usage of trade it is sold in a mixed state.*" Hence if it is the custom in the milk trade to add 50 per cent. of pump water, it is legitimate so to do; if it is usual to sell a mixture containing 75 per cent. of chicory, roasted acorns, starch, and such like abominations as ground coffee, the dealer is authorised to do so. Where the "usage of trade" cannot be pleaded it might be concluded that in the adulterated substance the objectionable "matter is mixed therewith for the purpose of rendering it portable or of preserving it:" thus a baker might plead that he used alum along with damaged flour and rotten potatoes in order to prevent the bread from rapidly becoming unsaleable; or he might contend that a minute amount of alum is harmless, and that "a harmless ingredient is mixed with 'the bread' for the purpose of rendering it palatable, or of improving its appearance."

Clause 7 is simply absurd, in so far as it relates to articles of food and drink, it being impossible to say what proportion of an adulterating substance "is ordinarily required" for admixture, the proportion being simply regulated by the "usage of trade."

Clause 8 provides a further door for the escape of sellers of adulterated articles, it being only necessary to add to the contents of the package sold, a label written or printed giving notice that the article is a mixture to escape all consequences. Nothing in the clause specifies that the attention of the purchaser is to be called to the label, or even that it is to be affixed where it can be seen. It might be wrapped up in the centre of a pound of coffee, for instance, and still it would be delivered "*with* the article."

Clause 9, like several of the preceding, is rendered of no avail through the use of the word "knowingly."

The clauses relating to the appointment and duties of analysts, and the proceedings to obtain analysis, also contained several objectionable phrases. Thus, various authorities are named who "may as soon as convenient after the passing of this Act . . . and when required to do so by the Local Government Board, shall, for their respective city, districts, counties, or boroughs, appoint one or more persons possessing competent knowledge, skill, and experience, as analysts of all articles of food and drugs sold within the said city, metropolitan districts, counties, or boroughs, and shall pay to such analysts such remuneration as shall be mutually agreed upon, and may remove him or them as they shall deem proper." Here the appointment of analysts is *optional* and not compulsory, whilst no stipulations are made as to the amount of work expected from the analyst, or the rate of payment to be made. The remarks made in a former part of this paper on these points as regards the working of the 1872 Act, as well as on the not infrequent unfitness for the office of the appointing authorities, equally apply here. It is, however, noticeable that the necessity of "medical knowledge" on the part of the analyst is no longer insisted on.

As regards the obtaining of samples, the instructions were unsatisfactory. Any one of certain officers "may procure any sample of food or drugs, and if he suspect the same to have been sold to him contrary to the provision of the Act, shall submit the same to be analysed." Hence, if the officer were of an unsuspicious nature, or were amenable to a bribe from the seller, he is not compelled to take the samples to the analyst at all, and the analystship might thus become a sinecure under the Act! Again, the purchaser of an article is directed to have three parcels made of it—one to be left with the seller, one to be taken to the analyst, and the third to be retained by the seller: hence the analyst's reputation rests entirely on the non-corruptibility of the purchaser. If by virtue of a bribe from the seller the latter allows the two samples retained to be tampered with (a kind of thing which has been known to occur even under the more stringent provisions of the 1872 Act), the certificate of the analyst must necessarily be disproved by the analysis made by any other analyst who receives for examination the sample tampered with. The system of making the analyst divide and seal the sample and retain a sealed portion himself is far preferable. For convenience, if the analyst reside more than two miles from the person requiring the article to be analysed, the sample may be sent through the post-office as a registered letter, from which it would seem that the post-office would be bound to carry as registered letters such articles as gallon beer bottles or quartern loaves.

In the matter of proceedings against offenders also, no provision was made for fees to be paid to the analyst for attendance in court, such attendance being compulsory if required by the defendant. The analyst of any adjoining district was liable to be called on to examine any article of food or drug as though it came from his own and not from a totally different district (*i.e.*, extra work was forced on him without any extra payment), and, moreover, this second analyst must attend to give evidence if required. On the other hand, chemists not already public analysts are apparently intended specially to be omitted as witnesses and referees in such cases: and hence, from the causes mentioned in a former part of this article, the highest chemical opinions and knowledge are practically excluded from the cases.

Finally, it is provided that if any seller of an adulterated article can prove that he purchased it as genuine with a warranty for its freedom from adulteration, he is to be discharged from the prosecution; but no provision whatever is made for the punishment of the giver of the warranty! If, however, a warranty be *forged*, a punishment is inflicted on conviction of imprisonment for a term not exceeding two years, with hard labour.

(*To be continued.*)

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IDIOPATHIC GLOSSITIS, COMPLICATED BY ABSCESS IN THE ROOT OF THE TONGUE.

By Jas. P. Byrne, M.R.C.S., Eng., Aughrim, Co. Wicklow.

Dr. Croly's report of a case of glossitis in a late impression of the Medical Press recalls some cases of a similar nature which occurred in my practice; and, therefore, as endorsing his excellent description of symptoms and treatment, I trust they may be deemed sufficiently *à propos* for insertion in your columns. The utter helplessness of a person affected with this disease at once arrests our sympathy, and exemplifies the benefits derivable from surgical interference.

The case that heads this brief communication came under my notice on Saturday, the 1st of last April. The patient was a married woman, residing twelve miles from here, whose previous history afforded evidences of a somewhat impaired constitution, occasioned by protracted recoveries from difficult parturitions and some severe attacks of erysipelas. On seeing her, the usual symptoms of glossitis presented themselves, without any marked constitutional disturbance. Ascertaining that the swelling had existed in a minor degree for two or three days—that the sense of "choking" was not alarming, and that fluids could be swallowed without extreme difficulty, I determined to temporise with the use of the knife. I directed the throat, which was very hard and œdematous, to be poulticed externally, and hot water held in the mouth as hot as could be borne and with as little intermission as possible. Hot milk and chicken broth *ad libitum*, ordered—

Mist. pot. chlor. c. tinct. aconiti.

Leaving instructions that I should be sent for immediately in the event of urgent symptoms arising I arranged to see her again on Monday, the 3rd April. I accordingly went on that day, and, unfortunately, found matters had not improved, but rather the reverse; tongue filling up the entire mouth, and protruded between the teeth; viscid saliva and mucus dribbling away; frequent expressions of sensation of "choking," with much uneasiness and anxiety. There was no serious impediment to respiration, a fact I have noted in connection with the other cases I have witnessed. Anatomically considered, there is no reason why the disease should prove fatal by suffocation, unless in some very extraordinary instance.

Explaining the nature of the disease, and expressing my most absolute confidence in the mode of relief, I made two *long* and *deep incisions* (one on each side of the raphe) as

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far back as possible. Relief was immediately experienced, but not to the extent I before observed, and I left the patient (and myself) in the full hope that all apprehensions of danger were at an end.

Much to my surprise, on the following day (Tuesday), I received word my patient was no better, and that I should visit her again without delay. Arriving at 8 o'clock, p.m., same day, I naturally felt disappointed and chagrined with the result of the scalpel, and began to lose confidence in the treatment so concisely and plainly laid down by Mr. Erichsen. Alarm and anxiety were now depicted on every countenance. Symptoms had reached a climax. Deglutition and articulation were alike out of the question. Tongue swollen as large as before the operation, but not protruded. In this dilemma I had some difficulty in again reconciling the patient and her friends to the cutting operation, which seemed to offer the only chance of escape from imminent suffocation. However, on examining the swollen organ before using the lance, I discovered a hard ridge on the left side of the raphé, more defined towards the back of the palate, but presenting no feeling of fluctuation to the touch. This being a new feature in the case, and suspecting a deep-seated abscess, I at once passed Syme's knife down to the haft, as far back in the ridge as I possibly could, and drawing it forward a little, had the gratification of liberating a large quantity of thick healthy pus, but the horrible fetor of which (*horresco referens*) I have never seen anything to equal. I need scarcely add that this operation terminated the sufferings of the patient, and that convalescence speedily followed.

As this paper seems too long already, I shall not give details of the other cases, which presented no unusual difficulties. Two yielded to the use of the knife, one of which required the operation twice. This case I saw in consultation with a medical friend, by whom the operation was boldly and skilfully performed. The external application of leeches was also useful in this case. Two more subsided after the assiduous retention of hot water in the mouth, poultices, and purgatives. One of these occurred after an operation for ranula by a Dublin surgeon. The others were purely idiopathic, and all well-marked examples of glossitis.

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ON INCISIONS IN SOME DISEASES OF BONE.

By Thomas Laffan,

Surgeon to the Union Hospital, Cashel.

The late Sir P. Crampton, in an article in one of the old Dublin Hospital Reports, was one of the first to advocate free incisions in inflammatory affections of the periosteal coverings of bones in cases where after due trial other treatment had failed. Brodie advocated a similar practice. Quite recently the distinguished French surgeon, M. Gosselin, inculcated in a course of clinical lectures the same treatment. The French surgeon goes, however, further, and proposes free incisions in purely painful affections, where no inflammation whatever is suspected. A case which has occurred in my own practice may perhaps merit notice.

Case.—Early in July, 1875, I was summoned to see a farmer named F., living near the village of Drom, in the north of this county. On arriving at the house, I was ushered into the presence of a man who seemed to me aged and spent to an extreme degree. He complained of great pain in the left knee, which had existed for three weeks; he had not slept all that time; his appetite had failed, and from being a hale, strong, stout man, of forty years, he had become in that short period of his illness the prematurely aged in appearance and spent patient before me. The slightest touch caused the most excruciating pain in both condyles. There was no swelling in the joint, nor were there any obvious appearances of matter anywhere. There was no satisfactory history to account for the attack. The patient had not had rheumatism. The usual treatment appears to have been tried previous to my seeing him. I directed poultices, which the patient had been applying, to be continued. I prescribed an opiate, and informed the patient's friends that an operation should be performed. The opiate having failed, and the patient's condition permitting of no further delay, I determined to make free incisions into the bone, and proceeded to operate on the 4th July. There was this difficulty. The condyles were affected through their whole length, and the point was how the incisions were to be carried out without opening up the synovial membrane of the knee. After some care the limits for the incisions were made out, and these were marked in ink on the patient's knee. My hospital dresser, Mr. O. Dwyer, put the patient under ether. Esmarch's bandage was then applied. The knife was then entered upon the outer condyle, in a line parallel with the patella, but external to the lateral reflexion of the synovial membrane. All the overlying soft parts were freely incised, and the knife entered well into the bone, through its whole length. A second incision was now made, external to the last. Just at the moment when the soft parts had been cut through, and the bone was being well incised, pus welled up the side of the knife. About a glass came away altogether. The cut vessels were then secured, the parts dressed, a splint applied, and the patient removed to bed. All pain had fled, and the patient slept that night. His progress towards recovery was uninterrupted. He has had for months back perfect use of the limb. He walks to the neighbouring town of Thurles, a distance of seven Irish miles, to attend fair and market. Last spring he married. There is now no trace whatever of any weakness in the joint. In conclusion, we will only say that had a less active method of treatment been pursued in this case, it is not permitted to us to doubt what would have been the result.

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Clinical Records.

ST. THOMAS'S HOSPITAL.

Infecting Sores in Anomalous Positions.

(Under the care of Mr. Francis Mason.)

Our readers will probably remember that in the "St. Thomas's Hospital Reports for 1873" Mr. Mason gave the details of about forty cases of infecting sores on the lips and in other anomalous positions that he had culled from the medical journals during the past twenty years. Such cases are extremely rare, and especially interesting on account of the importance of at once recognising their true nature. Since the publication of that paper, Mr. Mason has met with four other cases—one occurred in a medical practitioner on whose forefinger of the right hand was a well-marked indurated sore with enlargement of the glands at the elbow, unaccompanied with suppuration. This gentleman subsequently had a roseolar rash on the abdominal wall, and afterwards psoriasis on the palm of the hands and slightly on the soles of the feet.

The second case was that of a woman, aged 19, who applied as an out-patient at St. Thomas's Hospital in January, 1875, with a circular raised sore situated under the right breast. The axillary glands were indurated. At the time of her application there was no secondary eruption, but in about five weeks from the first appearance of the sore patches of psoriasis were seen on the part of each elbow and on the trunk. She also had the well-marked raised semi-circular white patch on each side of the soft palate. She made a good recovery after a course of perchloride of mercury and iodide of potassium.

The next two cases are at present attending as out-patients under Mr. Mason's care at St. Thomas's Hospital.

E. H., aged 19, single, applied on Oct. 23, 1876, with a circular raised sore on the left side of the face situated over the malar bone. She is an ironer in a laundry, and says she was quite well until two months ago when she noticed a pimple on the face. She "picked it," and then it began to increase in size. It never gave her any inconvenience, but she pointed to the enlargement of the submaxillary glands. The diagnosis was arrived at without questioning the patient in any way. A further examination detected psoriasis on the arms and in the palms of the hands. This patient is improving rapidly under drachm doses of the liq. hydrarg. perchlor. given three times a day.

The fourth and last case is that of N. L., aged 18, married. She applied at St. Thomas's on Nov. 2, 1876, for a sore situated on the left side of the upper lip. She cannot account for it in any way, but says she is in the habit of biting her lip, and about four months ago in a fit of passion she bit it more vigorously than usual and made it bleed. She attached little importance to the condition until she observed that the glands under her chin were somewhat enlarged. Hence she applied at the hospital. The diagnosis of the case was readily made, and a well-marked enteroid secondary eruption was noticed on the abdominal wall. This eruption appeared about two months after she first noticed the sore on the lip. She is also being treated like the last case, with the perchloride of mercury, and is going on most satisfactorily.

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Unusual interest was attached to the meeting of this Society, on the 14th inst., it being known that a paper was to be read by the President, Sir James Paget, on a rare affection of the bones. The attendance was large, and Sir William Gull, Mr. Brudenell Carter, and Mr. Barwell joined in the subsequent discussion.

The paper was "On a Form of Chronic Inflammation of Bones (osteitis deformans)," illustrated by several cases which had been for many years under the author's observations. The first was a gentleman who had enjoyed pretty good health, and with the exception of one of his sisters having died from chronic cancer of the breast, his family history was good. When forty-six years of age he began to complain of pain in the lower extremities, and twelve months later he noticed that the left shin was somewhat out of shape. In 1856, or two years from the commencement of his illness, he was seen by Sir James Paget, who found some enlargement and irregularity of the left tibia and lower part of the left femur, but there was no tenderness, and the patient, although prematurely grey, was otherwise in health. The urine deposited lithates, and on the supposition that the case was one of chronic periostitis, iodide of potassium was given but without relief. For the next seventeen years the symptoms, and more especially the deformity, very gradually increased; but he suffered little, and even up to 1876 he continued in good health, and enjoyed a fair appetite. The left tibia and femur became larger, longer, and curved anteriorly, but the whole limb was about one quarter of an inch shorter than the right. After a while the deformity became more marked, the right side became similarly affected, and the knees gradually bent. The skull was also increased in size, the spine curved and rigid, the stature diminished by as much as four inches, the chest narrow and shortened, the head bent forward, and the arms, not being affected, out of proportion to the rest of the body. In 1870 the left knee-joint became actively inflamed. In 1874 he suffered partial loss of vision, from retinal hæmorrhage, and also from partial deafness. In 1876 he suffered from pain and swelling in the upper part of the radius, which soon proved to be due to a cancerous growth, and on the 24th of March, after suffering from effusion into the pleura, he died. On a *post-mortem* examination the head was retracted to a level with the sternum, and the lower extremities rested upon the nates and heels, owing to the great arching of the bones. Little visceral disease, however, was found beyond a few nodules of cancer on the lungs, an atheromatous condition of the mitral and aortic valves. Cancerous nodules were also found in the skull, the sutures of which were obliterated, the skull itself being remarkably porous on its surface, and four times its natural thickness. The periosteum, the medulla, and the cancellæ of the long bones were natural, but their surface was finely nodulated and perforated extensively for the transmission of vessels; and the compact substance was much increased in thickness. A chemical examination discovered nothing remarkable, but a microscopical examination showed a diminution in the number of the Haversian canals, which were much enlarged and confluent.

The second case was also that of an elderly gentleman, the bones of whose lower extremities had been increasing in size for years, and who died from medullary cancer of the humerus.

The third case was a very similar one, except that there was no cancerous affection. The fourth case closely resembled the first, as regards the extension of the disease to nearly all the bones, and there was an epithelioma of the dura mater. It is recorded by Dr. Wilks in the 20th volume of the Path. Trans., under the name of "osteo porosis," or "spongy hypertrophy." The symptoms in the fifth case, which was that of a carpenter, sixty years of age, did not differ much from those above described, but he had been for five years subject to slight attacks of gout.

With regard to the general character of these affections, Sir James Paget drew attention to its slow progress, its occurrence about middle age, the good state of the general health, the cerebral functions included, the chief seat of the disease,—viz., the long bones of the lower extremities and the skull, the symmetrical nature of the affection, the misshapen limbs, which are nevertheless strong enough to support the trunk, the rheumatic or neuralgic character of the pains, and the absence of pyrexia, and the apparent inflammatory nature of the changes in the structure of the bones. With respect to the diagnosis of these cases, the length of bone affected and the retention of good general health, chiefly distinguish them from those which have a strumous, gouty, or syphilitic origin. Rheumatic arthritis, rachitis, and osteo-malacia can scarcely be mistaken for osteitis deformans. In the different museums are to be found many examples of great porous skulls due (1) to osteitis deformans; (2) to osteo-malacia and distinguished by its softness and lightness; (3) to rachitis, the skull, however, being light and friable, with a fine felt-like surface; (4) to a disease in early life, characterised by the great thickening porosity of both the cranial and facial bones and diminished cranial capacity; and (5) to enormous, bossed, and nodular outgrowths from the skull, as described in the 17th vol. of the "Transactions of the Pathological Society."

Mr. **Brudenell Carter** said, that three years ago he saw the case described by Sir James Paget. As regards the eye, all that could be detected was a number of small hæmorrhages at the periphery of the retina, and which were apparently due to the cardiac hypertrophy.

Mr. **Barwell** said, that the bones appeared to have lost substance interstitially, with increased deposit in other parts. The Germans, he observed, now call chronic rheumatic arthritis "arthritis deformans." Sir Wm. Gull, in reference to this case, doubted the propriety of calling the affection an osteitis. There was little pain, the urine was normal, and it had none of the characters of inflammation. It might be a low physiological process.

Dr. **Goodhart**, whose remarks in our opinion were truly philosophical, drew the attention of the Society to the fact that in three out of the five cases the patient had died from cancer. He advanced the hypothesis that the disease was a sort of generalised tumour—a diffused growth of osseous connective tissue, analogous to the diffused growth of fibrous tissue seen in molluscum fibrosum. In reply, Sir James Paget said that the total weight of the bones was much increased; that he had no doubt as to its being an osteitis, and that the textural changes answered to the gross definition of inflammation which was an increased production of imperfect structures; but he admitted that its etiology and exact pathology were obscure. It had little resemblance to chronic rheumatic arthritis, and Dr. Adams had shown that in no case does the latter affection affect the shaft of the bone. In reply to Dr. Goodhart, he said that it would be enlarging the field of tumours to include this disease; and the occurrence of cancer in these cases appeared to him quite accidental.

Before the adjournment, a very favourable report by the delegates of the Society at the recent Medical Congress at Philadelphia was read by the secretary.

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CLINICAL SOCIETY OF LONDON.

Friday, November 10th, 1876.

Sir **William Jenner**, Bart., M.D., D.C.L., F.R.S., President, in the Chair.

SEQUEL OF A CASE OF RAPID CONTRACTION OF A CAVITY IN THE LUNG.

(*Communicated to the Society in* 1871.)

Dr. **Theodore Williams** read a further account of this case. He said that, in 1871, some eminent Fellows of the Society had expressed doubts as to the existence of a cavity, in spite of the physical signs narrated; but the death of the patient, in 1875, which permitted an inspection of the lungs, cleared up all doubts. The patient, a widow, aged 53, was admitted into the Brompton Hospital, in April, 1871, with a history of pleurisy of twelve years' standing, and of phthisis of one year's duration. Dulness was detected over the whole left side; cavernous sounds were audible from the first to the third ribs and rhonchi and *râles* below, and also in the right lung. Subsequent examinations showed a gradual diminution of the cavernous sounds; and, in July 1871, *i.e.*, three months after admission, they had entirely disappeared. No marked displacement of adjacent organs was then to be found; but, a few months later, the heart and stomach were drawn up, the right lung being drawn across the median line, and some shrinking of the side was visible. In 1872, the patient had survived a severe attack of capillary bronchitis; but died of congestion of the right lung in 1875; the physical signs before death indicating great shrinking of the left lung. The necropsy showed an old puckered cavity, about the size of a date stone, near the apex of the left lung, underlying the portion of the chest-wall where the cavernous sounds had formerly been audible. The bronchus leading to the cavity was blocked and obliterated, and the greater part of the lung was in a state of fibrosis; the right lung, drawn across the median line, was partly emphysematous and partly congested. The heart was drawn up, and the left chest measured one inch and a half less than the right in circumference. Dr. T. Williams remarked that, in this case, each step of the contractile process had been noted by physical signs; and the *post-mortem* examination thoroughly confirmed the diagnosis. The fibroid process may have had its origin in the old attack of pleurisy, and was the means of limiting the caseation and arresting the disease. The cavity-sounds were quite distinct; and he could not understand the existence of a cavern being doubted. Cavities were overlooked during life by accomplished auscultators; but this arose either (1) from the bronchus leading into them being blocked, or (2) from their being small and deep-seated, or (3) from the development of emphysema in the neighbourhood. On the other hand, consolidations should not be mistaken for cavities, the difference in the expiration note, the succussion sound, the gurgle, and examination of the sputum being easy means of distinction. Dr. T. Williams remarked, in conclusion, that far more cavities were overlooked than erroneously diagnosed.

LOCALISED HYPERTROPHY OF THE SCALP.

This case was shown by Mr. **Walsham**. The patient, a boy, aged 16, presented on the left side of the head a peculiar hypertrophied condition of the scalp, appearing as a soft loose mass, which could readily be pinched up from the parts beneath, was doughy yet elastic to the touch, not painful except on being handled, and did not pulsate. In front, it presented a peculiar lobulated appearance, the lobulated portions being raised, irregular, and of a pinkish white colour. The hair follicles appeared enlarged and further apart than usual; but the hair itself was healthy. The temporal and posterior auricular arteries were not involved in the disease. Two enlarged glands could be felt at the lower part of the swelling. The pericranium was not affected. The temperature of the part was slightly raised. This affection was said to have begun some eight or nine years previously as a small lump behind the ear, and was attributed by the friends of the patient to the application of a blister in this situation for an affection of the eye. It was said to have increased at first slowly, but afterwards rather rapidly. Mr. Walsham was inclined to regard the disease as an hypertrophy of the scalp and adjacent cellular tissue, probably of the nature of the so-called fibroma molluscum, as it bore some resemblance to the cases of fibroma shown by Dr. John Murray before the Royal Medical and Chirurgical Society in March 1873. The non-congenital history of its origin, and the absence of any pulsation or visible enlargement of the vessels precluded the idea of its being of a nævoid nature. The tumour was roughly confined to the distribution of the auriculo-temporal branch of the fifth nerve; and, as the disease appeared to have followed some affection of the eye, a reflex irritation of this nerve was suggested as a possible origin. Continuous pressure and partial excision were suggested as methods of treatment.

HÆMOPHILIA.

Sir **William Jenner** reported this case, which was that of a lad, aged 13, who was admitted into University College Hospital on November 4th, on account of hæmorrhage from the bowel. He was known to be suffering from the hæmorrhagic diathesis, having been several times in the hospital on account of severe hæmorrhage from slight causes. He had also often suffered from spontaneous bleedings from the nose and mouth, and also from frequent swellings of the joints; of late the left knee had been permanently affected. A brother of the boy also suffered from the same condition, but no other member of the family. On admission the boy was pale and prostrate, with numerous subcutaneous ecchymoses and considerable swelling of the right thigh. The hæmorrhage from the bowel, generally of dark blood, continued, in spite of an ergotin injection and turpentine and acetate of lead by the mouth, employed before the boy was seen by Sir William Jenner, who ordered an injection of perchloride of iron into the rectum, and gallic acid to be given internally. The injection returned in ten minutes, but there was no more hæmorrhage, although small stools were passed. The boy, however, became paler, weaker, and more restless, and died twenty-four hours after admission. At the *post-mortem* examination blood was found in moderate quantity on each side of the heart, and the clots were firm. The lungs presented no consolidation, but many peculiar pale patches, sharply defined, a little raised, with some adjacent hyperæmia, containing air, fluid, and a little more solid than the adjacent parts. The lower part of the rectum contained a very firm clot, and all the blood had evidently come from the lower six inches, where the mucous membrane was undermined by extravasations which had broken through it. The liver and spleen were healthy. The left kidney was absent; its supra-renal body was disc-shaped. The right kidney was hypertrophied, weighed seven ounces, and presented traces of fœtal lobulation. The aorta was rather small but healthy, and the arteries and veins were also healthy in appearance. The enlargement of the right thigh was due to an enormous extravasation of blood beneath the fascia. The clot was two inches thick, and very firm. The left knee-joint was found full of purple blood and stringy synovia. The synovial membrane was stained an ochre-brown. The cartilages presented evidence of chronic inflammation. Sir William Jenner remarked that the case resembled in its general features several other cases which had come under his notice; resembled them, too, in the seats of the hæmorrhage, in the character of the blood lost, and in the joint affections. The joint affections were of three kinds, and the boy suffered from the two forms which were most characteristic of the disease—spontaneous swelling, tenderness, and general puffiness of the joint, such as occurred in rheumatism; and swelling, the result of successive secretion, with hæmorrhage, the result of a slight injury. A rarer form sometimes seen in the disease was much simple effusion. The firmness of the clots in the heart and rectum illustrates the important fact that the blood in a case of hæmophilia, after death and during life, did not lose its power of coagulating firmly. The case lent no support to the view that the walls of the arteries were in these cases of abnormal thinness. In most of the cases Sir William Jenner had seen, the bleeding was venous, not arterial. The source of the blood, the lower part of the rectum, was a point of great practical importance, and so also was the firmness of the clot which was found, a firmness probably due to the effect of the perchloride of iron, the best local styptic in these cases. It was very doubtful whether death in this case resulted from the hæmorrhage from the bowel; the extravasation into the thigh probably assisted, and the peculiar state of the lungs and bronchial tubes might have been the immediate cause of death. The points in the pathology of the disease which had been impressed on Sir William Jenner by the cases he had seen were—1. That the tissues were all soft, so that they bruised easily; 2. That the blood was rather slow in coagulating, although it coagulated as firmly as in health; 3. That the blood is formed rapidly; that there was a tendency to plethora of the smaller vessels, and that when the patient was looking his best was the moment when injuries had the worst effect, and spontaneous hæmorrhages were the most likely to occur. With regard to the etiology of the disease, in some cases, as in this one, it was certainly impossible to trace it back to the ancestors of the patient; but, when once developed, it often affected more than one member of the family; Sir William Jenner had known it transmitted by a daughter who was not herself the subject of the disease. The most important points in the treatment of the disease, as distinguished from the hæmorrhages, were the administration of a mercurial and saline sulphate of soda aperient every three weeks, and the latter repeated once a week; that the diet should be rather dry, with a considerable proportion of white fibrinous meats; and that plenty of open-air exercise should be taken, with the greatest care to avoid mechanical injuries.

Mr. Christopher Heath referred to cases of hæmorrhagic diathesis which had come under his care. He then gave the genealogy of a hæmorrhagic family, showing that women were never bleeders though they transmitted the bleeding tendencies to their male children. He had at the present time a case under treatment, in which one of these children was losing blood freely from a slight wound near the knee; granulations were now springing up, and it was from these that the hæmorrhage took place. The treatment he had invariably adopted was tr. ferri. mur. and acid. mur.

Mr. Howard Marsh referred to a case of hæmorrhagic diathesis under his care, in which the elbow-joint suppurated, probably as a result of hæmorrhage into the joint.

Sir William Jenner, commenting on Mr. Heath's treatment, said he did not agree with the internal use of tr. ferri mur.; as a local remedy it was a different matter; in fact, in cases of intestinal hæmorrhage, in which the bleeding was invariably from the rectum, he always advised the injection per rectum of that drug.

Dr. Greenhow referred to a family of six children, of whom five had died from this disease. The sixth was now healthy and well. Not one member of her parents' family had suffered from hæmorrhage. He recollected that one of the children had died from epistaxis and another from exhaustive hæmorrhage, due to the extraction of a tooth, and that in both these cases styptics and compression had had no effect.

Sir William Jenner, in reply to a queston put by Dr. Stewart, said that only one injection of ergotine of four grains had been given, and without any appreciable result. Sir William added that a Brussels physician had advised the plan of relieving the vessels by periodical bleeding. He had asked this gentleman what was the result in the cases in which he had tried the plan, and ascertained that of five or six cases all had died.

Medico-Legal Intelligence.

COURT OF EXCHEQUER, WESTMINSTER.

Thursday, Nov. 16th.

(ADVICE AND MEDICINE AT 4D. PER HEAD.)

BETTS *versus* THE MEDICAL PRESS AND CIRCULAR.

This was an action for libel brought by James Oliphant Betts, M.R.C.S. Eng., L.S.A., the owner of a private dispensary in Tysoe Street, Clerkenwell, against Albert Alfred Tindall, publisher and manager of The Medical Press and Circular for publishing certain articles which plaintiff considered libellous, and for which he claimed damages £1,000.

Mr. Baron Huddleston was the Judge, the plaintiff being represented by Mr. Day, Q.C. and Mr. Bigham, the defendant by Mr. Serjeant Parry and Mr. Anderson.

The following are the articles complained of by plaintiff:—

> A correspondent of the *Students Journal and Hospital Gazette* refers to a provident dispensary opened by a Mr. Betts, in Clerkenwell, at which he undertakes to give his priceless advice and the material which he describes as medicine for the reasonable charge of *fourpence.*
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> The first part of his contract he no doubt fulfils, and we wish his constituents joy of the advice they get; the second undertaking, we unhesitatingly say, he does *not* and *cannot* fulfil, unless he is content to pay away his own money for the sake of humanity, a sentiment which one does not look for in a high state of development in a Clerkenwell fourpenny dispensary. He might, perhaps, give a little nasty-tasting liquid and a dose of salts, but anything more efficient is impossible if a profit is supposed to be made. The strange part of the story is that large sums of money are really made by these dodges.
>
> Some may imagine, says our informant, that these charges can't pay, but I am assured by those who know the working of the system, that handsome profits may be made. A few days ago, I heard of a man who gave £700 for the goodwill of one of these fourpenny dispensaries situate not more than a mile from Finsbury Square, less than twelve months ago. The profits of the concern have since enabled him to pay back the purchase-money and put £400 in the bank.—*November 10th*, 1875.

> In our issue of November 10th we quoted from the *Students Journal and Hospital Gazette* a statement with reference to a fourpenny dispensary, conducted by a Mr. Betts, in Clerkenwell, and we commented upon the value of the advice and medicine which was likely to be represented by that fee, expressing our doubt that medicine alone of real therapeutic value could be supplied at a profit for that sum, even if no proportion of the fee was deducted for the professional advice. Our publisher has been favoured with a solicitor's letter threatening an action at law, and we have thereupon re-perused the article in question, and are unable to find in it any statement or inference which can be disputed. Our statement was that Mr. Betts "might give a little nasty-tasting liquid and a dose of salts, but anything more efficient is impossible if a profit is supposed to be made."
>
> This remark may not be true as to an individual case. There are patients to whom three-pennyworth of physic (allowing 1d. for the profit) would be advantageous; but we believe it is strictly accurate when applied to a large number of patients suffering from a variety of diseases. We do not believe it possible that at the current prices of the best drugs a number of patients can be supplied as often as may be necessary, and in as great quantity as is necessary, with the most active and best therapeutic agents for any such sum as 3d. per head, and this sum leaves only 1d per head for both advice and profit. It is possible—as we said—that Mr Betts may be "content to pay away his money for the sake of humanity," in which case no doubt his patients might receive any quantity of pharmaceutic value, but on any other hypothesis we are unable to see how it can be done.—*December 1st*, 1875.

> In The Medical Press and Circular of November 10th, 1875, we quoted from our spirited contemporary the *Students Journal and Hospital Gazette*, the statement of a correspondent in reference to a dispensary kept by a Mr. Jas. Oliphant Betts, at 53 Exmouth Street, Clerkenwell, at which he purported to give advice and medicine to his patients for *fourpence*, and we expressed ourselves in terms of disapproval of such line of practice, declaring our belief that, though it was quite possible for him to give his advice for such a sum, it was not *commercially* possible to supply medicine of the best quality, of the necessary efficiency, and in sufficient quantity to a promiscuous assemblage of patients at 4d. per head if a profit were supposed to be made. Shortly after the publication of this extract, with our observations

thereon, we received a legal communication demanding the name of the author.

On re-perusal of the statement which we had made, and on consideration of what we owe to our own independence of speech, and especially to the feeling of the profession, we felt ourselves obliged to refuse this request, and to accept the task of establishing—if necessary—at law the truth of our statement and the *bonâ fides* of our intention, which we have every confidence that we shall do if Mr Betts sees his way to a contest with us. We have received the usual legal documents, intimating Mr. Betts's determination to sue for £1,000 damages, and, acting under advice, we have taken the necessary steps for defence, and we shall feel it a satisfaction to be permitted to defend in open court the profession and the public against the sort of practice which we have condemned in Mr. Betts. As to the personal bearings of the matter, we may say that we never even heard the name of this gentleman until it had been brought under notice in the *Students' Journal.* We performed a public duty in a manner which we are prepared to justify, and we apply our censure equally to all practitioners engaged in similar practice—if such there be, feeling confident that on this, as on several previous occasions when our public duties have forced us to speak out, we shall be backed by the support of the whole profession.—*Januarg 12th,* 1876.

James Oliphant Betts examined—I am the plaintiff in this case, and carry on my business in Tysoe and Exmouth Streets, Clerkenwell. In November, 1875, my attention was called to an article in THE MEDICAL PRESS AND CIRCULAR in which it was stated that I might be able to give my *priceless advice,* but to include proper medicine for the patients who came to my dispensary at 4d. per head was impossible, thereby inferring that I did not give the medicines I ought to give. After the appearance of this article my business fell off considerably.

In cross-examination plaintiff said—I have carried on the dispensing for about seven years. I charge less in the morning because my patients are generally children; adult working classes come in the evening. If I visit patients at their own homes I make a higher charge. The usual charge by medical men in the neighbourhood for this is 1s. 6d. a visit. I receive on the average forty patients a day at the dispensary, and I give them the best advice for their ailments, and the result is a reasonable profit to myself. I am aware that the usual charge by other medical men in Clerkenwell for advice and medicine at their dispensaries is 1s. a head. I give my patients six-ounce bottles of mixture, which contain enough doses for two days. I give them whatever medicine their disease requires, even if it cost as much as a shilling, relying for my profits upon the whole supply. I believe I could furnish a patient with a mixture of quinine for two days for 4d. and make a profit.

When pressed to show his books in order that the medicines he prescribed for his fourpenny patients might be ascertained, plaintiff said—I do not keep books of any kind, I do not enter what I prescribe in any book, nor do I keep a record of the cases or the diseases seen. I trust entirely to my memory, and to the bottles as they are brought or sent by patients from time to time. My object in opening the dispensary was to make myself known, to get a connection together, and then, when sufficiently established, to close the dispensary, and keep that portion of the practice which paid me best. This is not an uncommon proceeding in London, I know several who do it, and who rarely fail in establishing a lucrative practice.

James Turle, M.D. Edin.—I am not at present in active practice, having sold my practice at St. John's Wood and retired about eighteen months since. I believe the articles complained of would injure the plaintiff, especially if shown round the neighbourhood by other surgical men, jealous of his dispensary. I firmly believe that proper medicines can be given by medical men to patients at fourpence per head, even including expensive drugs, and a large profit be made out of it. It can be done at about a penny per head amongst a large number of patients. I myself started a similar dispensary many years ago, at which I gave my advice and medicine to all comers without any charge whatever, the result being that I became well known in the neighbourhood, and obtained a large and lucrative practice, which at the time I sold it was yielding £2,000 a year. Plaintiff was a pupil of mine many years; he is a legally qualified surgeon, and I believe him to be an average practitioner.

Mr. J. R ss.—I am an auctioneer. My house joins plaintiff's. I entirely approve of his line of practice, and believe he does good amongst the poor thereby. Cross-examined—I approve of Mr. Betts because I am a guardian of the poor, and as plaintiff vaccinates for nothing he keeps our rates down. The medical men in the neighbourhood don't like it at all because he takes their patients.

Mr. Moreland—I am an engineer by profession, and am honorary secretary of the Finsbury Provident Dispensary, which was established at the end of the last century. We have many thousands of patients annually at the dispensary, which is partly self-supporting and partly supported by the public; taking the number of patients who visit the dispensary and the cost of drugs supplied, I find the average cost of medicine is 1¾d. per head.

This was the case for the prosecution.

For the defence :—

Archibald Hamilton Jacob, M.D., F.R.C.S.I., was called, who said: I am a graduate and doctor of medicine of the university of Dublin, a Fellow and Councillor of the Royal College of Surgeons. I am editor of the department for Ireland of the MEDICAL PRESS AND CIRCULAR, and author of the articles complained of. I do not know Mr. Betts, and until I saw his name in the *Students' Journal* was not aware such a person was in existence. I considered it discreditable that any member of an honourable profession should descend to such practices as advertising to give advice and medicine to patients for fourpence per head; and in my position as a public journalist I felt compelled to condemn such proceedings. Besides my duties as Dublin editor of the MEDICAL PRESS AND CIRCULAR, I am engaged specially in the treatment of eye and ear diseases. For several years I was an assistant surgeon in the City of Dublin Hospital, and afterwards full surgeon, in charge of the eye and ear department. Like other large public hospitals, we had immense numbers of patients, and upon computing these with the wholesale cost of drugs bought in the cheapest market—of which a private practitioner is unable to avail himself—I found the cost per head for medicines, &c., was over 5d. I am now surgeon to the Dublin Eye and Ear Infirmary, to the patients at which the contract price by a large firm of wholesale druggists for medicines is about 6d. per head per visit. These figures are all exclusive of house-rent, taxes, servants, wear and tear, profit, &c., which a private practitioner would have to take into consideration.

Cross-examined by Mr. Day—Who do you refer to when you mention our spirited contemporary?

Dr. Jacob—*The Students' Journal.*

Mr. Day—Why did you write the article in the first instance?

Dr. Jacob—Because I considered the practice highly discreditable to a member of the profession, and dangerous to the public.

Mr. Day—Did you take into consideration the amount of injury you would inflict upon Mr. Betts in so writing?

Dr. Jacob—I did not.

Mr. Day—Perhaps you thought it would do him good?

Dr. Jacob—Certainly not.

Mr. Day—You probably didn't care?

Dr. Jacob—I should care to injure any one, especally a member of my own profession. I have a public duty to perform, and when necessity arises I never shrink from it. I considered Mr. Betts' doings censurable, and I acted accordingly, without for an instant thinking of the personal bearings of the case; what I condemned in him I have done, and should do, in others.

Mr. Day—You say that the medicines given to patients at the hospitals at which you have been or are engaged as ophthalmic surgeon cost from 5d. to 6d. per head; now are they not more expensive medicines than are given at general hospitals?

Dr. Jacob—No; the treatment is similar.

Mr. Day—Do you mean to tell me that you treat patients suffering from eye complaints through their stomachs?

Dr. Jacob—Very frequently. The system must first be attended to before we operate. Frequently a course of medicine and diet sets the patient right without recourse to operative interference.

Mr. Day—But suppose I came to consult you for an eye disease; do you mean to tell me that you would physic me as if I were suffering from a stomach complaint?

Dr. Jacob—When you consult me, and pay my fee, I will enlighten you. (Laughter.)

Mr. Day—Well, putting that aside, how would you do it?

Dr. Jacob—Not at *4d.* a head! (Roars of laughter, in which judge, jury, and the court joined heartily.)

Mr. Defriez, examined—I am dispenser at the Royal Westminster Ophthalmic Hospital. I make up all the medicines for the patients at that Institution. I have computed an ordinary day's dispensing, the cost of drugs at wholesale price with the number of persons to whom such medicines were given, and I find it comes to about 4¾d. per head prime cost. My opinion is, that if proper medicines are given in all cases, it cannot be done at 4d. per head, putting aside profit.

Mr. Anderson, in the unfortunate absence of Mr. Serjeant Parry, then addressed the Court on behalf of defendant, and said—

Gentlemen of the jury,—I ask you to look at this question on its broadest basis. Let us first take the writer of the articles complained of. Here you have a gentleman of the highest possible attainments, against whose character or veracity not a word has been breathed, who, in his capacity as a public journalist, a guardian of professional honour and integrity, sees in the first instance in a contemporary, a comment upon the proceedings of a member of the same profession as himself who is keeping a 4d. dispensary, advertising and distributing handbills for support. Was this a thing which any man who valued the dignity of his profession and thought of the welfare of the public could stand aloof from, without raising his voice in protestation? Was it to go forth to the world that the rest of the profession who charged and lived by reasonable fees were swindlers? No, gentlemen, he took the earliest opportunity of stating his honest conviction that such proceedings were disreputable, and that the profession, of which he was only the spokesman, would have none of it. Did he do this in a spirit of malice or vindictiveness? In his examination, Dr. Jacob has told you that he did not know the plaintiff, and that he had never even heard such a man was in existence until his attention was drawn to him in *The Students' Journal;* he thereupon expressed his opinion upon what he considered an abuse; he did this honestly and fearlessly, and, when threatened with legal proceedings, he did not attempt to shuffle out of it as a less scrupulous journalist would have done with a humble apology, but came forward manfully to defend this opinion in which he felt himself supported by a conscientious discharge of the public duty entrusted to him, and by the voice of the profession he represented. And was this gentleman who, without malice or intention to injure, to be condemned for the simple yet fearless discharge of a public duty? Ought he not rather to be held up as a pattern which other journalists would do well to copy? If you attempt to cripple the hands of men in such responsible positions as Dr. Jacob, believe me, you will do an incalculable amount of mischief, and undermine that freedom of the press which is the boast of our country.

Mr. Day, Q C. in reply, showed that the stings of the articles were, stigmatising the advice of plaintiff as "priceless," stating that "he did not and could not give proper medicines to patients for the sum of fourpence per head," and then following up these disgraceful opinions by justification and refusal to apologise. After an eloquent and telling appeal in which he insisted upon the humanitarian principles which actuated Mr. Betts in giving his valuable advice and medicines to patients who could not afford to pay more than fourpence, he concluded by calling upon the jury to give substantial damages to his client for the great injury the articles had done him in his profession and the loss occasioned to his practice thereby.

The Judge then proceeded to sum up the case for the jury. First propounding to them the law of libel, and then explaining to them the bearings of the case, His Lordship remarked that the case differed from most others that came into court. Plaintiff was a medical man, a member of the College of Surgeons, against whom nothing was alleged except that he had gone out of the beaten track of the profession, and had advertised to do what defendant insisted that he could not do *honestly;* that was an imputation upon his character, and was consequently a libel. There was also a sneer at his competency in the remark, "we wish his constituents joy of the advice they get." Then gentlemen we have the evidence of Dr. Turle, who has testified that plaintiff (a former pupil of his) is a man of average competence, and that large practices can be made out of this class of patients, and that a good profit can be made out of this class of patients at 4d. per head. Mr. Moreland has also shown that at the Finsbury Provident Dispensary with which he is connected, the average cost per head per patient is only 1¾d. On the other hand, you have to consider the case of the defendant. We have first to deal with the paper he represents; and remember that this is not one of those petty scurrilous publications, which are here to-day and gone to-morrow; but a scientific periodical of nearly forty years' standing, of large circulation and influence, with as I perceive contributions by gentlemen of education and position, and conducted by gentlemen of undoubted ability. Next we have the writer of the article, Dr. Jacob, a Doctor of Medicine of Trinity College, Dublin; one of the most distinguished Universities in the world, and a Fellow and Councillor of the Royal College of Surgeons. He does not attempt to shield himself under the editorial "we," but comes manfully forward to meet the charge, stating frankly as a gentleman, "I am the writer of the articles, and am prepared to justify what I wrote. I did not, do not know the plaintiff, and had no malice nor could have any in the matter. The opinions I therein enunciated are those I honestly believe to be right in which I feel I am supported by the voice of the profession at large." This gentleman has given his evidence in a straightforward manner, and I am bound to say that were I a juryman I should believe every word he has said. You must first satisfy yourselves that the articles are or are not libellous; then, if they are, according to your judgment, with what intent were they written; and you must well discriminate between what is sometimes written with malicious intent, and that which a writer in his public capacity feels it incumbent upon him to bring under the notice of his readers; having satisfied yourselves that the latter is the correct view, moderate damages would certainly meet the case. I commend the matter to your calm consideration, and trust you will arrive at a correct verdict according to law.

The jury having conferred together for about twenty minutes, gave a verdict for the plaintiff. Damages, £50.

During the past fortnight 86 fresh cases of small-pox have been received at the Stockwell Hospital, and 147 at the Hampstead Hospital.

* * *

The appointment of Medical Superintendent of the Middlesex County Lunatic Asylum has just been conferred on Dr. Claye Shaw, B.A. Lond., M.D., M.B., M.R.C.P. Lond., &c.

* * *

An interesting presentation has taken place at the Manchester Royal Infirmary which the following inscription sufficiently explains: "This silver cup was presented, October, 1876, by the Baron Barreto, of Brandon Park, Suffolk, to Joseph Henry Irvin, Esq., at the Infirmary, Manchester, as a remembrance of his heroic bravery in allowing twenty-five ounces of his own live blood to be taken from him at the risk of his own life to save the life of a fellow-creature, which was infused into the veins of the poor dying man, whereby his life was saved, and he quite recovered."

* * *

At a meeting of the Asylums Board on Saturday, a report from the new committee appointed for the Hampstead Small-pox Hospital was brought up. It stated that under the apprehension of danger to the workmen, arising from the reception of small-pox patients, the committee had stopped the works of the permanent building and had the building closed, and recommended the board to confirm that decision. After some discussion, a resolution was carried not to sanction the action of the committee in stopping the works of the permanent building, but to refer their report back to them, with instructions to resume the works and carry them out to completion with the least possible delay.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 22, 1876.

THE ACTION FOR LIBEL.

THE relation of journalism to the public is undergoing a continuous and inevitable change, side by side with the growth of the circulation of the press, the extension of special journalism to each particular class, and the consequent great increase of the influence of the fourth estate. Half a century since, public opinion was but a small power, because there existed but limited means of giving expression to it, and a still more limited intercommunication of ideas amongst the general public. All this is now changed. Public opinion is the power which makes or mars reputations, and that power is wielded almost wholly by the press, which is thus invested with an influence unthought of a century since. With these enlarged powers of the press, the responsibility of newspaper management has greatly increased in weight, and the editor, who fifty years ago derived protection from his obscurity, is to-day subjected to the full risk of the consequences of independent expression of his opinions. This is not a condition of things of which either the journalist or the public should complain, for it inculcates caution on the part of the writer, and demands that he shall restrain his impetuosity and fortify himself with a full knowledge of his subject, and thus gives him confidence in the statements which he has made, adds value to his opinion, makes him ready to defend his views, if necessary. Legal responsibility is, nevertheless, a very serious matter for journalists in the present day, and a glance at the law reports of the daily newspapers will be enough to satisfy any person that those who consider themselves aggrieved by the voice of criticism enjoy ample facilities for setting themselves right with the public, if they can do so.

For the first time in a life of nearly forty years, the MEDICAL PRESS AND CIRCULAR has been ca[illegible]answer for its editorial criticism in a court of law; and, although the decision of the jury was technically in favour of the plaintiff, and consequently the transaction will involve a considerable expense to our journal, we cannot say that we feel either regret at having criticised Mr. Betts, shame for the opinions we expressed, or repentance for having submitted the arbitration between him and ourselves to a court of law. It may be in the recollection of our readers that the practice of Mr. James Oliphant Betts was first brought within our notice this time last year by the *Students' Journal*, in which was published a condemnation of his practices of nearly equal emphasis with our own, of which he complains. The indignation of our contemporary was evolved, we presume, by a perusal of the handbill issued by that gentleman, and which—as a curiosity of professional advertising—we print here *literatim*.

64, ST. JOHN'S ROAD,
HOXTON.

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DISPENSARY.

J. OLIPHANT BETTS,
SURGEON & ACCOUCHEUR,
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7 Tysoe Street, Clerkenwell,

Attends EVERY DAY (Sunday excepted) from 11 till 1 Every Morning, and from Half-past 4 till Half-past 6 Every Evening; also at 7, TYSOE STREET, Clerkenwell, from 9 till 10 Every Morning, and from 7 till 9 Every Evening.

To meet the working expenses, the charge for each Patient will be **Fourpence** in the Morning and **Sixpence** in the Evening, or **One Shilling** per Week if preferred.

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A Single Visit	**1s. 6d.**	
Two Visits	**2s. 6d.**	**per Week.**
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These Charges include ADVICE and MEDICINE, and are for visits made during the day only, and within a Mile of the Dispensary.

ALL FEES TO BE PAID IN ADVANCE.

Upon perusal of the observations of the *Students' Journal*, it seemed to us that Mr. Betts' line of practice was so objectionable and his method of advertising so unprofessional that it could not—when once brought under public notice—be permitted to pass uncriticised, and we called the attention of the profession to that gentleman's way of doing business in the following paragraph :—

A correspondent of the *Students' Journal and Hospital Gazette* refers to a provident dispensary opened by a Mr. Betts, in Clerkenwell, at which he undertakes to give his priceless advice and the material which he describes as medicine for the reasonable charge of *fourpence*.

The first part of his contract he no doubt fulfils, and we wish his constituents joy of the advice they get; the second undertaking, we unhesitatingly say, he does *not* and *cannot* fulfil, unless he is content to pay away his own money for the sake of humanity, a sentiment which one does not look for in a high state of development in a Clerkenwell fourpenny dispensary. He might, perhaps, give a little nasty-tasting liquid and a dose of salts, but anything more efficient is impossible if a profit is

> supposed to be made. The strange part of the story is that large sums of money are really made by these dodges.
>
> Some may imagine, says our informant, that these charges can't pay, but I am assured by those who know the working of the system, that handsome profits may be made. A few days ago, I heard of a man who gave £700 for the goodwill of one of these fourpenny dispensaries, situate not more than a mile from Finsbury Square, less than twelve months ago. The profits of the concern have since enabled him to pay back the purchase-money, and put £400 in the bank.—*November 10th*, 1875.

We did not publish these words without due deliberation, for we believed that it was not commercially possible to make a profit by supplying advice and medicine to a promiscuous assemblage of patients at 4d. a head if *the medicine were sufficient in quantity, of the best quality, and of adequate efficacy for the treatment of their diseases.* Following hard upon the publication of our remarks, we received a communication from Mr. Betts's solicitor. Mr. Betts, it would seem, was more anxious for legal vengeance upon us than for the rehabilitation of his character as a medical man, for he did not afford us any opportunity of reviewing our first opinion of him, but plunged at once into the quagmire of the law. Having received his legal missive, we applied ourselves—as may be readily assumed—to a careful reconsideration of the facts and of our own language, but with every desire to do Mr. Betts justice, we could find no reason in fact or in sentiment which would justify us in withdrawing from our expressed opinion. We, therefore, replied to his solicitor's letter in the following editorial note:—

> In our issue of November 10th we quoted from the *Students' Journal and Hospital Gazette* a statement with reference to a fourpenny dispensary, conducted by a Mr. Betts, in Clerkenwell, and we commented upon the value of the advice and medicine which was likely to be represented by that fee, expressing our doubt that medicine alone of real therapeutic value could be supplied at a profit for that sum, even if no proportion of the fee was deducted for the professional advice. Our publisher has been favoured with a solicitor's letter threatening an action at law, and we have thereupon re-perused the article in question, and are unable to find in it any statement or inference which can be disputed. Our statement was that Mr. Betts "might give a little nasty-tasting liquid and a dose of salts, but anything more efficient is impossible if a profit is supposed to be made."
>
> This remark may not be true as to an individual case. There are patients to whom three-pennyworth of physic (allowing 1d. for the profit) would be advantageous; but we believe it is strictly accurate when applied to a large number of patients suffering from a variety of diseases. We do not believe it possible that at the current prices of the best drugs a number of patients can be supplied as often as may be necessary, and in as great quantity as is necessary, with the most active and best therapeutic agents for any such sum as 3d. per head, and this sum leaves only 1d. per head for both advice and profit. It is possible—as we said—that Mr. Betts may be "content to pay away his money for the sake of humanity," in which case no doubt his patients might receive any quantity of pharmaceutic value, but on any other hypothesis we are unable to see how it can be done.—*December 1st*, 1875.

This statement simply reiterated our belief as to the impossibility of doing full therapeutic justice to a mixed constituency of patients at something under 4d. each, and it did not touch the question of Mr. Betts' line of action as a medical man respecting which there can be no second opinion among persons who regard medicine as a gentleman's profession and as a science, not as a shallow pretext for a cheap trade in drugs.

Holding strongly the opinion that such practices not only tend to lower the position of our profession but are in danger of being fraught with the worst results to the artisan classes of the community, we could not find it incumbent on us to offer an apology to Mr. Betts for the calm expression of opinions which we held advisedly, and believing that to do so would be to stultify the principles on which our journal has been always conducted, and to humiliate our professional feelings before the threat of legal proceedings, we determined to meet Mr. Betts on his own platform, and accept the consequences of our acts. We, therefore, published the following further note on the subject in our editorial columns:—

> In The Medical Press and Circular of November 10th, 1875, we quoted from our spirited contemporary, the *Students' Journal and Hospital Gazette*, the statement of a correspondent in reference to a dispensary kept by a Mr. Jas. Oliphant Betts, at 53 Exmouth Street, Clerkenwell, at which he purported to give advice and medicine to his patients for *fourpence*, and we expressed ourselves in terms of disapproval of such line of practice, declaring our belief that, though it was quite possible for him to give his advice for such a sum, it was not *commercially* possible to supply medicine of the best quality, of the necessary efficiency, and in sufficient quantity to a promiscuous assemblage of patients at 4d. per head, if a profit were supposed to be made. Shortly after the publication of this extract, with our observations thereon, we received a legal communication demanding the name of the author.
>
> On re-perusal of the statement which we had made, and on consideration of what we owe to our own independence of speech, and especially to the feeling of the profession, we felt ourselves obliged to refuse this request, and to accept the task of establishing—if necessary—at law the truth of our statement and the *bonâ fides* of our intention, which we have every confidence that we shall do, if Mr. Betts sees his way to a contest with us. We have received the usual legal documents, intimating Mr. Betts's determination to sue for £1,000 damages, and, acting under advice, we have taken the necessary steps for defence, and we shall feel it a satisfaction to be permitted to defend in open court the profession and the public against the sort of practice which we have condemned in Mr. Betts As to the personal bearings of the matter, we may say that we never even heard the name of this gentleman until it had been brought under notice in the *Students' Journal*. We performed a public duty in a manner which we are prepared to justify, and we apply our censure equally to all practitioners engaged in similar practice—if such there be, feeling confident that on this, as on several previous occasions when our public duties have forced us to speak out, we shall be backed by the support of the whole profession.—*January 12th*, 1876.

Mr. Betts has appealed to a petty jury, and has received his answer, which we accept as a technical rebuke, but as a moral victory. Mr. Betts asked the jury to take the view that his course of practice was professional and upright—to say that he might, if he chose to do so, give good medicines for 4d. a patient, and to punish The Medical Press and Circular, and soothe his wounded feelings with a verdict of £1,000. The jury complied in part with his request, but by fixing the damages at so small a sum as £50, they expressed—we have a right to assume—that the plaintiff was entitled to no more sympathy than that indicated by a nominal recompense.

From such a result we derive rather satisfaction than chagrin. We believed that Mr. Betts's practices, though legal, were objectionable, and such as to call for censure. We entered upon a contest in which we suspected that the law might be against us, but in criticising we acted conscientiously, and we felt assured that the feeling of the profession would be with us. We maintained our respect for our public function as journalists, at the expense of some annoyance and a certain outlay of money, and we shall consider these sacrifices well repaid if we are assured of the feeling of our brethren that we have acted rightly, and sustained the public character of our journal.

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THE QUEEN *v.* THE KEIGHLEY GUARDIANS.

At last the case of the Keighley Guardians has terminated in a manner which, although more favourable to them than they might have expected, is quite satisfactory so far as the ends of justice are concerned. These worthy gentlemen have already found to their cost that the arm of the law is too strong for them, and that there is no use in their trying to defy it even if supported by the votes of their constituents.

Our readers will remember that, in consequence of their opposition to the due carrying out of the Vaccination Acts, a writ of mandamus was issued against the defendants ordering them to give directions to the vaccination officer to prosecute such persons in the district as refused to have their children vaccinated, and that, owing to their defiance of this writ, they were arrested in August last and imprisoned for a month. Last Thursday they appeared before the Court of Queen's Bench to receive the decision of the Court on their application for bail. They urged that they had suffered in their businesses and had been put to considerable expense owing to their imprisonment, and they submitted that they had purged their contempt, and that, as the writ had now been fully obeyed during their incarceration by the other guardians, the Court should not subject them to further punishment. Among the defendants Mr. Milner, Chairman of the Keighley Board, Mr. Jeffrey, and Mr. Sedgwick addressed the Court, and endeavoured to vindicate their conduct as best they could. As a security against their rescinding, on their return to the board, the resolution which was passed in their absence, they offered to resign. In reply to this, the Lord Chief Justice dwelt upon the necessity of enforcing obedience to the laws of the realm; but in deference to the conscientious convictions which had actuated their conduct, and in consideration of the punishment they had already undergone, his lordship and in behalf of the Local Government Board the solicitor-general were willing that the defendants should enter into their own recognisances to come up to receive sentence when called upon—but they would not be called upon provided they did nothing to rescind the existing resolution and order of the Board of Guardians. So the case terminated; and as the Lord Chief Justice observed, it was a very liberal and generous termination on the part of the Local Government Board. Unquestionably they had laid themselves open to a much severer punishment than any they have as yet experienced. At the same time, as we have observed on more than one occasion, the great and beneficent object of the Vaccination Acts will not be furthered but rather frustrated by treating these misguided men with more severity than the ends of justice and the interests of the public demand. Anything approaching persecution would only fan the flame of bigotry and prejudice which is at the foundation of this contemptible and paltry anti-vaccination movement.

We were glad to see the Lord Chief Justice from his high position, and in his judicial capacity, enforcing that opinion of vaccination which every person must hold who is at all acquainted with the subject. "It may be," he said, "that here and there some mischief may have resulted from the practice of vaccination to which these persons are so strenuously opposed. But when we bear in mind that which historically we know—perhaps they do not—that before vaccination was instituted the small-pox was one of the greatest plagues and curses that ever affected humanity; that it swept away its victims by thousands and tens of thousands, and was a source of fear and dread, and terror to the whole community, of both sexes and all ages, and that that prodigious plague has been, practically speaking, put an end to by this mode of anticipating it and dealing with it, this must influence the minds of all who reflect upon it, as it has influenced the Legislature and the more enlightened and educated members of the community. We proceed upon the ground that it is for the subject to obey an Act of Parliament, and for this Court to enforce obedience if obedience be withheld. Here it has been withheld, and the law and the order of this Court must enforce it. However, I am very glad that in this case the matter has been brought to an issue in which we are relieved from the necessity of passing the severe sentence which it would otherwise be our duty to pass on each of the defendants."

It is to be hoped that this case will be a warning to those who may feel induced to follow the bad example that has been set them by the Keighley Guardians and their followers.

It is right that these ignorant enthusiasts should know that if they wish to do away with an Act which is repugnant to their feelings and their faith, they must do so by creating, by legitimate means, a large public opinion in favour of their peculiar doctrines, and not by openly violating the law while it is in force, or throwing obstructions in the way of carrying out the provisions of the Vaccination Acts. It will, however, be a long time before their strange and perilous views are shared by the great bulk of the community, and perhaps it is the consciousness of the isolation in which they stand, that makes them resort to those violent and impotent measures which, like the wild and indiscriminate blows of unskilful swordsmen, only place them at the mercy of their opponents. The testimony in favour not only of vaccination, but of compulsory vaccination, rests on such a sure foundation that we should be surprised that any one in their senses should attempt to shake it, did we not know that there are people who believe that the earth is flat and other paradoxes which have from time to time excited this ridicule of all who have received even the most elementary education.

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Notes on Current Topics.

The Metropolitan Water Supply.

An influential meeting of delegates from the various vestries of the metropolis took place last week to consider what steps should be taken with regard to the extension of the water supply, and the charges of the water companies. The action of the Metropolitan Board of Works, it was stated, had as yet not been productive of any results in favour of the consumers; and, after some discussion, the following resolution was moved and carried :—

> "That, as the increased assessment of the metropolis is giving unlimited power to the water companies to increase the charge for water, it is necessary, in order to check any further augmentation of the price now paid, to take steps to obtain more equitable terms, and for that purpose a memorial be presented to the Home Secretary by this meeting, praying for an alteration of the law with respect to the water supply of the metropolis."

It was contended that the meter system should be adopted, by which means every one would have the amount of water he paid for. On the other hand, it was urged that large establishments, making large profits, and only using a small quantity of water, being charged on the meter system, would, as ratepayers, if that system were adopted, have to pay for all the water that ran down into the sewers. It was held, moreover, that a great waste of water was one of the greatest blessings of the metropolis. It was ultimately suggested that inquiry should be made whether the companies had at all exceeded their limits in charging, and also that the deputation should ask for a select committee to inquire into the whole matter.

After some further discussion, it was resolved to form a sub-committee, selected from the Committee of the National Chamber of Trade, and which, together with one delegate from each vestry, shall draw up a memorial, and make arrangements for its presentation to the Home Secretary by an influential deputation, and take further steps in the matter. It was thought that by an organised agitation the Government would be compelled to take steps in the matter. An agitation once commenced should be carried on until it was successful.

The Water Companies' Act, 1871, provides power to compel companies to give a constant water supply, and any customer can, if he thinks fit, be supplied by meter. Dr. Frankland's report on the quality of the water was of a more favourable character. The only water of which complaint is made is the Southwark and Lambeth. The water of both these companies was slightly turbid, and contained moving organisms.

Control Department and Medical Officers.

Complaints continue to reach us of curtailment of military surgeon's allowances by this incompetent department. This is a direct infringement of the late warrant, and it is simply impossible for the heads of the medical service to administer it when such one-sided interpretations of it are being constantly made to the disadvantage of army medical officers.

"Soothing Syrup" Slaughter.

The *Pharmaceutical Journal* publishes last week two more instances of the abuse of opiates in children's cases. In the first, the child was not killed because it, prudently, spat out the laudanum which the chemist had given in place of "quietners." In the second, the prisoner was a nurse, who ought to have known better, and yet poisoned a child by giving it three drops of laudanum, for which she was sent to jail for six weeks. When it is recollected that such cases are less than one per five thousand of those in which risk is run by the improper administration of opium to infants, it may be conceived how wide-spread and disastrous is the abuse of opiates by the working-classes. It is really time that the Government should endeavour to contol in some way the slow poisoning of babies by lazy and careless mothers, who purchase the luxury of a gossip or a promenade to the public-house by drugging their infants into a state of coma.

The Destruction of Illusions.

Under the above heading *The Doctor* draws our attention to a paper in the *Comptes Rendus*, in which he says: "De Carvalho describes an apparatus for ozonising the unhealthy air of dwelling-rooms. Such air is to be passed, by means of an aspirator, through a tube, in which the silent discharge of a Ruhmkorff's coil takes place; and the author is of opinion that air subjected to this treatment will be freed from the organic matter suspended therein and its harmful characters destroyed. To his paper are appended some remarks by P. Thenard, who says he considers it is high time (*il serait grandement temps*) that not only the public, but learned men, should be made acquainted with the erroneous nature of the views generally held respecting the action of ozone on organisms. So far from having a beneficent effect, ozone is one of the most energetic poisons known; and the grave accidents which have happened in his own laboratory do not leave the slightest room for doubt about the matter. While leaving the physiological aspects of the question to M. Arnould Thenard, who has a work on the subject in preparation, he confines himself to stating that under the influence of ozone, even when very largely diluted, the blood corpuscles rapidly cohere, and even change their form, the pulse beats more slowly and in so very marked a degree that in the case of a guinea pig, where the beats were nominally 148 per minute, they fell to 1-30th after the exposure of the animal for a quarter of an hour. In the present day, when medicine possesses in a knowledge of temperatures so excellent an indication of the stage of a disease, it is possible, he considers, that an agent may be found in ozone for controlling them when too high. To introduce, however, without further consideration ozone into our rooms with the fallacious notion of thereby destroying bad air is highly dangerous. While the most powerful poisons, when rightly administered, constitute some of our best remedies, we must first have learnt how to apply them, lest we fall into error as regards the right time for application and th strength of the dose. Thenard then asks the questio

Are we sure that there is ozone in the air? Its presence in our atmosphere is determined by the change in the depth of colour of prepared paper. Do we know that there are no other substances in air which can affect the paper in the same way? By passing a current of air through a gas-blast, Wittman obtained air which acted on the prepared paper as ozonised air does; while, however, this air disinfected putrid water without rendering it acid, ozone, so it is stated, did not disinfect it, but turned it acid. Moreover, it is known that ozone cannot exist above 200°, and yet the air modified by Wittman's method had been exposed to the temperature at which glass softens. Although he is not prepared to deny the possible presence of ozone in the atmosphere, he holds it rash to regard as proved what is still vague and uncertain, and may be dangerous.

The Repetition of Prescriptions.

The *Pharmaceutical Journal* says that a decree has recently been issued by the Minister of the Interior for Saxony, abolishing former regulations as to the repetition of physicians' prescriptions in that country, and replacing them by more inclusive rules.

With respect to medicines for internal administration pharmacists are now forbidden to repeat, without a special order from the original prescriber or another qualified physician or surgeon, any prescription, ordering, in any dose whatever, any of the substances included in Table B (*medicamenta cautissima asservanda*) of the German Pharmacopœia. This table includes arsenic and its preparations, mercurial compounds, phosphorus, strychnine, atropine, coniine, veratrine, and to these are also now added digitalis and chloroform (whether for inhalation or internal administration). The same rule applies to articles in Table C (*medicamenta caute servanda*) if the dose ordered exceed by one-fifth the official maximum dose. Chloral hydrate is not to be repeated when the maximum dose of 4·0 grains is exceeded; or secale cornute if the dose exceed 6 grains, or extractum secalis if the dose exceed 0·3 grains. Neither are the prescriptions of homœopathic physicians up to and inclusive of the third dilution to be repeated.

As to medicines for external use dispensers are prohibited from repeating prescriptions containing any dose whatever of an article in Table B, before referred to, with the exception of red oxide of mercury, white precipitate, and veratrine; or a prescription for subcutaneous injection of a solution of a substance in Table B or Table C.

Artificial Tobacco.

According to the *Scientific American*, artificial tobacco leaves are now being produced in New York for the manufacture of Havana cigars. The material used is a kind of brown wrapping-paper, made especially for the purpose. This paper is saturated with the juice pressed from tobacco stems and other offal, and then rolled through a machine, which gives them the appearance of he tobacco leaf, with the peculiar spots printed on them as on calico. The paper thus prepared is especially adapted for the wrappers around the cigars, and for that purpose is even preferred by the Havana cigar makers to the genuine leaf, and import it largely from New York. According to our authority as much as 30,000 reams of this artificial tobacco leaf have been occasionally exported. It is further stated that this tobacco-flavoured straw paper makes also a filling superior to the genuine leaf, and that the paper leaves no residuum other than a pure light grey or nearly white ash, just like that of the best quality of tobacco.

Gastrotomy.

A correspondent in Paris of one of our daily contemporaries gave recently an interesting case of this rarely successfully performed operation. The patient, a lad of seventeen, had inadvertently swallowed a quantity of the solution of caustic potass. This occurred in February, and in spite of the most skilful treatment, the constriction at the upper orifice of the œsophagus became so complete, that death from inanition must inevitably have ensued without an operation, which was accordingly performed on the 26th July, by Dr. Vernouil, in the Hôpital de la Pitié, Paris. On the 10th September the patient was in good health, remaining up all day, and even helping the hospital assistants in their work; he had almost as much strength and energy as he had before the accident. His diet, composed of soups, fine-chopped meat, mashed vegetables, and drink, was injected through a large elastic tube inserted in the incision made in the stomach. Under this treatment he gained upwards of 10lbs. in weight between the 18th of August and the 14th of September. At the moment of the injection of food a flow of saliva in the mouth is produced, in the ejection of which a motion curiously resembling the action of chewing is remarked; he can distinguish between warm and cold substances, but otherwise all are indifferent to him. It is stated this is the first time the operation has been successfully performed; the last time it was attempted, but unsuccessfully, was in 1849, by M. Sedillot, Professor of the Faculty of Medicine of Strasburg.

Cervical Dislocation in Hanging.

In the discussion of the question as to the method by which instantaneous death by hanging may be most readily produced, it has been urged that the long drop, *i.e.*, from ten to fourteen feet, according to the weight of the convict, is necessary to cause dislocation of the cervical vertebræ, and that fall has therefore been adopted in most recent executions. If a report which we find in the *Ceylon Times* be reliable, it would seem to be established that the vertebral dislocation may take place under particular circumstances, with a very short drop.

A man, Nana Saibo, was executed in August last, with a fall of two and a-half feet, the knot being at the back of the head. A horrid scene took place, one executioner pulling on by the victim's legs, and the other forcing the neck against the noose with all his force, a proceeding which was not only disgusting, but quite useless, for it is stated to have turned out, on *post-mortem* examination, that the neck was broken. Inasmuch as few natives exceed nine stone ten pounds in weight, we entertain some doubt of the accuracy of this statement, especially as the rope was put in a position which afforded least likelihood of cervical dislocation.

Another Victim of the "Quietners" and the Quacks.

An inquest was held at Worsley, last week, on the body of a child, aged one year and eight months.

The child's mother stated that she had been in the habit of giving pills to all her children to "sleep" them. She purchased the pills from one Crompton, a shoemaker and farmer, but did not know what were their ingredients. Crompton had never told her to be cautious in the use of the pills. On Saturday last she purchased a box of the pills from him, and, having given one to deceased and one to her twin brother, left the box, in which were twenty-two pills, on a chest of drawers. About one o'clock on Sunday afternoon her daughter Ellen called her attention to the fact that deceased had got the pills by standing on a chair. She saw deceased with a paper containing eleven of the pills in her hand, and another pill was lying near her on the floor. Deceased became very sleepy, and was taken to the surgery of Dr. Martin, where she died.

Dr. Martin said he found the deceased child perfectly comatose when brought to his house. The child's mother had informed him that half of one of the pills would "give the children a good night's rest," and assuming the deceased had taken ten of the pills, he was decidedly of opinion that that number would be dangerous. A pharmaceutical chemist had analysed one of the pills and had stated that it contained opium. Witness considered that the sale of opium, by persons ignorant of its effects, to persons equally ignorant, without proper caution being given, was highly dangerous.

The jury returned a verdict that the deceased, being a child under the years of discretion, had died from the effects of poison inadvertently administered by herself. The jury recommended *that the police be requested to call upon the man Crompton* to inform him that they highly disapproved of his indiscriminate sale of the pills, and that they suggested he should discontinue the practice and destroy all the pills in his possession.

Food Poisoning in India.

It is not generally known that the *Datura Stramonium* is used by a certain class of criminals in India for carrying out those nefarious practices which were formerly committed under the system of Thuggism. The effect of this plant in causing a peculiar form of delirium, stupefaction, and even fatal symptoms, is well known to most of our readers, although it is by no means a poison which they would expect to be adopted for criminal purposes. We are indebted to the *Globe* for the following account of a case which recently came before the Janna Sessions Court: Two native travellers on their way to Bhewndy foolishly allowed themselves to be entrapped into an acquaintanceship with another native whom they met on the road. On arriving at a town one evening, they purchased some flour in the bazaar and left it in charge of their new friend while they went for a stroll. On their return, they proceeded to make bread with the recently purchased flour, and having partaken of it, they at once became delirious. One was absolutely insensible, but the other retained sufficient consciousness to be aware that their false friend was quietly appropriating whatever valuables they had about their persons. The sessions judge who tried the case expressed his belief "that a system, analogous to the Thuggee system, is at work in this Presidency, of datura poisoners joining parties of travellers, and mixing datura with their food and robbing them."

We find that Dr. Taylor, in his work "On Poisons," has given a full account of this food poisoning on the authority of Dr. Brown, of Lahore, Dr. Chevers and Dr. Irving, of Allahabad. The poison is not administered by the Indian robber with the intention of destroying life, but to facilitate the perpetration of their robberies; and so well do they manage their business, that, according to Dr. Chevers, the cases rarely prove fatal. Out of 51 instances of poisoning by *dhatoora* at the Bombay Hospital in one year, only one proved fatal, but four presented alarming symptoms. On the other hand, Dr. Brown states that out of 92 cases no fewer than 21 proved fatal, and it is probable, he says, that many which result in death are never known. It appears that the *datura fastuosa* and *alba* are the principal sources of the poison in India, the powdered seeds being given in cakes, or a strong decoction of them in curry or some other article of food. The Thugs employ the poison with the object of rendering their intended victims helpless. As administered by the skilled professional poisoners of India, it causes a profound lethargy resembling coma, with dilated pupils, and the person is rendered completely powerless. These symptoms may continue for two days and yet recovery take place. A man under the care of Dr. Chevers drank two mouthfuls of a poisoned liquid, complained of bitter taste, and fell down insensible within forty yards of the spot where he had taken the liquid. He did not recover his senses until the third day after. In these cases the seeds are probably given in a large dose, either in solution or a very fine powder.

A Lunatic Critic of the Doctors.

It cannot but be profitable to medical men as to others to "see ourselves as others see us," even if the picture we view be not a very complimentary one, and it will be a useful lesson to us if the imperfections of ourselves or the inefficiency of our art can be plainly put before us and brought home to our appreciation.

In this view we print the following letter, critical of the medical profession, written by a lunatic inmate of an Irish district asylum. We don't know for what form of lunacy our critic is under restraint, but it is plain that there is much method in his madness with reference to doctors and doctoring. For the effusion of a half-educated tenant farmer it is an amusing satire, and it remains to be decided how far he has succeeded in proving the truth of the *naive* conclusion to which he gives expression in the fourth line of the letter:—

To the Resident Medical Superintendent of the ——— District Asylum.

Sir,—Pardon me for the liberty of writing on the following important subject, namely, the members of the medical profession. A body of gentlemen, which I believe the one half of are fools, and though they may be perfectly competent to attend a lady in confinement, set a fractured bone, or treat an outward wound or sore, they are entirely unfit to discover or properly treat with medicine an internal disease of the body.

To prove the truth of this assertion I give you my own case, and the different opinions of a number of professional gentlemen on it.

In the month of April last I gave up work and called in Dr. —— ; his opinion on examining me was that all members of the body were sound except the heart, which, he said, was slightly affected, and prescribed a course of medicine accordingly. After about a month, finding myself nothing better, I went to another professional gentleman, Dr. C—— ; his opinion on examining me was different to Dr. —— both in the state of my disease and the medicine which he had prescribed for me, which he said was entirely too strong for me, and therefore injurious to my health. While under the care of Dr. C—— another gentleman, Dr. G——, saw me ; he at once on examining me found the cause of my illness, and directed Dr. C—— to change to another course of medicine. I next, by the wish of my landlord, Mr. —— went to Dublin, to Dr. B—— ; he, again, differed from the rest, pronounced my liver to be sluggish, and prescribed another different course of medicine. The opinion of the next, Dr. N—— (I believe the best of the lot), agreed with Dr. B—— as to the disease, but that the liver was enlarged, and said that the medicine prescribed by him was wrong. Let me also add that those lungs which are now pronounced sound by five medical gentlemen were in the year 1871, five years ago, declared by Dr. W—— to be diseased, and one, the right, to be *gone* for *ever*.

Now, sir, presuming that all medical works on the internal diseases of the body are the same, that the symptoms and means by which they are to be discovered are the same, and that the mode of treatment prescribed for each kind of disease is the same, how is it that those six gentlemen all differed from each other, either as to the disease or the mode of treatment of the one body.

This question, I think, cannot be answered with credit to all the members of the medical profession, but I think it should be considered by the board of gentlemen who have the granting of diplomas to students, and that they should, along with knowing that each student has learned off by heart the name of every disease, its effect on the body, and the means and treatment for its removal, also see that each student perfectly understands what he has learned, that his mind is given to his profession, and that he is possessed with a keen intellect to discover and distinguish every disease of the body before they send them forth on the world to do more injury than actual service. For common sense must allow that a quantity of medicine taken for a disease that does not in reality exist, or two different kinds of medicine taken in succession, or one kind of disease (as there are often two kinds of medicine which in themselves may not do much harm, but when combined may be very injurious) must be most injurious, and perhaps fatal, to the constitution of the body.

I may have made some very wrong observations, but I doubt not but that you will admit that there are some truth in what I have written, and allow me to remark, would it not be better for everyone to have one clever professional gentleman, who would have a talent for his profession, than two thick-headed men, who are merely doctors because it is an honourable and money-making profession. Had I met with one of the first-mentioned five years ago I would be a useful member of society to-day, instead of being a patient in Maryborough Asylum, and a burden and a cost to the community at large.

Hoping you will excuse this liberty,

I am, Sir, your most obedient servant,

A. W.

The Conjoint Scheme for Ireland.

We learn that the Conference Committee appointed by the University of Dublin, and the Colleges of Surgeons and Physicians of Ireland, for the purpose of framing a conjoint system of examination, has decided upon and approved a proposal for a triune diploma. We find it impossible this week—as we should have desired—to give the scheme in full. Its leading features are a very liberal concession of privileges by the University of Dublin, which is ready to make the conjoint examination compulsory on its graduates, and is content with a share in the Arts Examination, and a reduction in the lectures on Anatomy, Physiology, and Surgery to two courses each, but with an equivalent increase of fee to compensate the Professors.

There are many other important clauses which we shall give next week. The scheme of course may or may not be rejected by the Fellows of either or both of the Colleges, on its being submitted to them, but we think that the party who opposed a Conjoint Examination on a former occasion, will act with discretion for the ultimate advantage of the profession and the public, and not for the benefit of individual teachers.

Supply of Vaccine Lymph in Ireland.

It will be seen by the following circular-letter just issued by the Irish Local Government Board that the Cow-pock Institution at Dublin will cease to exist next April, and their grant of £400 a-year will go to the Local Government Board. The circular-letter is as follows:—

"Local Government Board, Dublin,
14th November, 1876.

"Sir,—The Local Government Board for Ireland desire to acquaint you, for the information of the Board of Guardians, that the question of the gratuitous supply of vaccine lymph has been for some time under the consideration of her Majesty's Government, and that a communication has been made by direction of his Grace the Lord Lieutenant to the Directors of the Dublin Cow-pock Institution, to the effect that it is proposed to vest the administration of the grant for the supply of vaccine lymph in the Local Government Board for Ireland, whose duties in relation thereto will commence on the 1st April next, the grant hitherto received by the Cow-pock Institution ceasing at the termination of the present financial year, the 31st March, 1877, after which date the unions and dispensary districts will cease to be supplied by the Directors of the Institution with lymph, and will make known their wants in that respect to the Local Government Board.

"It is not intended in supplying lymph gratuitously hereafter to workhouses and dispensaries to supersede or interfere with the practice of vaccination from arm to arm, where feasible, or, in the second place, the practice of storing in capillary tubes, or otherwise, lymph chosen by the vaccinators themselves from the best sources available, a practice which now most extensively prevails with dispensary medical officers ; but it is hoped that the parliamentary grant will be found sufficient to keep up an adequate supply in Dublin to meet demands arising from deficiency of lymph casually arising throughout the country.

"Hitherto such demands have been supplied mainly by lymph procured in Dublin, but the change about to be made will render the entire country available for the collection of lymph from the most eligible sources, with the assistance of a select number of dispensary officers to be duly remunerated for their trouble.

"The only expense which the Board of Guardians are likely to incur hereafter for the supply of vaccine lymph will be incurred as heretofore in the supply of capillary tubes to dispensary officers on the requisition of their respective committees.

"By order of the Board,
"B. Banks, Secretary.

"To the Clerk of each Union."

The next Meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday, Dec. 6th, at half-past eight precisely. The following paper will be read:—"A new mode of making Grey Powder." By Mr. A. Bottle, of Dover.

The Law of Libel as it is.

APROPOS of one or two actions for libel against newspapers (including this Journal) last week, *The Echo* gives an able *resumé* and opinions of the law as it at present exists, from which the following extracts will, we hope, be read with interest:—

"The law of libel, as it applies to newspapers, needs serious revision. The law was created by judicial precedent, at a time when newspapers—the fourth estate of the realm—had not come into existence, and we cannot admit that Lord Campbell's Act goes far enough in the protection of the Press. It is obviously absurd to treat a newspaper on the same footing as a private individual. If a person in private life writes or prints a statement injurious to another, and that statement is false, the law very properly infers that it is dictated by malice. But a newspaper mentions daily a large number of persons who are utterly unknown to the editor, and against whom no conceivable animosity can be entertained. A newspaper has a character to sustain both for accuracy and fairness, and is urged by a motive far stronger than the fear of lawsuits to supply the public with the truth and the whole truth. If a newspaper is made the vehicle of personal spite, it neither deserves nor receives much indulgence; but such a case is rare, and where there is no malice a newspaper should not be punishable. Lord Campbell's Act recognises the exceptional character of newspapers, but it does not go far enough. The only advantage it gives to a newspaper over a private libeller is that if a satisfactory apology is inserted, and a sufficient sum in name of damages is paid into Court, the jury are to find a verdict for the defendant, and that will carry the costs of the action.

"As a general rule, it is simply a farce to pretend to calculate the loss sustained by a libel. For this reason a newspaper that has, without ill-will and without negligence, published an injurious statement, should not be required to pay damages. Another defect of the law is in throwing upon the newspaper the burden of determining what is a satisfactory apology. It ought to be quite enough if the newspaper opens its columns to any contradictory statement offered by the complainant; and it should be for him to prove that he asked for a contradiction before the action was brought, or, if asked and inserted, that it was insufficient. If mischief has been done to him by publicity, then the proper cure for that is publicity. A newspaper should be punished, like an individual, not merely for actual malice, but also if it has been guilty of gross negligence. Except, however, in these cases, it ought to be exempt from actions for libel if it opens its columns to any contradiction of an erroneous report that it has circulated. The subject is one that urgently demands the consideration of Parliament."

ACCORDING to the Reports presented to the Metropolitan Asylums Board on Saturday last, there are at the present time 2,125 patients in the Leavesden Asylum, 2,084 in the Caterham Asylum, and 333 in the Clapham and Darenth Asylum for Children.

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Correspondence.

BETTS *VERSUS* THE "MEDICAL PRESS AND CIRCULAR."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As an old subscriber, permit me to express my regret at the result of the above case (which by the morning papers I see is given against you), and my admiration of the manner in which you have always upheld the dignity of the profession. I certainly think the profession ought to show their appreciation of your honourable conduct, and it will give me great pleasure to hear of a fund being formed to defray your expenses. If you will allow me, I shall be proud to send you a guinea as a commencement.

Yours truly.
W. T. GREENE, M.B.

218 Old Kent Road, London, S.E.

⁂ It affords us much gratification to receive the sympathetic letter of Dr. Greene. We had no personal interest in the case, but defended our opinion to the last in the honest conviction that we were upholding the dignity of the profession and the welfare of the public. Should it be the desire of the profession, we shall have great pleasure in allowing a fund to be started, according to the suggestion of Dr. Greene, to meet at least a portion of the expenses, which will probably amount to some hundreds of pounds.—ED. M. P. & C.

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THE ISLE OF MAN AS A WINTER RESORT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me by means of your valuable paper, to recommend to all invalids, from any cause whatever, the salubrity of this island. It will save the "*mal du mer*," and all other inconveniences, and restore the invalid to health and strength, if that be at all possible or attainable. I came here two years ago, got well and returned to England, four months afterwards I became ill again, and had to return, and I am happy to say that now I really enjoy good health. In my humble opinion this island is far beyond anything Continental. The pure air is continuous, and you can enjoy every luxury you can wish. But there is a something indescribable which this island enjoys, and which I have found nowhere else, and I enjoyed the Mediterranean for two years and a half. All I can further add is this—let them give this island a trial, for the winter is exceedingly mild.

I am, Sir,
Yours most obediently,
ALEXANDER LANE, M.D.,
Retired Surgeon, R.N.

Douglas, Isle of Man.

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RELIGION AND DOCTORING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Nothing can be more *apropos* than your remarks in last publication under the title of "Religion and Doctoring." Truly it is as you say that *Medical science has no religion, and ministers alike to Pagan and Christian*, and for the country or the people which, in this nineteenth century, ignores this principle, there is no hope morally, civilly, or nationally.

In most cases in England neither the religion of the practitioner nor his nationality prove any bar to his progress if he be otherwise competent and eligible. Nor are they generally *by themselves* reasons why patients of his own faith or country should employ him in preference to the stranger. I will briefly relate my own case, as it may serve to enlighten the bigots of the *Tipperary Free Press* and others whether Protestant or Catholic who cling to similar arguments.

I am an Irish Catholic practitioner doubly qualified, and I practise in a country town in England; the population of the town by itself is about 6,000, and of the parish about 30,000 persons, comprising several nationalities and many sects; and there are places of worship in the district for catholics, members of the Church of England, dissenters, and Scotch presbyterians. The catholics are, in point of *number*, a respectable minority, and would be, in fact, capable of maintaining a doctor by themselves, and yet to my gross income of £500 to £600 they don't contribute among them £150. This, to an outsider, may seem odd, but it is of easy explanation. First, our pastor, who is a truly good and pious man, leaves them in the matter of their commercial affairs to deal with whom they please, and also to call in, in their needs, any doctor they please. This is the more remarkable, as clergymen of other denominations *don't* always do the same. But interference of clergymen in the civil affairs of life I hold to be most impertinent. Secondly, almost the whole catholic population in my neighbourhood are from the western province of Ireland, and it is my "luck" to belong to an eastern county, and thus being not of "themselves," they appear to hold more antipathy to me than they do to the genuine Saxon. Lastly—and I believe the chief reason—my fees are larger than any of my neighbours—qualified or unqualified—and my compatriots, who often spend their money freely for drink and similar "necessaries," are not such fools as to employ dear doctors, although they sometimes swallow dear "physic," and thus they trouble me but seldom with their calls.

I specially ask the attention of the *Tipperary Free Press*, and those who place doctrine before surgical competence to my simple statement; and I apologise for asking so much of your space.

I am, Sir,
Very truly yours,
Nov. 16th, 1876. Θυτή.

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Literature.

HAY-FEVER, OR SUMMER CATARRH. (a)

As a collection of cases, and as a history of the disease in America, Dr. Beard's work will form a valuable addition to the literature of hay-fever. If, however, it was intended to be a thoroughly scientific investigation of all the circumstances connected with the disorder, we cannot congratulate the author on having achieved any great amount of success. His plan of collecting and arranging the information on the causes of the malady is open to the gravest objections. A list of supposed causes is presented to the patients, and from these they are at liberty to choose those that, in their opinion, seem to be the most active. In the answers thus obtained there must of necessity be a large amount of guess-work. Then in dealing with the evidence obtained even in this doubtful manner, there is a want of that logical acumen, as well as an absence of that rigid system of induction which ought to pervade any work of a truly scientific character.

Moreover, in some instances, the facts which the author gives are, as it seems to us, more or less opposed to the conclusions he draws from them. We also notice that, although there is a very liberal use made of the facts first brought under notice by other observers, there is not an equally liberal acknowledgment of the source from whence they have been obtained. Among the list of causes heat takes a prominent place, but in examining the evidence Dr. Beard brings on this point, we notice that "June cold" commences before the heat of summer properly comes on, whilst the Autumnal catarrh often attains its highest point of severity whilst the heat is actually declining. Residence in the centre of a large city gives marked relief to sufferers, but according to Dr. Beard, "the heat of a city is greater than that of the country." Then, again, we notice that in numerous instances where the patients have removed during an attack from a northern to a southern and warmer State, there has been a marked improvement in their symptoms, amounting, in some cases, to a complete cure for the time being.

Patients often escape the malady at the sea-side. "Sea air," Dr. Beard says, "is tonic and sedative; in mid-ocean, in high latitudes, it is always cool, even in midsummer, and vegetable irritants are not found." But according to the testimony of numerous patients they do escape attacks at the sea-side, when they are consequently not in mid ocean, nor yet in high latitudes, and where the air is not cool.

As an example of the strange way in which the author views some of the facts he has to deal with we may cite the following:—Dust is said to be one of the most potent causes of the malady, and in connection with this matter the following question is asked, "Do you ever have during the winter or spring, when exposed to any of the exciting causes, as dust, &c., attacks resembling 'hay-fever' in a mild form lasting perhaps for a few minutes or hours?" On this question the author remarks:—A point strongly in favour of the parasitic or vegetable theory is the peculiar periodicity of the symptoms. The almost mathematical certainty of the coming on of the disorder, in some cases on a fixed day or hour, and the subsidence of the symptoms at definite times, suggests to almost anyone the possibility that some parasitic or vegetable emanation appearing only during the season of the disease might be the cause.

If it could be shown that some at least of the symptoms were felt at other than those so-called catarrhal seasons; if sufficient evidence of the occurrence of certain phases of the malady in the winter and spring could be obtained, the parasitic and vegetable theories would be seriously shaken." The author then goes on to say:—"This evidence is here given. The hay-fever symptoms that are in winter excited by exposure to the dust of hay or the house or to animal emanations are usually, if not always, of a transient character, lasting but a few minutes or hours; but for this brief time they are characteristic of the disease. A medical man with whom I have conversed on the subject tells me that at any season it is impossible for him to curry a horse without bringing on at once the usual symptoms of the disease. Others cannot at any time go into a barn without suffering the penalty of sneezing and distress for several moments or longer."

We have always imagined that if dust of a vegetable origin would be met with anywhere it would be in a barn, and although the dust raised by an American doctor in currying his horse may by the author be considered to be an animal emanation, some will believe it to be largely composed of hay-dust. We can scarcely suppose the author can be in earnest when he gives the above examples to show that the vegetable theory of the exciting cause of hay-fever is "seriously shaken" by them.

The pet idea of the author is that the disease belongs to the neuroses, and every possible opportunity—favourable and unfavourable—is taken of bringing this idea prominently forwarded. That the predisposition is due to some peculiar condition of the nervous system is stated by all previous writers on hay-fever, but that this involves the necessity of placing it among the neuroses has not yet been shown. Some of the patients whose cases Dr. Beard gives differ entirely from him as to the nature of the malady and its exciting cause. A portion of the observations of one of these we quote as follows:—"My experience and observation do not tend to confirm Dr. Beard's theory that the disease depends upon the state of the nervous system. It appears to me that hay-fever is caused by some poisonous or irritating quality, emanating from vegetable matter in actual contact with the mucous membranes of a small portion of our community, who are predisposed by their peculiar organisation to be affected by such contact. It may be that the nerves have some agency in this predisposition. I believe that vegetable matter is the exciting cause, because . . . . . . if rain sets in and if long continued I am relieved; so if the wind for several hours prevails from the ocean, near which I live, I am relieved. I believe most sufferers are relieved while at sea; and I think the reason why sufferers are relieved in mountainous regions is because they are above, or out of the range of, the space in which this poisonous matter moves. After watching the hay-fever through a long lifetime, I am satisfied that the vegetable matter in contact with the mucous membrane irritates, inflames, and swells the tissues, and obstructs the respiration."

In summing up his conclusions on the causes of the malady, Dr. Beard says:—"Of the threefold factors that seem to be necessary for the production of the disease—predisposition, the depressing influence of heat, and external irritants of some kind—no two are sufficient to excite the symptoms in any degree unless one of the two be the predisposition. . . . . The sum of all is that there is no one exciting cause which can be regarded as the exclusive factor in starting the symptoms in a predisposed subject; there are, indeed, no two or three causes—there are at least thirty distinct substances or influences that are known to act on different persons with varying intensity. This is certainly proved by the replies to question 19 (p. 54). It is not improbable that further researches may extend the list to fifty or even one hundred."

(a) "Hay Fever, or Summer Catarrh: its Nature and Treatment; including the early form or 'Rose Cold,' the later form or 'Autumnal Catarrh,' and the middle form or 'July Cold,' hitherto undescribed." By George M. Beard, A.M., M.D., &c. London: Sampson Low, Marston, Searle, and Rivington. New York: Harper and Brothers.

In our first notice of this work two errata escaped our notice. At page 306, first line, "the Autumnal Catarrh," should read "Autumnal Catarrh." In the last paragraph but one in the first line, "other external remedies" should read "other nternal remedies."

We can well believe that, on the plan followed by Dr. Beard, the list of causes may be extended even to a much larger number than he gives, but we are far from thinking with him that the mere utterance of an opinion by patients on the cause of their malady amounts to a proof. This is, in fact, what it does not do, and the grand mistake the author has made is that he has taken the expression of an opinion for the proving a fact. With the exception of a very few experiments made by Dr. Wyman (*a*) not a single trial has been made with any one of the causes named in a way that would unmistakably prove that it has the power to bring on hay-fever when all the other causes, save the predisposition, are absent. With a disease that affects a larger number of persons and is present for a much longer portion of the year than in any other part of the world, this might and ought to have been done. With ample material at hand the author has let pass a grand opportunity, and we can only hope that either he or some one else, who is able and willing to investigate the subject more thoroughly in America, will take up the question again and complete what has been left unfinished.

CYCLOPÆDIA OF PRACTICAL MEDICINE. (*b*)

As has been stated in our notices of other volumes, this great work is to consist of fifteen parts, published quarterly. This, the fourth volume of the English Translation, followed the fifth, which contained articles on pneumonia and phthisis. Now we commence the diseases of the respiratory organs—at the beginning, so to speak—with consideration of affections of the air-passages.

The first article describes very fully and carefully the general diagnosis and therapeutics of the nose, pharynx, and larynx, and is written by Dr. Fraenkel, of Berlin, who the preface informs us, has worked with Cohnheim, in experiments on the transmission of tubercle.

As regards laryngoscopy, it is satisfactory to learn that nothing better can be had, even in the land of Czermak and Turck, than the simple concave mirror, with a focal distance of six or seven inches for the forehead, and laryngeal mirrors of different sizes.

For the lecture room a large mirror is attached to the lamp (gas, paraffin, or oxyhydrogen), but generally the spectacle frame or forehead-band is used for supporting the apparatus.

In inspection of the naso-pharyngeal space the author employs an ingenious arrangement of the usual laryngeal mirror, which is so contrived that it can be introduced straight, and made to turn up, after passing under the palate; a small spear is attached to the instrument to hold up the uvula. This part of the work is well illustrated, not only with pictures of the various kinds of apparatus, but with good diagrams of the parts capable of being inspected; the laryngeal region, the back of the palate, openings of nasal passages, &c.

The subject of therapeutics comprehends cauterization, pencilling, syringing, and douching, and inhalation, of vapour and atomized fluids, but there is very little which will be new to English medical men.

In the section on diseases of the nose, there are descriptions of stenosis of the air-passages, and its importance when occurring in infants; coryza, and its tendency to lead to permanent stenosis, if neglected; and here the author dwells on the use of the nasal douche giving caution as to the amount of fluid to be used, the amount of pressure, and the position of the head. We are also reminded of the association between the brain and the nose, believed in by the older physicians, and perpetuated in the French name for coryza, "Rhume de cerveau," and the beautiful (?) custom of wishing a hearty "good health" to him who by a vigorous sneeze has embraced the shortest way of clearing up his brain.

For the treatment of *chronic rhinitis*, or *ozæna*, it is recommended to use solution of common salt, or carbonate of soda, chlorate of potash, or salammonia (from two to ten grains to the ounce of water) in douche, injection or spray. Glycerine is also employed by itself, or combined with other drugs.

Various other disorders of the nasal passages receive attention in this exhaustive work:—Abscess, ulcerations, nose-bleeding, tumours, concretions, and parasites, but there is nothing in them demanding special notice.

Acute and *chronic catarrh* are the only affections *of the larynx* systematically treated in the present volume; the subject is to be completed in another part of the work.

For the treatment of milder cases of chronic laryngitis, atomised solution of tannin is given by means of Siegle's apparatus; for the severer cases the writer uses nitrate of silver, fused on the end of a laryngeal caustic holder, or brushed over the parts in strong solution.

Bearing in mind the discussion which took place some time ago in this country on the unity or distinctness of diphtheria and croup, we turn with special interest to Steiner's treatise on croup in this volume. The writer does not take a very decided position, as may be seen from the following extracts:—"These two affections are only varieties of one and the same process" . . . "making its appearance at one time in a sporadic form—at another as a wide-spread epidemic." . . . "Everyone who has observed many cases of croup and diphtheria must admit that these two affections often occur together" . . . "that in the larynx itself croup and diphtheria are observed to shade into each other, &c." A few pages later, "primary true croup is not a contagious disease, though it is so regarded by Bohn-Gerhardt and others." . . . "Diphtheritic croup, however, possesses this quality in a marked degree."

In discussing the morbid anatomy of croup, he says:—"According to E. Wagner, whose numerous investigations have shown that there is no sharp dividing line between croup and diphtheria" . . . "the croupous-membrane is composed of a thick network of very delicate threads, whose interstices are occupied by numerous bodies like pus corpuscles" . . . "produced in croup just as in diphtheria by a peculiar metamorphosis of the epithelial cells, at first becoming enlarged, then developing long prolongations, by the coalescence of which a network is formed." The parasitic fungi found on these false membranes are regarded as in no way essential to the disease, but merely accidentally present.

As to treatment, Steiner takes the active side, applying nitrate of silver, chromic acid, hydrochloric acid, and chloride of iron to the throat in fluid or spray, cold-water compresses round the neck, emetics, and, finally, tracheotomy. In the children's hospital at Prague there were 30 recoveries out of 100 operations. Among 1,698 cases of tracheotomy collected by Duchek, 428 recovered, being about 25·2 per cent. This is, we think, a much better result than could be shown by statistics of the operation in this country.

(*a*) Dr. Wyman made experiments with the Roman wormwood (whether it was with the pollen or some other part of the plant, Dr. Beard does not say) in the White Mountain region. The symptoms of itching, sneezing, coughing, and asthma were produced, but they soon passed away.

(*b*) Cyclopædia of Practical Medicine. Edited by Dr. H. von Ziemssen. Vol. IV. Diseases of the Respiratory Organs. London: Sampson Low, Masters and Co. 1876.

The affections of the trachea and bronchi are introduced by a chapter on the physiology of cough, and on exploration of the windpipe.

Bronchial catarrh (tracheitis, bronchitis) is minutely described, in all its various forms by Dr. Riegel, of Cologne. He mentions, among the symptoms, "bulging forwards of the supra and infra-clavicular regions, and the indistinctness of the respiratory movements in these parts of the thorax." The article is written with great care, and fullest details; but there is little which calls for notice, except the extensive application of local treatment to this disease, as by insufflation, inhalation of vapours and atomised fluids, and respiration of condensed and rarefied air. And it would appear that the administration of medicine from a bottle *is* sanctioned in this disease (we have remarked with pleasure that many diseases treated of in this work are not supposed to require the usual amount of dosing). "Tempora mutantur," when cold douches are recommended "to excite deeper respirations" in acute bronchitis, and expectorants are stated "to afford little benefit," we can imagine some of our friends adding "et *nos* mutantur."

Croupous, *pseudomembranous*, or *fibrinous bronchitis* has a long chapter devoted to it.

Having shown that the affection is one occurring generally in the second and third decades of life, the casts are described as consisting of hyaline basement membrane, containing many cells like pus corpuscles. The only decided indication in the way of treatment is the inhalation of lime-water, lactic acid, or the alkaline carbonates.

In the article on stenosis of the trachea and bronchi, Riegel notes the fact that the most yielding points of the thoracic walls being drawn inwards with each inspiration, the circumference of the upper thorax is gradually diminished in time, quoting from Stokes's "Diseases of the Heart" a case in which marked retraction of the left chest occurred with an aortic aneurism, which compressed the bronchus of that side.

The chapter on foreign bodies has about six pages of bibliography, most interesting as showing by the notices of recorded cases how graciously tolerant a trachea may be, *e.g.*—"Coin—retention a year and a half—Expulsion—recovery."

The leading theories as to the causation of *bronchial asthma* are fully discussed. The usual opinion that the disease consists in bronchial spasm is warmly opposed by Wintrich, Bumberger, and others, who hold that the diaphragm and respiratory muscles are the seat of the spasm, the glottis being occasionally affected as well. Their strong points, in support of this view are, the immobility of the lower margin of the lung in asthmatic respiration, and the hardness of the abdominal muscles. Another theory attributes the symptoms to sudden quasi-catarrhal swelling of the bronchial membrane, in connection with the morbid conditions (diaphragmatic spasm, cardiac insufficiency, &c.).

Under the head of treatment, we have formulæ for Espic's cigarettes, the therapeutic method of Trousseau, and the supposed composition of Auberrs' remedy. This latter contains much iodide of potassium, 11 grains being given in each dose, with lactucarium or brandy and opium. And the use of compressed and rarefied air is mentioned favourably.

The diseases of the *pleura* are given by Fraentzel of Berlin—the article on pleuritis occupying 140 pages—and is written with the fulness and thorough grasp of the subject which characterises all parts of the Cyclopædia.

Hæmorrhagic pleurisy is described as a relapsing inflammation of the affected membrane, in which the development of blood-vessels is rapidly advancing, with an alkaline fluid effusion, containing many blood corpuscles. It is pathologically related to pachymeningitis hæmorrhagica (Virchow), and retro-uterine hæmatocele.

The pathognomonic symptom—the friction sound—is continued, of course; but we are pleased to observe that Wintrich (of Erlangen), who appears to be an authority on chest diseases, has only heard this friction sound four times in twenty years!! Dr. Fraentzel cannot subscribe to this testimony; but he confesses that it is very much like a rhonchus; therefore, students need not be disappointed if they *never* hear this mysterious sound.

Treatment—bleeding, cupping, leeches—digitalis and calomel, and full doses of nitrate of potash. The calomel may be replaced by mercurial ointment to salivation; drastic purgatives, such as compound infusion of senna. "We must never give opiates in acute pleuritis to relieve the dyspnœa". . . "if for persistent sleeplessness, subcutaneous injection of morphine" is the best. A tolerably active line of treatment, for the medical part, we think. Surgically, the removal of effused serous fluid by aspiration (the instrument with the bottle being preferred) is to be practiced, not earlier than the end of the third week, the point of puncture being above the sixth rib, between the mammary and axillary lines; not more than 1,500 cubic centimetres are to be taken at a time. The removal of pus is to be effected by an incision, two inches in length in the fourth or fifth space, passing outwards from the mammary line. When the cavity is empty, pass in two Nelaton's catheters, and wash out the sac with pure water at 100°F. Then fix a canula in the wound, having first protected the skin by some Lister's plaster, that the syringing may be repeated once or twice daily; this method of treatment is described in the minutest details in the book.

Hydrothorax, hæmatothorax pneumothorax, and cancer of the pleura conclude a volume which this sketchy review very inadequately represents, and while we cannot agree with the author's line of treatment, it is interesting to receive new ideas on old subjects.

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VITAL MOTION AS A MODE OF PHYSICAL MOTION. (*a*)

The generally received ideas as to the influence of nerve muscle as to contractility, and other inherent properties of muscle, have been controverted by Dr. Radcliffe during the last few years. In his work on "Dynamics of Nerve and Muscle" and other works, he has demonstrated that the normal state of these structures is that of electrical *charge*, which is brought about by the blood, and by which the structures are kept in a state of rest.

In the present volume he first considers the subject of vital motion historically, giving the ideas of the old seekers after truth, from Hippocrates and Aristotle, down to Galvani and Volta, whose discoveries are fully (one might say affectionately) depicted.

Then the writer records some observations of his own, undertaken with a view to ascertain the electrical relations of movements in the lowest forms of life; the conclusion being that "amœboid movements may be the consequence of expansion and shrinking in obedience to the oscillations in potential of the atmosphere." Then the subject is studied in the tissues themselves, this part of the work being an abstract of Dr. Radcliffe's works on Vital Dynamics, above alluded to. The author next appeals to the principles of rhythmic motion, in the heart and elsewhere, and then in the chapter of the book details his experiments on the electrical state of lung tissues when subjected to each and all of the different forms of electricity; and concludes by saying "that they (Franklinism, Voltairism and Faradaism, and natural Electrisation) agree in acting not by polarisation, or by any other working of the constant current; but by the charge or discharge of free electricity, the charge causing the state of rest, and with it more or less expansion, by keeping the charged molecules in a state of mutual repulsion, the discharge bringing about action, by leaving the new chargeless molecules free to yield to simple

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(*a*) "Vital Motion as a Mode of Physical Motion." By C. B. Radcliffe, M.D., Consulting Physician to the Westminster Hospital. London: Macmillan and Co. 1876.

molecular attraction. Consideration of the action of blood on living tissues leads to the conclusion that "blood produces relaxation of muscle by producing (through its oxygen) that electro-motive condition in nerve and muscle which antagonises the state of action.

The physiological part of the work is summed up by saying that in vital motion, "elasticity and electricity seem to be everything," and "that what is called electricity is only a one-sided manifestation of the workings of a single, central, cosmical law; which without confusion of substance binds all things together in the very closest communion.

It is very pleasant to read such thoughtful argumentation, many interesting facts are called in support of the author's theory, and the novelty of the present aspect of vital motion gives it great attractiveness.

Under the head of pathological manifestations, the convulsive disorders (epilepsy and tetanus) and tremors are shown to be indications rather of *want* of blood (and therefore of want of electromotive action) in the nervous centres and muscles than of the hyperæmia of fever and inflammation.

For instance, the tremor of delirium tremens, as usually seen in mild cases, where there is certainly depression, is contrasted with the absence of that symptom in the more feverish cases where meningitis supervenes.

At the end of the work the evidence is summed up, and the conclusion which has been impressed on the reader over and over in the course of the argument, is once more announced in the "Epilogue." The smooth cloth cover, the printed paper label, the old fashioned type, the rough paper, with the division of the subject matter into "Prologue," "Argument," and "Epilogue," combine to form an artistic background of age, which brings out more forcibly the "strong" lights of Dr. Radcliffe's very novel theory.

The physician will read this work for new ideas on nervous disorders, and for a new application of the galvanic current, and the physiologist will find fresh subjects for research.

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Medical News.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on Nov. 13, 14, and 15:—

Alford, C. E., L.S.A., Crewkerne.
Bain, D. S. E., L.S.A., Newbury.
Blake W. H., Lymington, Hants.
Blaker, T. F. J., L.S.A., Brighton
Buncombe, John D., Wellington, Somerset.
Cambridge, T. A., L.S.A., Gower st.
Coates, W. H., Hackney Road.
Collins, William E., Brecon.
Cree, P. K., L.S.A., Holloway.
Cuthbert, W. W., L.S.A., Mendlesham.
Dring, W. E., Camden Road.
Duggan, Mothwell, Durham.
Elcum, D., L.S.A., Hampstead.
Farbstein, Henry, Hull.
Ferguson, John, Manchester.
Gadsby, John T., Manchester.
Gibson, Charles P., Leeds.
Giles, G. M. J., South Kensington.
Goodchild, Francis, Ealing.
Grant, J. D., M.B. Edin., Edinb'gh.
Greenwood, Major, Dalston.
Hassell, J., M.B. Ed., Northwich.
Herbert, E. A. H., Devonport.
Higgins, G. H., Leeds.
Hudson, J., L.S.A., Holt, Norfolk.
Ingram, Ernest F., Worcester.
Irwin, J. A., M.B. Dub., M'chester.
Jackson, E., L.S.A., Manchester.
Jolly, Robert W., Shooter's Hill.
Kyan, John H., Preston.
Lewis, Thomas P., Edinburgh.
Mills, Robert J., M.B., Norwich.
Montbrun, D., M.D., Trinidad.
Newton, J., Fairfield, Manchester.
Norman, John E., Durham.
Procter, Henry C., Leeds.
Proffitt, W. J. W., Burton-on-Trent
Rean, Wm. H., L.S.A., Poplar.
Rees, Alfred, Maesteg.
Richardson, S. L., Sydney, N.S.W.
Rigby, W. B., L.S.A., St. Helens.
Rule, G. F. H., L.S.A., Elgin Cres.
Sangster, John Aikin, Barnsley.
Scott, W. F., Hull, Canada.
Sedgefield, A. R. W., Hammersmith.
Simpson, J. H., M.B., Pontefract.
Skerman, S., Waltham Abbey.
Smelt, Frank H., Old Trafford.
Symons, J., Penzance, Cornwall.
Taylor, Henry E., L.S.A. Bradford
Thain, Leslie, L.S.A., Peckham Rye
Todd, H. J. M'C., Kennington.
Tucker, M. M., M.D., Toronto, Ontario.
Walker, H., L.R.C.P. Lond., Camberwell.
Watson, C. S., M.B. Edin., Forfar.
Webb, W. H., Wellington, Salop.
Whitley, F. G. H., L.S.A., Truro.
Wickers, Henry A., Pimlico.
Wickham, Henry, L.S.A., Tetbury.
Wilkie, D. W. B., M.B., Melbourne
Young, Archibald P., Norwood.

The Mortality of Foreign Cities. — The rates of mortality, according to the latest official weekly returns, were:—In Calcutta 22, Bombay 24, Madras 36, Paris 31, Brussels 24, Amsterdam 24, Rotterdam 24, The Hague 29, Copenhagen 20, Stockholm 21, Christiania 24, Berlin 26, Hamburg 19, Breslau 20, Munich 37, Vienna 24, Buda-Pesth 34, Rome 18, Naples 20, Turin 18, Alexandria 49, New York 23, Brooklyn 19, Philadelphia 19, and Boston 22. The fatal cases of typhoid fever in Paris, which had been 29, 40, and 59 in the three preceding weeks, rose last week to 171. It will thus be seen that with the exception of Alexandria, Salford in our own country has the highest recorded rate of mortality at the present time in the world.

University of London.—The following gentlemen have passed the recent Second M.B. examination:—

First Division.

Burton, Samuel Herbert, University College.
Edwardes, Edward Joshua, St. Mary's Hospital.
Ferrier, John Christian, Guy's Hospital.
Fox, Thomas Colcott, University College.
Hancock, John Gatchell, King's College.
Harrison, Charles Edward, St. Bartholomew's Hospital.
Hellier, John Benjamin, Leeds, and University College.
Hunt, Joseph William, University College.
Jones, Arthur Henry, Guy's Hospital.
Kidd, Walter Aubrey, Guy's Hospital.
Lamb, William Henry, Guy's Hospital.
Pepper, Augustus Joseph, University College.
Pinnell, Thomas Mark, University College.

Second Division.

Blake, Henry, St. George's Hospital.
Boddy, Hugh Walter, Roy. School of Med., Manchester.
Briggs, Harry Beecham, King's College.
Duke, Herbert, Guy's Hospital.
Langley, John Geoffrey, University College.
Parry, Thomas Sharp, University College.
Pughe, Rhinallt Navalw ap Joan, L'pool Royal Infirmary.
Rogers, Thomas King, University College.
Rossiter, George Frederick, St. Thomas's Hospital.
Seward, William Joseph, University College.

Vital Statistics.—From the Registrar-General's returns we learn that during last week 5,660 births and 3,713 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 1,947. The mortality from all causes was at the average rate of 24 deaths annually in every 1,000 persons living. The annual death-rate was 18 per 1,000 in Edinburgh, 21 in Dublin, 23 in Glasgow, and 24 in London. In the other large towns the rates of mortality during the same period were—Norwich 13, Newcastle-upon-Tyne 17, Hull 19, Brighton 20, Sunderland 21, Leeds 21, Bristol 22, Nottingham 22, Wolverhampton 24, Leicester 24, Birmingham 24, Sheffield 25, Oldham 26, Plymouth 26, Portsmouth 27, Manchester 27, Liverpool 27, Bradford 28, and again the highest rate during the week 40 in Salford. The annual death-rate from the seven principal zymotic diseases averaged 3·0 per 1,000 in these towns, and ranged from 0·6 and 1·3 in Norwich and Bristol, to 6·7 and 9·4 in Portsmouth and Salford. Scarlet fever caused 11 more deaths in Portsmouth, and measles showed fatal prevalence in Bradford. In these large towns 61 deaths were referred to small-pox, against 32 and 46 in the two preceding weeks, and included 48 in London, 5 in Liverpool, and 8 in Manchester and Salford.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ARMY SURGEONS.—The next examination for commissions in the Army Medical Department will be held in the University of London on the 12th of February. The emolument is £250 per annum and extras. Full particulars will be found on reference to our advertising columns.

PHYSIOLOGIST.—Küss' "Physiology" is published both in English and French by Messrs. Baillière and Co. The French edition is, we believe, much cheaper of the two.

DR. H. A. G.—As soon as space permits.

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MEETINGS OF SOCIETIES.

HUNTERIAN SOCIETY.—This evening, at 8 p.m., Mr. Jonathan Hutchinson, "On Colles's Law with reference to the Transmission of Syphilis."

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—This evening at 8½ p.m.. Mr. Cartwright (President), "On Teething and its Complications."—Mr Edgelow, "On a remarkable Case of Maxillary Disease."—And other communications.

CLINICAL SOCIETY OF LONDON.—On Friday evening, at 8½ p.m., Sir W. Jenner, "On a Case of Leukæmia treated by Phosphorus."—Dr. Gowers, "On a Case of Lymphatic Leukæmia treated by Phosphorus."—Dr. Greenfield, "On a Case of Hodgkin's Disease, with Excess of White Blood-Corpuscles, treated by Phosphorus."—Mr. Brodhurst, "On Cases of Subcutaneous Section of the Neck of the Thigh-bone."

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VACANCIES.

East London Hospital for Children.—Resident Medical Officer. Salary, £60 per annum, with board, lodging, and washing. (See Advt.)

Glasgow Western General Infirmary.—Superintendent. Salary, £250, with board and furnished apartments. Testimonials to the Secretary, 30 Gordon Street, Glasgow.

Bridgend and Cowbridge Union.—Medical Officer. Salary, £58, with extra fees. Address the Clerk to the Union, Bridgend, Glamorganshire.

North Riding Lunatic Asylum.—Assistant Medical Officer. Salary, £120, with board and lodging. Address the Medical Superintendent, York.

Royal Albert Infirmary, Wigan.—Assistant House Surgeon. Salary, £60, with board and lodging. Address the Hon. Sec.

Rotunda Hospital, Dublin.—Assistant Physician. Honorary. Applications to the Master.

Chester Infirmary.—House Surgeon. Salary, £80, with board. Address the Chairman of the Board.

Queen's Hospital, Birmingham.—Physician on the Staff. Honorary. Applications, Testimonials, &c., to the Secretary.

Midland Free Hospital for Children, Birmingham.—House Surgeon. Salary, £80, with board, &c. Applications to the Medical Committee.

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APPOINTMENTS.

CARRINGTON, R. E., M.R.C.S., an Assistant Demonstrator of Anatomy at Guy's Hospital.

CLEAVER, W. J., M.B., C.M., a Medical Officer to the Sheffield Free Hospital for Sick Children.

DENTON, A. H., M.R.C.S.E., L.R.C.P.Ed., Assistant House Surgeon to the Sheffield Public Hospital and Dispensary.

DUN, Mr. W. G., Resident Physician to the Western Infirmary, Glasgow.

GODRICH, A., L.R.C.P.L., M.R.C.S.E., a Clinical Assistant to the Central London Throat and Ear Hospital.

GUNN, R. M., M.A., M.B., C.M., M.R.C.S.E., House Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

HARRISON, H. B., M.R.C.S.E., a Clinical Assistant to the Central London Throat and Ear Hospital.

HEMMINGS, W. D., M.R.C.S.E., a Clinical Assistant to the Central London Throat and Ear Hospital.

HIGGINS, T. J., M.D., L.R.C.S.Ed., Medical Officer and Public Vaccinator for the Welton-le-Wold District of the Louth Union, Lincolnshire.

HITCHINS, T. J., M.R.C.S.E., a Clinical Assistant to the Central London Throat and Ear Hospital.

JONES, W. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer, Public Vaccinator, &c., for the Silvermines Dispensary District of the Nenagh Union.

KERR, J. K., M.D., C.M., a Clinical Assistant to the Central London Throat and Ear Hospital.

MACPHERSON, B., M.B., C.M., Resident Surgeon to the Western Infirmary, Glasgow.

MOFFATT, R., M.B., C.M., Resident Physician to the Western Infirmary, Glasgow.

NEWMAN, Mr. D., Resident Surgeon to the Western Infirmary, Glasgow.

O'KEEFFE, D. J., L.R.C.P.Ed., L.R.C.S.Ed., a Medical Officer to the Sheffield Free Hospital for Sick Children.

OSBORN, S., M.R.C.S.E., a Clinical Assistant to the Central London Throat and Ear Hospital.

OWEN, W. G., M.B., C.M., Resident Surgeon to the Western Infirmary, Glasgow.

WORTH, T., M.R.C.S.E., L.S.A.L., Medical Officer to the Nottingham Union Workhouse.

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Marriages.

BLADES—BAKER.—On the 15th inst., at St. Mary's-in-the-Castle, Hastings, William Parker, fourth son of Charles Blades, M.R.C.S., of Tattershall, Lincolnshire, to Sarah, widow of Major Alfred Baker, Bombay Civil Service.

CARSON—PARKER.—On the 14th inst., at St. John's, Hammersmith, Robert James Carson, of St. Anne's, Belfast, to Laura Rebecca, second daughter of the late Stephen John Peach Parker, M.D., of Hammersmith.

PINK—FARMER.—On the 15th inst., at St. John's, Margate, Thomas Pink, Resident Surgeon of the Royal Sea Bathing Infirmary, Margate, and eldest son of Henry N. Pink, M.R.C.S.Eng., of Greenwich, to Emma, second daughter of Joseph Farmer, of Chapel Hill House, Isle of Thanet.

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Deaths.

FOX.—On Nov. 9, at Cross Street, Whitehaven, Thomas Fox, M.R.C.S., aged 92.

HEELAS.—On Nov. 7, at Fellows Road, South Hampstead, London, Martin Luther Heelas, M.R.C.S., aged 83.

HORNE.—On Nov. 13, at A well, Torquay, Thomas Benjamin Horne, M.R.C.S.E., aged 57.

JONES.—On Nov. 9, at the Grove, Menai Bridge, E. Jones, M.R.C.S.E., of Liverpool, aged 73.

LEE.—On Nov. 8, at Wem, Salop, Henry Lee, Surgeon, aged 73.

MARSHALL.—On Nov. 8, at Lennoxtown, Stirlingshire, Allan Marshall, L.F.P.S.G., aged 67.

ROWE.—On Nov. 9, at Hartland, Chas. Henry Rowe, Surgeon, aged 70.

TORRANCE.—On Nov. 8, at Airdrie, Thomas Torrance, L.F.P.S.G.

ARMY MEDICAL DEPARTMENT.

18th November, 1876.

AN EXAMINATION of CANDIDATES for COMMISSIONS in the MEDICAL DEPARTMENT of HER MAJESTY'S ARMY will be held in London on the 12th February, 1877, and following days.

1. Candidates having two qualifications—one to practise Medicine, and the other Surgery—under the Medical Act, and who are not under 21 nor above 32 years of age at the date of the London examination, are eligible to attend.
2. Those gentlemen who may be selected for appointment will receive £250 per annum and allowances in addition after passing the examination at the Army Medical School at Netley.
3. The tenure of appointment will be limited to 10 years, and on the completion of that period of Commissioned Service, Surgeons, unless they be specially selected for further employment in the Department, will be entitled to receive, in lieu of all Pension on Retirement (Pension for Wounds excepted) the sum of £1,000.
4. Application for admission to the examination should be made in writing without delay to the Director-General of the Army Medical Department, London, by whom a printed Schedule, containing further particulars, will be furnished.
5. There will be 50 Appointments offered for competition.

(Signed) W. M. MUIR,
Director-General.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

SURGICAL SOCIETY of IRELAND.—The next Meeting of the Society will take place on Friday Evening, the 24th day of November, 1876.

Chair will be taken at Half-past Eight o'Clock, precisely.

By Order,
B. WILLS RICHARDSON, } Hon.
JOLLIFFE TUFNELL, } Secs.

Royal College of Surgeons,
20th November, 1876.

THE DENTAL HOSPITAL of DUBLIN.—For the Treatment of Diseases of the Teeth and Deformities of the Mouth, BERESFORD PLACE.

There is now established in Dublin an Hospital solely devoted to the Treatment of these Diseases, which will afford Gratuitous Relief to the Suffering Poor. Open daily from 9 till 10 a.m.

CONSULTING PHYSICIANS.

Thomas Hayden, Esq., Fellow and Vice-President of the King and Queen's College of Physicians in Ireland, and Physician to the Mater Misericordiæ Hospital.

George F. Duffey, Esq., M.D., F.K.Q.C.P.I., Physician to Mercer's Hospital.

CONSULTING SURGEONS.

Edward D. Mapother, Esq., M.D., Surgeon to St. Vincent's Hospital.

Henry Gray Croly, Esq., F.R.C.S.I., Senior Surgeon to the City of Dublin Hospital, Member of the Court of Surgical Examiners, Royal College of Surgeons.

DENTAL SURGEONS.

Mark J. Bloom, Esq.
Francis M'Clean, Esq., L.F.P. and S. Glasg.
John O'Duffy, Esq., M.O.S. Gt. Brit.
Frederick Ryding, Esq., L.D.S.R.C.S.E.
Henry Sherlock, Esq., L.R.C.S.I.

As the maintenance of this Institution depends solely upon voluntary contributions, the public are earnestly requested to consider its importance.

Subscriptions and Donations will be received by any member of the Staff, or may be lodged to the credit of J. H. Longford, Esq., Hon. Treasurer, in the Royal Bank, or any of its Branches. Hon. Secretary—John O'Duffy, Esq.

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WEDNESDAY, NOVEMBER 29, 1876.

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ON THE VALUE OF JABORANDI AND GELSEMINIUM SEMPERVIRENS AS THERAPEUTIC AGENTS. (a)

By Thomas Stretch Dowse, M.D., F.R.C.P.E.,

Physician Superintendent Central London Sick Asylum, Highgate.

Jaborandi.—This plant belongs to the natural order, Rutacæ, of which four or five species are recognised—namely, the Pilocarpus Selloanus, P. grandiflorus, P. macrocarpus, and P. pinnatifolus, but that which yields the jaborandi of commerce is said to be the Pilocarpus Selloanus. It is a native of Brazil, and its botanical characters are minutely described by Martius in his work entitled "Flora Brasiliensis."

Senor Domingo Parodi, a Pharmaceutist in the Argentine Republic, gives an account of its properties in the "Revista Farmaceutica." It is generally used in that country for marsh fever, and the expressed juice is applied for the bites of poisonous reptiles. It was introduced into Europe some few years since, and was first used by Professor Gubler, of Paris, in the Beaujou Hospital.

M. Rabuteau then made a chemical analysis of the leaves, and stated that they have an odour due to a volatile principle, which is not analogous to the essential oils contained in aromatic plants, and that it has a bitter taste, due to a principle soluble in water and in alcohol.

M. Bryassou, in a paper in the *Repertoire de Pharmacie*, gives the result of his investigations into the chemical nature of this plant, stating that the active principle in jaborandi leaves is due to a viscous aromatic alkaloid—having an acrid bitter taste and capable on distillation of being carried over like nicotine by the vapour of water in the presence of ammonia, but I believe the credit of first isolating the active principle of jaborandi is due to M. Gerard, the teacher of Pharmacy to University College Hospital, who, at the suggestion of Mr. Holmes, gave to it the name of Pilocarpine.

There seemed to be some difficulty in isolating this substance in a state of purity unless in combination with one of the mineral acids (particularly nitric acid). The nitrate of pilocarpine was first used by Dr. Ringer, and produced effects similar to other preparations of the plant in doses of half a grain.

Of all parts of the plant the leaves appear to yield the largest amount of pilocarpine, although the bark from the stem as well as the roots are of some medicinal value. The pharmaceutical preparations are the infusion which may be made with hot or cold water (jaborandi leaves, (1½ dr., water, 1 oz.), and given in doses varying from 1 to 2 ounces every three or four hours. The extract may be given in doses varying from 3 to 10 grains every three or four hours. The alkaloid (nitrate of pilocarpine) in doses varying from ⅛th to ¼th of a grain.

Before considering in detail the therapeutic value of jaborandi, it will be essential to note its physiological action, which is of the utmost importance relative to certain principles laid down by physiologists in reference to vaso-constrictor and vaso-dilator branches of the great sympathetic nerve trunk.

In order to do this with some degree of precision, we must compare the action of jaborandi with that of belladonna, and we shall find that in essential particulars they are diametrically opposed to each other, hence it is fair reasoning to infer that each drug acts upon separate nerve fibres.

Belladonna dilates the pupil of the eye.

Jaborandi, when given internally, does not affect the pupil, but when it is applied to the conjunctiva it produces contraction of the pupil. Vulpian says, when injected into the veins, it dilates the pupil, which is due to the irritation originating in the viscera, especially in the gastro-intestinal canal.

Belladonna checks the action of the sweat glands of the skin, produces dryness of mouth, fauces, throat, and bronchial and pulmonary mucous surfaces.

Jaborandi excites profuse sweating, profuse salivation, lachrymation, and increases the secretion from the mouth, fauces, bronchial and pulmonary mucous surfaces.

(a) Read before the Harveian Society.

Belladonna excites delirium delusions and hallucinations by its action upon the brain.

Jaborandi has not been known to act in a similar manner.

Belladonna influences the circulation by the power which it possesses of inhibiting the pneumogastric nerve; it lessens arterial tension, and increases the action of the pulse.

Jaborandi has been said to lessen arterial tension and increase the action of the pulse, but this has not been my experience. It is also said to increase the flow of bile and pancreatic juice, but this even is doubtful. In very extreme doses it has been known to produce tetanic convulsions. Its influence upon the body temperature has given rise to considerable discussion; for instance, M. Robin, in *Gazette Hebdomadaire*, states that the temperature increases in ten or twenty minutes, rising from 37° to 39° or 39·8° centigrade. How M. Robin could find a rise in temperature equal to 5° or 6° Fahrenheit I am quite at a loss to understand, for in over 100 of my own recorded cases I have rarely found the temperature to vary more than 2 or 3-10ths of a degree. It is true that in some cases where the drug has produced vomiting, and in some so excessive that partial collapse has supervened, the temperature has been sent down one or two degrees.

The question now arises as to the action of jaborandi—in other words, the physiological or causative action.

How is it produced? Does it act upon the cerebral hemispheres, the spinal cord, the cerebro-spinal centres, or the vaso-motor system of nerves.

We have at present no evidence to show that the brain is in any way affected by it, neither can we prove that it influences the medulla or spinal cord otherwise than in poisonous doses, so that its power seems to be expended upon the vaso-motor system of nerves.

Its action differs altogether from pyrethrum and other sialogogues, for the action of these medicines is not like jaborandi, through the circulation, but by their influence on the mucous membrane of the mouth, and then by reflex action on the salivary glands. That jaborandi acts through the circulation and not by reflex action is proved by its re-secretion through the submaxillary gland. A patient of mine who was taking jaborandi, made the voluntary statement that if he was expectorating freely and did not perspire, all that he had to do was to swallow the saliva, and profuse perspiration followed. This fact of the secretion of pilocarpine from the blood by the salivary glands, appears to have escaped the attention of so careful an observer as M. Vulpian; and we shall see that it determines in a most marked manner the way in which this drug acts. M. Hardy made an analysis of the submaxillary saliva which M. Vulpian collected in one of his experiments on jaborandi, and found not a trace of alkaloid in it. He also made an analysis of the bile, and the result was negative. Hence M. Vulpian came to the conclusion that jaborandi did not act directly on the cells belonging to the gland by bringing on likewise vaso-dilator reflex adjutant phenomena as stated by M. Gubler, but that it acted on the secretory action of the gland in an indirect way, through the medium of the nervous system, and M. Vulpian's opinion was based upon the fact that M. Hardy's analysis gave no evidence of pilocarpine. Had he been aware of the result of my own experiment just narrated, he would probably have promulgated a different opinion. The same view holds good with regard to the action of jaborandi upon the sudoriparous glands, seeing that M. Vulpian has come to the conclusion that it does not act upon the secreting cells of these glands, it must act by paralysing the peripheric extremities of the sympathetic nerve fibres, which proceed to the sudoriparous glands, whilst atropia, on the contrary, excites those fibres. To quote M. Vulpian's own words, he says the sudoriparous glands must be looked upon as having a tendency to secrete continuously in the normal state. The sympathetic nervous system not only intervenes as a check, but it acts in a persistent manner, in variable degrees in restraining, moderating, or keeping down the secretory work of those glands. It is in a state of constant activity, which may be compared to the similar state of the nerve fibres which keep up the vascular tonica. The variations of this moderating tonic action of the sympathetic fibres proceeding to the sudoriparous glands, produce corresponding effects in the activity of the secretory work of these glands, a work which increases when the same action of the sympathetic fibres is relaxed. If the curb be tightened; that is, if the great sympathetic be excited, the secretion stops. If the check be relaxed or abolished, as, for instance, by cutting the great sympathetic, the sudoral secretion is increased. The action of jaborandi and atropia are actions of that nature. Jaborandi acts by paralysing the sympathetic fibres which innervate the sudoriparous glands, whilst atropia stops the perspiration by exciting these fibres. The following experiment of M. Vulpian's shows decisevly that jaborandi has a paralysing action upon the heart. An index was placed in contact with the heart of a dog (which had not been subjected to any drugging), through the thoracic walls, then forty grammes of water in which four grammes of pulverised jaborandi leaves had been infused, were slowly and carefully injected towards the heart.

By the aid of the index, the movements of the heart were seen to be agitated, become very irregular, and at the end of some seconds very much slackened, from 120 to 130 per minute, the numbers had fallen to five or six in the same space of time. Almost immediately, two centigrammes of sulphate of atropia in a solution of about fifteen grammes of water, were injected into the same vein by the heart. In less than half a minute the movements of the heart had regained their frequency and their normal condition, they even became more rapid than before the injection of the jaborandi. These facts are of considerable physiological interest, and I hope you will pardon me for occupying your time with them. So far we have seen that jaborandi acts very powerfully on the secretions, but especially upon the salivary and sweat glands. That it acts upon the liver and the kidneys, to the extent that some authors have ascribed, seems doubtful, and I look upon its action as purely mechanical, quite as much as that of a Turkish bath, or a hydragogue cathartic. In fact, jaborandi furnishes the means of obtaining at pleasure sweating and salivation to an unlimited extent; yet I am bound to make the statement from my own experience, that although it possesses such a decided physiological action, its influence as a therapeutic agent is of comparatively little worth, as I will now endeavour to show. There are, however, some exceptions which it will be well to bear in mind. Dr. Sydney Ringer's experience of the use of this drug is of great practical value, and the following description of two cases which were under his care are worth noting:—A lad was admitted into University College Hospital, poisoned by atropia, having taken one grain of the alkaloid five hours before treatment. His tongue and mouth were quite dry. A quarter of an hour after taking 30 grs. of jaborandi his mouth became much less dry, and in an hour he was sweating freely and his mouth was naturally moist. Belladonna, it is well known, arrests the secretion of milk, and jaborandi was administered to a patient to see how far it would promote the activity of the mammary glands.

Thirty grains of jaborandi were administered to a woman 38 years old, confined of her ninth child four months previously. During suckling she had very little milk, and the quantity had become much less of late. The medicine was administered to her at 10 a.m. She had suckled her child seven hours before. In ten minutes the drug produced its usual symptoms; in half-an-hour her breasts, which were previously flaccid, became tumid and distended, and on pressure yielded considerably more milk. In forty minutes the increase was still more marked, jetting forth in four or five streams. In eighty minutes the milk was less abundant though considerably more so than before the experiment.

It is remarkable that jaborandi like belladonna can be given in considerable doses without producing any very decided effect. Dr. Féréol, of the Maison Municipale de Santé, contributes an article on the use of this drug in the *Journal de Therapeutique*, and states that in some cases it possesses the property of diminishing the amount of urea; and M. Robin even goes so far as to say that in chronic Bright's disease it decreases the amount of albumen. I am right in stating that these results differ from those of myself and other observers. The late Dr. Laycock, of Edinburgh, stated that it was useful in decreasing the secretion of urine in cases of polyuria. I have tried to discover its value in this respect, but I have been disappointed. From what has been stated I think we are now in a position to inquire—

Can we cure disease or relieve pain by the administration of jaborandi or pilocarpine. To say that we have a specific in this drug is totally out of the question. In cases of rheumatism, articular or muscular, it certainly relieves pain, but it has little tendency to cure the disease. The following case is typical:—A. C., æt. 45, suffering from osteo-arthritis, with muscular rigidity, and unable to move a limb. He complained of aching tearing pains in the joints, for which he was ordered 5 grs. of jaborandi three times a day in mucilage. In the course of five minutes after taking the first dose he felt a burning heat in the head. This was succeeded in half-an-hour by profuse perspiration, and was quickly followed by profuse salivation. He then felt light and buoyant as though a load had been removed from him, and quite free from pain; there was profuse lachrymation for a few minutes. The temperature was carefully taken, but it varied only from 2·10ths to 6·10ths of a degree. The urine secreted in the 24 hours was increased for two days. This patient continued to take the jaborandi in increased doses for three months, until finally he was taking half a drachm of the extract three times a day. He states that it did him a great deal of good.

A. Baged, æt. 18, a pale-looking lad, with thick strumous lips, had rheumatic fever five years ago, associated with heart disease. On admission, under my care, he was suffering from sub-acute rheumatism and pericarditis. (I beg to call attention to the state of sub-acute rheumatism, where the blood was evidently charged with the rheumatic poison.) The joints were extremely painful, but only slightly swollen. The skin was covered with a greasy sweat, with the well-marked odour. The urine of high colour and scanty. It was evident that the rheumatic poison was centering itself upon the pericardium, and that there was no tendency on the part of the skin to eliminate it. His temperature was 103; pulse, 86; resp., 24. He was ordered 10 gr. doses of the ext. of jaborandi three times a day, with the usual effect of profuse salivation and sweating. This was on Sept. 5. On the 6th, temp. was 102 4-10ths; on the 7th, 100 3-10ths; on the 8th, 102 6-10ths; on the 9th, 100; on the 10th, 99 1-10th; on the 11th, 98 2-10ths, when the patient was convalescent. There is nothing exceptional in the recovery of this patient; but I am sure of this, at least, judging from my own experience, that it is in such cases as these that jaborandi will be found more useful than in any other, and especially in combination with free doses of the bicarbonate of potash and any other drug which might be required.

So it will be seen that I have little faith in jaborandi alone as a curative agent, yet as an adjuvant to promote elimination it will, I think, be of essential service. I have given it in cases of diabetes, where the skin refuses to act as well as in desquamative nephritis, and after scarlet fever, but it has failed to be of any signal service. Yet in chronic Bright's disease, associated with dry skin and painful joints, the sweatings produced by this drug certainly relieve pain, and reduce the articular swellings. The following case is typical:—Jane Atkinson, æt. 73, suffering from renal disease; urine pale, gr. 1010; albumen copious. Microscope showed—Hyaline casts, and fat cells; the action of the heart was irritable; dyspnœa troublesome; œdema of the base of lungs and extremities; mouth parched, and skin dry. She was ordered a pill of 5 gr. of the extract of jaborandi three times a day, with alkali and digitalis. Sweating, salivation, and lachrymation came on in the ordinary way, and she certainly improved rapidly. I might add that the joints also were swollen and painful. I thought at one time that we had a valuable agent in jaborandi to reduce the body temperature in phthisis, but further experience has taught me that it was fallacious. With this, gentlemen, I must conclude my remarks, merely stating that the action of this drug is of far greater interest to the physiologist than it is to the therapeutist.

(*To be continued.*)

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PLEURITIS INFANTUM.

By H. Cripps Lawrence, L.R.C.P. Lond., &c.,
Honorary Physician to the North-West London Free Dispensary for Sick Children.

Pleurisy is a much more frequent affection than is generally evident in statistics, and a wide variation will be found as regards the age at which pleurisy may occur. Various too are the etiology and forms of the disease, and authors concur in stating that idiopathic pleurisy is rare in childhood as a primary disease. It is admitted, however, that the rarity is more apparent than real, and obscurity and diversity in the physical signs and symptoms may account for the presence of a pleuritis being overlooked. Primary pleurisy in infancy has been the subject of much contention, its rarity as stated by Bouchut being mooted by "Cælius Aurelianus, Aretæus, Triller, and Morgagni, was adopted by pathologists and transmitted to modern authors." Then followed physicians who regarded pleurisy as "impossible" amongst children. After this, pleurisy in childhood and infancy became duly ackowledged by Billard, Rilliet, Barthez and others.

It is necessary to distinguish two forms of pleurisy in infancy—one primary, idiopathic, involving inflammation of the pleura, which rapidly spreads over its entire surface; the second form is much more common than the preceding, and is virtually a symptom of some other affection to which it is secondary.

In this communication a few cases are recorded of idiopathic pleurisy occurring in the new-born infant.

Case I.—On December 15, 1873, Mrs. F., a healthy multipara, was delivered of a male infant at the eighth month. Labour normal to the third stage, when the placenta was adherent, requiring removal by the hand; the adhesion was due to a tough cartilaginous degeneration of the placenta; the funis was thick but unhealthy in structure.

The infant was healthy, but of feeble vitality; he, however, sucked the breast well, had normal evacuations, and caused no anxiety until 5 p.m., December 17, 1876, when he was seized with a convulsion, difficulty of respiration, with rolling of the eyes, clenching of the thumbs. At 8 p.m. I saw and found the infant in a convulsed state, head cool, fontanelle depressed, respiration 52 and shallow, circulation very feeble, lips livid, dysphagia, no cough or sneezing.

The right side expanded feebly compared with the left one, but complete examination anteriorly was postponed owing to the intense cold prevailing. Posteriorly less air entered the right than the left side. Rhoncus audible at the base of the left lung.

At 11.30 p.m. respirations less hurried and deeper, the right side expanded less than the left one, but this was less marked, probably than it would have been, for now the left lung was found to expand less fully than at the previous visit, and a pleural friction sound was distinctly audible at the base of the left lung anteriorly. The infant died at 7 a.m. the next day; no *post-mortem* examination was made.

Case II.—Mrs. T., mother of one child, and who had once miscarried, was delivered by me on December 10, 1874, of a male infant at full term. The placenta was morbidly adherent owing to morbid degeneration and required removal by the hand; the funis was normal. The infant, otherwise apparently healthy, was the subject of imperforate anus, owing to simple occlusion by membrane half-an-inch from the orifice; this yielded readily upon gentle pressure with the finger, after which the evacuations passed naturally.

The mother, who had never suckled her offspring, wished this infant to be fed with Swiss milk, which was given, properly diluted, in the bottle from birth.

At birth the infant seemed in good health, and for some days the evacuations were normal; the funis appeared healthy; food was taken well; no sickness occurred; sleep was natural.

On December 15th, five days after birth, the infant became restless in the evening, seemed in pain, and would not suck the bottle. The bowels being constipated, the nurse gave it a teaspoonful of castor-oil, which produced a healthy action.

On December 16th, at 3 a.m., a convulsion occurred, and as convulsions recurred I was summoned to see the baby. At 8.45 a.m. I found him strongly convulsed. Head cool, fontanelle normal, pupils moderately dilated, but sluggish to the action of light, marked carpo-pedal contractions, general stiffness of all the muscles of the body, and extremities alike; also well-marked trismus, but no opisthotonos or pleurothotonos; foaming visible at the mouth; the tongue and lips were livid; dysphagia evident, and attempts to swallow invariably induced a convulsion.

Respiration hurried, irregular in frequency, shallow and jerking, evidently causing pain.

The right side expanded less than the left one; a pleural friction sound was audible over the front of the right lung.

At this stage the treatment comprised a warm bath, mustard plaister over front of right lung, followed by linseed-meal poultices.

℞ Hyd. subchloridi, gr. ss. statim;
Sp. ammon. aromat., ♏. xx.;
Ex. lactis cyatho, ℥j. P. r. n.

The respirations became less hurried and the convulsions less marked.

At 2 p.m. I found the convulsions had been frequent, pupils dilated, eyelids contract forcibly on attempting to separate them; head cool; fontanelle normal; Marked trismus, with rigidity of the whole muscular system; dysphagia for some hours; bowels had not acted.

At 7.30 p.m., *funis separated normally this evening.* Able to swallow a little milk and brandy; inspiration causes evident pain, producing wry mouth; the carpo-pedal contractions continue; the trismus has been less marked and intermittent.

A distinct pleural friction sound was audible over the whole of the right side, anteriorly and posteriorly; a pleural friction sound also audible at the base of the left lung anteriorly. Less air enters base of right lung. An enema ordered to relieve the bowels, to be followed by nutrient enemata if necessary.

December 17th.—The convulsions continued with hurried respiration, occasional trismus and dysphagia until 1 a.m., when the infant died.

A *post-mortem* examination revealed general inflammation of the right pleura, with slight adhesion to the ribs, the right lung engorged at the base; commencing inflammation of the left pleura anteriorly. The umbilicus and umbilical vessels apparently normal and free from inflammation. No other parts were examined.

The probability of syphilis could not be established by any evidence obtainable from the parents, but after delivery an offensive lochial discharge occurred, and lasted for several weeks, coupled with a thickened and indurated condition of the anterior lip of the cervix uteri. In addition to this, the cartilaginous degeneration of the placenta suggest in syphilis a possible explanation of the character of the convulsions in the infant. There are other features, however, to which reference will be made hereafter, in relation to the etiology of the convulsions.

Case III.—Mrs. B., mother of one child, who was stillborn at the eighth month, was delivered by me on December 31st, 1874, of a female infant at full term, after a tedious labour. The placenta was healthy. The infant, though healthy, was placed under unfavourable circumstances; the mothers milk failed, extreme cold prevailed, and the birth occurred in a draughty room with several ventilators.

On January 10th, 1875, double pleuro-pneumonia occurred; counter-irritation followed by jacket; linseed-meal poultices subdued this, but exhaustion with anæmic convulsions terminated fatally on January 15th.

Case IV.—On February 3rd, 1875, an infant five months old was seen by me for the first time. In the previous intensely cold night the mother noticed the infant breathed hurriedly and with difficulty, and became blue and cold, At 12.30 noon on my arrival a severe convulsion (the first one) had just occurred, for which the mother had sensibly employed a warm bath, but feared the infant was dead. Upon examination the circulation was extremely feeble, respiration virtually *nil*, extremities cold and livid. Sinapisms restored animation somewhat, and upon auscultation a pleural friction sound was audible over both sides of the chest anteriorly. This condition of extreme collapse lasted for an hour, when life became extinct.

Remarks.—1st. In two of the above cases adherent placenta in the mothers, without concomitant symptoms, would not serve to establish a pyæmia origin for the pleurisy. Three of the four infants were of feeble vitality; in three cases a convulsion was the important and initial symptom; in the fourth (the third narrated) the convulsions were secondary to the lung attack, and symptomatic of exhaustion. Two infants were breast-fed, two nourished by cow's milk. In all the cerebral symptoms did not suffice to explain the initial convulsions which corresponded to a chill or rigor in the adult. The complication of trismus and persistent convulsions in the second case requires explanation—Were they attributable to syphilis? Or to cold? Or did the relief of the imperforate anus afford a traumatic origin for their occurrence?

2nd. The etiology of the above cases was to be found in the intense cold prevailing, which furnished the exciting cause, while a lowered vitality acted as a predisposing cause.

In cases of adherent placenta occurring in cold weather special provision should be made that the infant be protected against exposure to cold. Again, ventilators in lying-in rooms should be carefully closed in cold weather.

In two of the cases death was accelerated by the ventilators being unclosed.

3rd. No evidence occurred in any of the cases of inflammation connected with the umbilicus or umbilical vessels.

4th. In two cases a convulsion immediately preceded the detection of a pleural friction sound. The implication of one pleura after the other in two cases, in one of which congestion of lung was also speedily manifest, indicate how seriously rapid the nature of such inflammation is! and how, when both sides so soon become involved simultaneously, the respiration must become fatally embarrassed.

5th. The text-books in England regard pleurisy in the infant as very rare, one hinting that possibly some cases are overlooked. The occurrence of a convulsion probably misleads the practitioner as well as the friends to regard the brain rather than the chest as the seat of mischief.

Early inspection of the fully undressed thorax of the infant and *early auscultation* thereof will go far to render diagnosis exact.

6th. The cases narrated above illustrate the occurrence of idiopathic pleurisy in the new-born, and urge the necessity of prophylaxis against cold.

The pulse being so variable in the new-born, is of little prognostic value, and Wünderlich regards the temperature of little diagnostic value in pleurisy. Might it not aid the prognosis and the differential, if not the essential, diagnosis of pleuritis infantum ?

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THE ADULTERATION OF FOOD, AND BRITISH LEGISLATION RELATIVE THERETO.

By Dr. C. R. Alder Wright,

Lecturer on Chemistry at St. Mary's Hospital.

(*Continued from page* 415.)

The utterly absurd and wholly nugatory provisions of the Bill necessarily caused much adverse comment, not only in the daily press, but in the scientific journals, especially those from their nature most nearly connected with the subject ; deputations from the Society of Public Analysts waited on Mr. Sclater-Booth to represent to him the conclusions arrived at by the council of that Society after much deliberation and careful thought, and many suggestions made by them, by the *Chemical News*, *Times*, *Lancet*, and other papers, were duly taken into consideration ; and as the final result of this, the Bill was reprinted for commitment with many important alterations, in particular the "knowingly" being omitted, and many of the other points adverted to above being duly attended to ; during the debates in committee further alterations were made, the chief of which was the insertion of a proviso that, in case a further analysis of a sample should be required, the article should be referred to be analysed by the "chemical officers in the employment of the Inland Revenue," such reporting officers being liable, like the analysts under the Act, to be called upon to give their evidence upon oath and to undergo cross-examination. After the third reading in the House of Commons the Bill had assumed a very different form and bore a very different purport from that first presented by it. The following points illustrate most of the important changes made other than those of a merely formal character ; the alterations, saving omissions, are printed in italics ; the numbers of the clauses, too, are different from those in the draught bill :—

Clause 2. The term "food" shall include every article *used for food or drink by man* other than drugs *or water*.

3. No person shall mix, colour, stain, or powder, or order or permit any other person to mix, colour, stain, or powder, any article of food with any ingredient or material *so as to render the article injurious to health*, with intent that the same may be sold in that state, and no person shall knowingly sell any such article so mixed, coloured, stained, or powdered, under a penalty in each case *not exceeding* fifty pounds for the first offence ; every offence, after a conviction for a first offence, shall be a misdemeanour, for which the person, on conviction, shall be imprisoned for a period not exceeding six months with hard labour.

4. No person shall, except for the purpose of compounding as hereinafter described, mix, colour, stain, or powder, or order or permit any other person to mix, colour, stain, or powder, any drug with any ingredient or material *so as to affect injuriously the quality or potency of such drug*, with intent that the same may be sold in that state, and no person shall knowingly sell any such drug so mixed, coloured, stained, or powdered, under the same penalty *in each case respectively as in the preceding section* for a first and subsequent offence.

Clause 6, as originally drawn :—	Clause 5, as it now appears :—
No person shall knowingly sell any article of food or any drug which is not of the nature, substance, and quality of the article demanded by the purchaser, under a penalty of *twenty* pounds, except as herein excepted and provided ; that is to say, except—	No person shall sell to the prejudice of the purchaser any article of food or any drug which is not of the nature, substance, and quality of the article demanded by such purchaser, under a penalty not exceeding twenty pounds, except as herein excepted and provided ; that is to say, except—
Where any matter is mixed therewith for the purpose of rendering it portable, or of preserving it ;	Where any harmless matter or ingredient is mixed therewith for the purpose of rendering it portable or palatable, or of preserving it, or of improving its appearance, unless such matter is used to conceal the inferior quality of the article ;
Where a harmless ingredient is mixed with it for the purpose of rendering it palatable or of improving its appearance ;	
Where according to the usage of trade it is sold in a mixed state ;	
Where it is the subject of a patent in force, and is supplied in the state required by the specification of the patent ;	Where the article named is a proprietary medicine or is the subject of a patent in force, and is supplied in the state required by the specification of the patent ;
Where British, colonial, or foreign spirits are reduced from their ordinary strength by persons licensed and paying duties under the excise ;	
Where a drug is compounded either in conformity with a prescription of a registered medical practitioner or otherwise, according to the usage of trade ;	Where a drug is compounded as hereinafter described ;
Where the article is unavoidably mixed with some extraneous matter.	Where the article is unavoidably mixed with some extraneous matter in the process of collection or preparation ;
	Provided that no article shall be deemed to be within any of the exceptions above set forth, if the matter or ingredient mixed therewith shall have been added with intent fraudulently to increase the bulk, weight, or measure of the article.

6. No person shall sell any *compound article of food which is not composed of ingredients in accordance with the demand of the purchaser, under* a penalty not exceeding twenty pounds.

No person shall sell any compounded drugs except the same shall be compounded *in accordance with the demand of the purchaser, or with* the prescription in writing *of a* registered medical practitioner, or with the regulations prescribed by the British Pharmacopœia issued by the General Medical Council, or in Great Britain with a basis to be laid down by the Council of the Pharmaceutical Society of Great Britain, or the Privy Council, *or in accordance with the provisions of the Pharmacy Act*, 1868, *or in Ireland in accordance with the Act of the* 33rd *Session*, *Vic.* 34, *Chap.* 26, under a penalty not exceeding twenty pounds.

7. Provided that no person shall be guilty of any such offence as *aforesaid* in respect of the sale of an article *of food or a drug* mixed with any *matter* or ingredient not injurious to health, and *not intended fraudulently to increase its bulk, weight, or measure*, if at the time of delivering such article, he shall apply to the person receiving the same a notice, by a label *distinctly and legibly* written or printed on or with the article, *to the effect that the article is mixed*."

8 (9 of Draught Bill). "Knowingly" is omitted throughout, and the penalty increased to *twenty* pounds.

In the 9th Clause, providing for the appointment of analysts, the following has been added, "provided that no person shall hereafter be appointed an analyst for any place under this section who shall be engaged, directly or indirectly, in any trade or business connected with the sale of food or drugs in such place."

By the 11th Clause, a purchaser is entitled, on payment to the analyst for his district, under the Act, "of a sum not exceeding ten shillings and sixpence, or, if there be no such analyst for such place, to the analyst *of another place of such sum as may be agreed upon between such person and the analyst*, to have such article analysed by such analyst, and to receive from him a certificate of the result of his analysis." Of course such a certificate could readily be used as a trade advertisement, no matter how unwilling the analyst might be to have his name mentioned in connection with such practices; this single provision would effectually tend to prevent first-class chemists from taking appointments under the Act, even were there no other objections in their eyes.

17. The certificate of the analysis shall be in the form set forth, or to the like effect.

FORM OF CERTIFICATE.

To*

I, the undersigned, Public Analyst for the
do hereby certify that I received on the day of
18 , from†
a sample of for analysis (which then weighed‡), and have analysed the same, and declare the result of my analysis to be as follows:—

I am of opinion that the same is a sample of genuine,

Or,

I am of opinion that the said sample contained the parts as under, or the percentages of foreign ingredients as under:—

Observations §

As witness my hand this day of
A. B.,
at

---

* Here insert the name of the person submitting the article for analysis.

† Here insert the name of the person delivering the sample.

‡ *When the article cannot be conveniently weighed, this passage may be erased, or the blank may be left unfilled.*

§ Here the analyst may insert at his discretion his opinion as to whether the mixture (if any) was for the purpose of rendering the article portable or palatable, or of preserving it, or of improving the appearance, or was unavoidable, and may state whether in excess of what is ordinary, or otherwise, and whether the ingredients or materials mixed are or are not injurious to health. *In the case of a certificate regarding milk, butter, or any article liable to decomposition, the analyst shall specially report whether any change had taken place in the constitution of the article that would interfere with the analysis.*

21. The justices before whom any complaint may be made under this Act may, upon the request of either party, in their discretion cause any article of food or drug to be *sent to the Commissioners of Inland Revenue, who shall thereupon direct the chemical officers of their Department at Somerset House to make the analysis, and give a certificate to such justices of the result of the analysis; and the expense of such analysis shall be paid by the complainant or the defendant, as the justices may by order direct.*

24. If the defendant, in any prosecution under this Act, prove to the satisfaction of the justices or court that he sold the article in the same state as when he himself purchased it, and that he purchased it as the same article in nature, substance, and quality as that demanded of him, and with a warranty in writing to that effect, he shall be discharged from the prosecution, *but shall be liable to pay the costs incurred by the prosecutor, unless he shall have given due notice to him that he will admit at the hearing the matters charged against him in the information.*

25. Every penalty imposed and recovered under this Act shall be paid in the case of a prosecution by any officer, inspector, or constable *of the authority who shall have appointed an analyst or agreed to the acting of an analyst within their district, to such officer, inspector, or constable, and shall be by him* paid to the authority for whom he acts, and be applied towards the expenses of executing this Act, *any Statute to the contrary notwithstanding; but in the case of any other prosecution the same shall be paid and applied in England according to the law regulating the application of penalties for offences punishable in a summary manner, and in Ireland in the manner directed by the Fines' Act, Ireland,* 1851, *and the Acts amending the same.*

26. Any person who shall forge, or shall utter, knowing it to be forged for the purposes of this Act, any certificate or any writing purporting to contain a warranty, shall be guilty of a misdemeanour, and be punishable on conviction by imprisonment for a term of not exceeding two years with hard labour;

Every person who shall wilfully apply to an article of food or a drug, in any proceedings under this Act, a certificate or warranty given in relation to any other article or drug, shall be guilty of an offence under this Act, and be liable to a penalty of twenty pounds;

Every person who shall give a false warranty in writing to any purchaser in respect of an article of food or a drug sold by him, as principal or agent, shall be guilty of an offence under this Act, and be liable to a penalty of twenty pounds;

And every person who shall wilfully give a label with any article sold by him which shall falsely describe the article sold, shall be guilty of an offence under this Act, and be liable to a penalty of twenty pounds.

34. This Act shall commence on the first day of October, one thousand eight hundred and seventy-five.

35. This Act may be cited as "The Sale of Food and Drugs Act, 1875."

The chief difference between this Bill and the one of 1872 are briefly that, whilst the 1872 Act took for its basis the *Act of fraud*, this is ignored in the preamble of the later Bill. Under the 1875 Act no public analyst can be called upon to examine water. Mixtures must be accompanied by a label legibly printed or written, declaring the admixture (verbal declaration has been usually held by the courts to be required by the 1872 Act). The abstraction of any part from an article of food so as injuriously to affect its quality without the same being declared to the purchaser, is specially forbidden (in the 1872 Act this was not distinctly forbidden, though convictions have been obtained for skimming milk, &c., by straining this Act). Purchasers bring their samples direct to the analyst (instead of to the inspectors, &c.), and the analyst receives the sum paid (not the inspector who had to account for it to the authorities appointing him); the analyst also gives the certificate made out to the purchaser himself, and not to the inspector as formerly. Persons engaged in the sale of food and drugs are in future ineligible as analysts. An inspector purchasing samples has discretionary power as to whether he takes them to the analyst or not, instead of being compelled to take them. Medical officers of health and policemen may act as inspectors. Vendors refusing to serve samples to an inspector are liable to penalties. A defendant or his wife can be examined as a witness. An annual report must be made to the Local Government Board giving particulars as to the working of the Act in each district. A retailer of adulterated articles goes free on production of a warranty from the wholesale dealer, and the forgery of such a warranty is subject to heavy penalties. Fines go towards the working of the Acts.

Two other most important differences are the following: the mode of dividing samples under the new Act is different from that under the old, and, as explained above, is liable to abuse on the not impossible case of a corruptible official or other person being the purchaser; secondly, in cases of dispute Somerset House is made the reference, but it is not obligatory on parties to send disputed samples there, nor is it prescribed that the revenue analyst *must* attend for cross-examination (although such was the intention of the introducer of the Bill); nor is any special form drawn for his use, although one is prescribed for the public analyst.

Whether the new Act will be found in practice to be a more powerful repressant of adulteration than the older ones remains to be seen; but it seems at any rate clear that whilst in some respects it offers slight advantages to the general public over the older one, the main defects in the 1872 Bill which prevented that Act from being as beneficial as might have been hoped are uncorrected in the new Act, whilst some additional points render it probable that the highest class of chemists will be less likely than ever to accept appointments under the Act.

◆

Clinical Records.

KENT AND CANTERBURY HOSPITAL, CANTERBURY.

(Under the care of Mr. Wacher.)

Incised Wound of the Knee-joint. Union by the First Intention.

Reported by Messrs. S. J. Thomson and Rayley Owen.

A. H., æt. 11, was admitted August 15th, 1876, on account of a severe injury to the right knee-joint. The patient, a girl, the very picture of health, while at work in the harvest fields, five miles off, fell on to a scythe, which entered the right knee at an acute angle, passing upwards beneath the patella, the ligamentum patellæ being necessarily divided. On further examination, it was found that the joint had been completely cut into and exposed, the synovial fluid trickling out. Two fingers could with ease be introduced into the joint, the condyles of the femur being seen at the bottom of the wound, which extended right across the knee; the lateral ligaments had escaped injury. There was not so much bleeding as might have been expected, the popliteal vessels having escaped. Mr. Wacher, on seeing the case, determined to try and save the limb, and ordered the clots which had formed in the wound to be cleaned out, and the joint to be syringed with an injection of carbolic acid (1 in 40). The edges of the wound were then approximated with ease, owing to the "cleanness" of the cut, and five sutures applied. Only one small artery, presumably one of the internal articular branches, required a ligature. A pad of lint soaked in pure tincture of benzoin was applied under a pad of oil silk and cotton wool, the leg being then placed on a back splint. Tr. ferri perchlor., ♏v., in half an ounce of water to be given every four hours.

Aug. 16*th.*—There has been no bleeding, and patient had a good night; feels "quite comfortable." Temp., 99·8; pulse, 100.

17*th.*—Is progressing most favourably; wound looks healthy, and union by first intent has taken place. Tr. benzoin applied again. Temp., 99·4; pulse, 90.

18*th.*—There is evidence of slight suppuration to-day, due to the ligature acting as a seton: this with the sutures were therefore removed. Bowels regular; tongue clean. Temperature and pulse under 100.

20*th.*—Is much better, the threatend attack of suppuration having disappeared.

From this time the patient made uninterrupted progress to recovery; by the end of September there was only the cicatrix of the wound to be seen, and she was allowed to move about though not to bend the knee, which still remained rather stiff. At first the tr. benzoin was applied fresh every two days.

On October 10th a Hide's splint was applied, and she was discharged cured on October 24th, the injured knee being as good as the other, with the exception of a slight stiffness.

Remarks.—The success of this case was due to the following points:—

1. The wound was a clean cut, with no contused or jagged edges, which could in consequence be most perfectly approximated.

2. The fact that the child was in good health, and had not to contend against bad air.

3. The presence of the clots perhaps had something to do with the good results, as they prevented the entrance of air into the joint.

4. Importance must be attached to the antiseptic washing with carbolic acid, and then the wound being hermetically sealed with the tr. of benzoin.

◆

Transactions of Societies.

THE MEDICAL SOCIETY.

Nothing very remarkable occurred at the meeting of this Society on the 11th inst. Dr. Crisp showed some specimens of croupal membrane, and said that croupal membrane was always on the surface, while that of diphtheria extends into muscular tissue. This was a statement that was not likely to go unchallenged, and we are not surprised that Dr. Lawson and Dr. Semple were of a very different opinion.

The President, Mr. W. Adams, read a communication from Dr. John Ashurst, of Philadelphia, in which this gentleman said he had performed Mr. Adams's operation of subcutaneous division of the neck of the thigh-bone on the left side, and Mr. Gant's operation of subcutaneous section of the neck of the femur below the trochanters on the right side, on a child nine years of age, with anchylosis of both hip-joints. Although the case was one of the bad strumous kind, the result of the operation was beyond his expectations, and he hoped the child would soon be able to use crutches.

An adjourned discussion then took place on Dr. John Brunton's paper on Pelvic Hæmatoma. In that paper the author described three cases of the intra-peritoneal variety of this affection. One case terminated favourably, by a spontaneous opening into the rectum, by which the blood was discharged; another yielded to repeated doses of the spirits of turpentine, and the third ended fatally, although no signs of peritonitis were found after death. Dr. Brunton thought the diagnosis of these cases should rest on the suddenness and severity of the attack, and upon the absence of fever, and of increase in the temperature. The prognosis was always unfavourable, but a fair trial of the spirits of turpentine was strongly recommended. The hæmorrhage was probably of ovarian or tubal origin, or due to a rupture of enlarged or varicose vessels in the broad ligaments. Dr. Rogers and Dr. Routh had a high opinion of the utility of puncturing the rectum in these cases.

◆

EPIDEMIOLOGICAL SOCIETY.

The first meeting of this Society was held on the 8th inst., when a paper on the present condition of epidemiological science was read by the President, Mr. Netten Radcliffe. Mr. Radcliffe drew particular attention to the great importance to be attached to the discovery of the difference between typhoid and typhus fever, inasmuch as that discovery had exercised very great influence on the study of epidemiology. It showed that a due discrimination of disease led to successful research into its etiology, and in respect of epidemics, into the conditions of their prevalence. The method of investigation by which this discrimination had been made had governed all recent investigations of a like nature, although the older method, which attributed epidemics to telluric and atmospheric agencies, had not been given up. Mr. Radcliffe protested against the term *epidemic*, as well as to the terms *epidemic constitution* and *epidemic influence*, as various and fallacious meanings were attached to them, and he urged that it was time that the profession came to some agreement as to the proper use of these words. He animadverted upon the loose use of the word "epidemic," in the official Nomenclature of Diseases, and suggested that the word should be merely used in its literal sense, *i.e.*, "common to or affecting a whole people, or a great number in a community; prevalent; general" (Webster). Dr. Léon Colin, the professor of epidemiology at Val de Grâce, has truly said that "it is the disease which constitutes the epidemic, not the epidemic the disease," and therefore, in accordance with this view of the case, the successful study of epidemiology must depend upon that of the several diseases which are liable to become epidemic, and of the conditions upon which their prevalence depends. Mr. Radcliffe further insisted upon the great fertility of this method of research, as shown by the history of the small-pox epidemic of 1869-73.

The above is but a brief outline of Mr. Radcliffe's long and able address. Some of his observations were very full and exhaustive, and we regret that want of space forbids our giving a longer abstract of them.

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STATISTICAL SOCIETY.

The first monthly meeting of the present Session was held on Tuesday evening last, at the Society's Rooms, in the quadrangle of King's College, Strand, and was numerously attended. The President, James Heywood, F.R.S., in the chair.

After a long list of candidates had been unanimously elected Fellows of the Society, the President delivered his opening address, in the course of which it was stated that the Howard Medal for 1876-7 (with £20) had been awarded to Dr. J. C. Steele, Medical Superintendent of Guy's Hospital. At the close of the address, the medal referred to was presented to Dr. Steele, and the subject of the essay for next year's medal was announced. "On the Condition and Management—past and present—of the Workhouses and similar Pauper Institutions in England and Wales, and their effect on the Health, Intelligence, and Morals of the Inmates."

Afterwards Dr. F. J. Mouat, the Foreign Secretary, read a report on the International Statistical Congress, recently held in Budapest, to which several Fellows had been appointed delegates of the Society.

◆

DUBLIN OBSTETRICAL SOCIETY.

The thirty-ninth session of this Society was inaugurated on Saturday evening, October 18th, 1876, in the College of Physicians.

The President of the Society, Dr. **Lombe Atthill**, occupied the chair.

The **Hon. Secretary** (Dr. J. R. Kirkpatrick) read the report of the Council, which dealt with the business of the Society during the past session, stating that nine papers had been read. The report also announced the fact that the Society had lost seven members by death, and expressed regret at the loss the Society had sustained by the death of Drs. Ringland and Sibthorpe.

Dr. **Cranny** moved that the report be received and entered on the minutes. He congratulated the Society on its continued prosperity, and on the interesting nature of the papers that were read during the past session. Although there was much in the report for congratulation, yet they had to deplore the loss of so many members, one of them one of their most distinguished—an ex-President—Dr. Ringland—a man whose opinion they all looked up to with the greatest deference, and who used to enlighten their debates by his splendid oratorical powers.

Dr. **M'Cann** seconded the motion, and said it was pleasing to think that perhaps their branch of the profession had made more advance of late than any other, and also that of all places Dublin should be one of the places that should be foremost in [illegible] in any attempt at progress in obstetrics or gynæcology. [illegible]ame time, when one felt that, and looked back and [illegible] he would remember that the Dublin school had been in the van, even when the Rotunda Hospital stood alone, and of late years it had found a worthy rival in the Coombe Hospital. He was bound to say on listening to the report, that it could hardly fail to strike one that nine papers had been read before the Society at eight meetings, and that was hardly sufficient at all events to show a very ardent desire on the part of members of the Society to bring cases before it. That was due, he feared, to diffidence on the part of younger members, who feared bringing their cases imperfectly before the Society. He hoped that in future they would have an increased number of papers brought before the Society. The papers read were very good, but at the same time the Society was not advancing apace with the other branches of the profession.

The motion was adopted.

The **President** then read the Inaugural Address, when in his prefatory remarks he alluded to the great loss the Society had met with in the demise of Dr. Ringland, who was a most valued member of their Society (of which he was ex-President, and had taken a prominent part in their debates, and of Dr. Sibthorpe, who had been the respected treasurer of the Society. The President then proceeded to comment at length on the papers read during the past session on Obstetric Science, and concluded by expressing the belief that the past year had not been a barren one in the matter of research, and returning thanks to the members for the honour they had conferred upon him in having elected him President of the Society during the past two sessions.

The **President** then declared the result of the ballot as follows:—President, Dr. Thomas Darby; Vice-Presidents, Dr. T. More-Madden, Dr. MacSwiney; Treasurer, Dr. Roe; Secretary, Dr. J. R. Kirkpatrick; Committee, Dr. Denham, Dr. Johnston, Dr. Kidd, Dr. M'Clintock, Dr. Atthill.

The newly-elected President then took the chair, and briefly returned thanks for the honour that had been done him.

Dr. **M'Clintock**, in moving a vote of thanks to the outgoing President for his admirable address, as well as for the efficient and courteous manner in which he had discharged the duties of President of the Society during the past two years, said he was glad to accord his feeling of thankfulness, and was sure he re-echoed the words of all present to the College of Physicians for the privilege they had accorded to the Society for many years in allowing them to hold their meetings within their walls, with such comfort and satisfaction to the members of the Society. (Hear, hear.) They had all listened to the President's address with feelings of pleasure and satisfaction, and they all endorsed what he had said in such feeling terms of the loss which the Society had sustained by the death of Dr. Ringland. Though not a constant contributor to the Society, yet Dr. Ringland was a pretty frequent attendant, and when present, he nearly always took part in their debates, and he was one of those who never got up to speak that he had not something to say, and he could express his sentiments in remarkably clear and perspicuous language. Dr. M'Clintock then spoke of the most satisfactory manner in which the retiring President had discharged his duties, being seldom, if ever, absent from their meetings, communicating papers to the Society, and being always fully alive to what was brought under the notice of the Society by other members.

Dr. **Byrne** seconded the motion, and re-echoed what Dr. M'Cann said as to the desirableness of more material being provided for their discussions, but accounted for the scarcity of papers by the limited time at the command of gentlemen who followed their branch of the profession.

The resolution was adopted.

Dr. **Lombe Atthill** briefly acknowledged the compliment, and said he would yield to no man in his anxiety for the well-being of the Society.

Dr. G. H. **Kidd** moved, "That this Society desires to record a deep sense of the loss it has sustained by the death of Dr. Ringland, one of the earliest members of the Society, President during the session 1868-1869, and always a highly-valued and esteemed colleague, and they wish to express their sincere sympathy with his family in their bereavement." Dr. Kidd spoke in feeling terms of the many estimable qualities of the late Dr. Ringland; his anxiety for the welfare of the Coombe Hospital (in which institution he, Dr. Kidd, had been associated with him for upwards of thirty years); his solicitude for the sick poor, and his kindly, upright, honourable, and benevolent disposition, and his consideration for those who were entering the profession.

Dr. **Johnson** seconded the motion, and said that no praise could be too high for the memory of Dr. Ringland.

The resolution was passed by acclamation.

Dr. **Denham** said, that when he looked upon that meeting and remembered the immense advance this branch of science had made, he thought they had reason to be proud, and notwithstanding the fact that some high-minded females saw fit to leave the path of duty assigned to them to go forth to civilise the medical profession, he saw nothing to fear as to the result. The pleasant task had been accorded to him of moving, "That the thanks of the Society be given to the Lord Mayor, to the President of the College of Physicians, to the Governor of the Apothecaries' Hall, and to our other distinguished visitors who have honoured the Society by their presence."

Dr. T. **More-Madden** seconded the motion. In acccording the Presidents of the Colleges of Physicians and Surgeons their thanks, they were expressing their sense of the many obligations which their branch of the profession owed both to medicine and surgery, requiring as it did the accomplished tact of the physician combined with the operative dexterity and skill of the surgeon. Therefore, he thought they were under special obligations to the representatives of those two great corporations that fostered medicine and surgery in this country for honouring the Society with their presence, and for countenancing a branch of the profession which, although comparatively modern in its development to its present status, had achieved great things, and which, with the assistance and knowledge which it derived from medicine and surgery, might hope to do much more for the cause of suffering humanity.

The motion was carried.

The **Lord Mayor**, as an old member of the Society, expressed the pleasure which it afforded him to be present.

Dr. **Kidd** (President of the College of Surgeons) said, he was very proud of being there as the President of the College of Surgeons, being, as he was, an humble working member of the Society. It was not the rule to treat practitioners in midwifery with the respect they were treated with in Ireland, and it was not new to Ireland to do so. Dr. M'Clintock had put it on record that nearly a century ago the Irish College of Surgeons elected Dr. (afterwards Sir Henry) Jebb—who was then professor of midwifery—as their president. At that time the College of Physicians did not treat midwifery with so much respect. They thought a professor of midwifery was unworthy of admission to the license of the College, and a great falling out—if he might use the expression—occurred, a great strife took place between the College of Physicians and the University of Dublin on that account. Mr. (afterwards Sir) Fielding Ould presented himself at the College of Physicians to be admitted to the examination for licentiate, but the College thought he was unworthy of it as being a midwifery practitioner, whereupon the authorities of Trinity College examined him themselves and admitted him to the degree. The College of Physicians were so indignant at that that they broke the compact existing between them and Trinity College, and determined forthwith to have no communication with it, at all events, refused to examine any one sent from that college. But a change had taken place since then, and now they not only admitted practitioners in midwifery to be licentiates but made them Fellows and even presidents.

Dr. **O'Flaherty**, on behalf of the Apothecaries' Hall, and Dr. Croker King, P.L.I., on the part of "the Visitors," also responded.

The Society then adjourned.

In view of the expected epidemic of small-pox in London, a special meeting of the Marylebone Vestry is to be called to take into consideration the provision which at present exists for the isolation and treatment of the disease.

Another victim to a "quietner" died last Thursday, at Blackburn, in the person of Mary Hartley, wife of John Hartley. The deceased bought some cough medicine from an herbalist, took a dose and died immediately afterwards. A *post-mortem* examination has been ordered.

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WEDNESDAY, NOVEMBER 29, 1876.

THE SANITARY EDUCATION OF THE PEOPLE.

Undoubtedly one of the brightest features in the civilisation of the nineteenth century is the large share of attention that is given to the improvement of the public health. There have been times when nations which have become politically great, and which have been distinguished for their success in arms abroad, or in their cultivation of the arts of peace, have been nevertheless in a most deplorable condition as respects the social and sanitary condition of their people. But the change which has taken place in the manners, in the habits, in the diet, in the dwellings, in the household comforts, and in the health of the most civilised communities of the present day, forms one of the most remarkable pages in their history. And the contrast between the present and past social condition and health of different societies is the greater the further we go back in their respective annals. Erasmus, when on a visit to England in the time of Henry VIII., ascribed the sweating sickness and the plague by which London was continually ravaged to the poor and wretched state of the houses, the filthy condition of the streets, and the "almost inconceivable sluttishness that prevailed within doors." Dr. Heberden, also in his work on the "Increase and Decrease of Diseases," written about the middle of the eighteenth century, ascribed the great plague of 1665 to similar causes as well as to the want of water and ventilation, while he attributed the extraordinary increase of health which had taken place since that period to the improved sanitary condition of the population, to their greater love of cleanliness and ventilation, and the various improvements which had been made in their dress and diet. But perhaps the change which has taken place in the health of the community within the last fifty years is tenfold as great as that which took place in the two centuries which elapsed between the age of Erasmus and that of Heberden, and perhaps the next century may witness a population whose health is as great an improvement upon what we now enjoy as the latter is upon that which prevailed a hundred years ago.

If, however, we do fail in reaching that millennium of health to which many sanitarians are looking forward, it will not be for want of perseverance, or because they neglect any means by which their object may be attained. Another instance of the impetus that is being given to public sanitation is the commencement of a popular series of lectures on the laws of health, of which we gave a brief notice in our last issue. The lectures were initiated by the Trades' Guild of Learning, in conjunction with the National Health Society, and they were inaugurated with a certain amount of *éclat* that was, perhaps, out of proportion to the results which may be reasonably expected from them. On the delivery of the introductory lecture, the large hall of the Society of Arts was so full that many could not find seats. Dr. Corfield, the able professor of hygiene and public health at University College, was the lecturer; while the chair was occupied by Professor Huxley, a gentleman who is always ready to assist in any work in which his favourite science is laid under contribution.

As we observed last week, these lectures will leave a good impression upon the minds of those who have attended them, but the question of popular sanitary teaching is of so much importance, and the object in view is unquestionably so commendable, that we are apt to overrate the influence which such a series of lectures would have upon the sanitary condition of the people. The object of these lectures is, as Professor Huxley said, to demonstrate in popular language the laws of health, and to "drive a sense of their value home to the minds of all persons, and especially the working classes of this country." The course is to consist of twenty lectures, half to be devoted to anatomy and physiology, half to hygiene proper.

No one will deny that it is highly desirable to spread among a people an elementary knowledge of the laws of health. The legislature, in conjunction with the profession, has done much, from a public point of view, to improve the sanitary condition of our large cities, and of the people generally; but as regards the individual maintenance of health, much must be left to people themselves. There is personal hygiene as well as public hygiene; and how a knowledge, as well as how the importance of the former can be best brought home to the masses is certainly a problem well worthy of our consideration. That there is ample need for such instruction, is only too palpable to all who have visited our poorest and most crowded districts. For notwithstanding the great change that has taken place in the drainage and water supply of towns, the filth, the overcrowding, the intemperance, and the "almost inconceivable sluttishness," that are still to be found in whole districts of our large cities, is quite as great, if not greater, as that which prevailed in the time of Erasmus. But when we consider that the people in whom it is desirable to initiate a sanitary reformation consist of large communities, to be numbered by hundreds of thousands, we at once see how very limited must be the effects of lectures that are given to a mere roomful of people, consisting for the most part of the more respectable and orderly members of the labouring classes, to whom the scientific part of the course and the eminence of the lecturer, are probably the chief attractions.

What we want to do is to reach the very core of that festering portion of society which is such a hideous feature in our social system; and to attain this object, popular lectures on hygiene must be only one, and that a comparatively insignificant, means to be resorted to. The general education of the masses, the prevention of overcrowding and of a surplus population by emigration and other legitimate means, the improvement of pauper and artisans' buildings, and, above all, the education of the rising generation in habits of thrift and cleanliness—these are among the most widely influential means by which we may hope to impress upon the working classes the importance of attending to the laws of public and personal health.

One great drawback to a *course* of lectures which is intended for the working classes, is that the lecture room is naturally filled with the same audience every night, and consequently after the completion of the course only an infinitesimal portion of the classes for whose especial benefit they are given derive any advantage from them. Whereas, if one good lecture were frequently delivered in those districts where such lectures are most wanted, a fresh audience would be obtained on each occasion, and thus the great facts dealt with by the lecturer would, after the lecture had been repeated twenty or thirty times, become directly or indirectly familiar to a large portion of the district in which it was delivered. It is also worthy of consideration whether such lectures might not be supplemented by other measures; whether, for instance, a hint might not be taken from the Religious Tract Society, and a series of "Tracts on the Laws of Health," printed and disseminated among the people. A tract headed "Cleanliness next to Godliness," or "The Advantages of Soap and Water," might vie in its beneficial results with those, the headings which are of a far more awful significance.

As we have already mentioned, fully one-half of these lectures are to be of a purely scientific nature, but we confess to a doubt in the propriety of that principle on which a working man is not expected to obtain an elementary knowledge of the laws of health, unless he has previously attended a series of lectures on anatomy and physiology. The causes of half the mortality in this country are very few in number, as may be seen from the last Annual Report of the Registrar-General, and from those special reports on the spread of epidemics which have been published on the authority of her Majesty's Privy Council. Filth, in all its forms and manifestations; exposure to cold and wet; overcrowding, and the breathing of impure air; insufficient, improper, or badly cooked food; sedentary and other unhealthy occupations; and, lastly, the great and destructive vice of intemperance—these are the source of nearly all the diseases which now afflict the human race. As a contemporary writer has well observed, the chief foes of health and of human life are not so much subtle and mysterious poisons, which defy the curiosity of science, but open enemies, against whom all but the poorest can take easy measures of precaution.

The great requirement of the age, therefore, in a hygienic point of view, is to battle with the large amount of preventible disease which still causes so much havoc among all classes of the community; and to do this, not so much by giving to a select audience a few scientific lectures, but by bringing home to the masses, through such channels as we have pointed out, a knowledge of the chief preventible causes of disease, and how to avoid them. A thorough acquaintance with the laws of health, based upon a knowledge of anatomy and physiology, must be necessarily confined to a very small portion of the poorer classes of this country. To reach the great bulk of the people other measures must be adopted, and to this end, perhaps, a short catechism on the laws of health for the use of our pauper schools, or short tracts distributed broadcast among the inhabitants of our more thickly-populated districts, would be of more service to the cause of public health than the most elaborate lectures.

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THE IRISH COLLEGE OF SURGEONS AND THE ARMY MEDICAL DEPARTMENT.

The Council of the College have at their meeting last week given utterance to a very important protest against the existing system of administration of the Army Medical Department. They have resolved with unanimity

"That the President and Council of the Royal College of Surgeons in Ireland feel it incumbent on them to call the earnest attention of her Majesty's Government to the low estimation into which the Medical Department of the Army has fallen in the opinion of the Irish student, and to express the conviction of the President and Council that, under the present system and existing regulations, able and efficient men are deterred from entering the Army Medical Department."

This expression of opinion should be received with all the more respect when it is remembered that it emanates from the executive of that College which has hitherto contributed more largely than any other to the ranks of the Army Medical Service, and has up to the present refrained from interfering in the free choice by the student of his destination in professional life.

That the Council has now spoken out with so much force may be taken as a proof that the *status quo* has become so objectionable—so unfair to the individual—so injurious to the public service, and so unjust to the medical profession, that the College feels itself called upon to sacrifice its own money interest to the public advantage.

Day by day the Army Medical Administration becomes more and more intolerable—the service more unattractive—its personel lower in grade, and more discontented—its numbers scantier—its popularity with the soldier less and less—and with the clang of the war trumpet ringing in our ears the most important non-combatant service of the country is found to be disorganized and inefficient to the last degree.

Should Parliament be obliged to take the matter out of the hands of Mr. Hardy and Sir William Muir, it can hardly hope for a reform of the system, without placing some officer more efficient and less subservient in the place occupied by the Director-General. Under his regime the progress of the military medical service has been steadily, continuously, and rapidly downward.

For much of its decadence, Ministers or Horse Guards may be mainly responsible, but for the whole of it the Director-General is partially blamable, for he has sacrificed the efficiency of his department and the just rights of his officers to his anxiety to "keep square" with the great people of the army service. At no epoch of its history has the Queen's medical service been so unpopular with students as at the present moment. No one in Dublin talks of the "competitive" (?) but a few of the under stratum of students, who cannot muster even the influence necessary to achieve a country dispensary at £100 a-year, and if the popularity of the A.M.D. should wane with its present speed, we predict that the examiners at the February competitive will have light work to do.

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Notes on Current Topics.

Cæsarean Section.

On Monday last (Nov. 27), before the Medical Society of London, Dr. James Edmunds read a paper, entitled "A Second Case of Cæsarean Section in which the mother and child survived." The operation was performed at the London Temperance Hospital, on Oct. 8, 1876, and the patient with her child left the hospital on the twenty-third day. No alcohol was administered. Dr. Edmunds's former case is recorded in the Medical Circular for Jan. 9, 1861. In performing the operation, Dr. Edmunds was assisted by Mr. S. W. Sibley, Dr. Routh, Mr. M. A. Lamb (the patient's medical attendant), and Dr. S. L. Smith. The discussion was upon the treatment of the uterus and other practical points. The subject is one of much importance.

Medical Society of the College of Physicians of Ireland.

The Council of the Society has added to its bye-laws a rule which opens the membership of the society to all medical diplomates of universities or colleges of physicians or surgeons. Practitioners who keep open shop for the sale of medicine are not eligible. The College of Physicians has endorsed the admission of licentiates of other bodies to the Faculty by throwing open the College reading room to its members.

The Royal Society Medals.

The "Copley Medal" of the Royal Society has been this year awarded by the Council to Professor Claude Bernard, for his contributions to the science of physiology. The "Rumford Medal" has been awarded to M. Janssen, for his researches respecting the radiation and absorption of light, chiefly carried on by means of the spectroscope. Also a "Royal Medal" has been awarded to Sir C. Wyville Thomson, for his successful direction of the scientific investigations carried on in connection with the cruise of the *Challenger*. The medals will be presented at the Annual Meeting of the Royal Society on the 30th inst.

Spurious Tea.

In compliance with an application made at the Mansion House, by the Solicitor to the City Commissioners of Sewers, Sir Robert Carden made an order for a large quantity of bonded "tea," estimated to amount to 40,000 lbs., to be destroyed by fire. The evidence showed that it had been in bond for about nine years, and Dr. Saunders, the Food Analyst for the City of London, certified as to its unfitness for food, some of it being putrid, some partially exhausted, some mixed with sand, and some with 20 per cent. of dried olive leaves.

Army Medical Duties in Dublin.

We see by a contemporary that a new scheme for the re-distribution of medical duties has emanated from the Horse Guards. The vaccination of the men will be performed at the station hospitals. The medical officer in charge of the Female Hospital and his assistant are allowed extra forage for the purpose of affording medical aid to the staff, and women and children of the garrison as at other large stations, where the system is stated to work without difficulty. From the scheme noticed by our contemporary it has become evident that the barrack and hospital will be the units of medical relief, by which means frequent removes of medical officers will be obviated, and considerable expense saved to the public. The smaller stations will be in charge of civilians.

Intoxication by Subcutaneous Injection.

At Southsea, recently, an inquest was held upon the body of Mrs. Frampton, wife of a lieutenant and adjutant in the Royal Marine Light Infantry.

Deceased's husband deposed that his wife was 25 years old, and that in 1871, previous to giving birth to a child, she suffered greatly from sickness. A surgeon, to alleviate this, used morphia by the hypodermic method, always injecting the solution himself. Sometime since, deceased assured him she had entirely given up the use of morphia. On the previous Thursday he found the deceased suffering from convulsions. She grew worse and died the following morning. Since her death several bottles had been found in her wardrobe tied up in a parcel and secreted, together with five or six small cases each containing a hypodermic syringe.

Mr. Cruise, pharmaceutical chemist, said that at first he refused to serve the solution, but on reference to his junior assistant he was informed that Mrs. Frampton had been frequently supplied with the solution. In August, September, and October, he supplied nine bottles each month, the last being on the 30th ult.

Dr. Norman described the state he found deceased in, and stated that when Mr. Norman and Dr. Jackson were called in they discovered on the upper part of both arms, a large number of old scars, which they were informed were the result of hypodermic injections five years ago. There were no recent marks about the arms, but upon both thighs there were a large number of similar marks, and also several marks of recent punctures. Around some of these latter there was a redness of the skin in different stages, and one particularly had the appearance of having been made within twenty-four hours. He was of opinion that Mrs. Frampton died from tetanus, caused by the punctures made in the thighs for the purpose of injecting solution of morphia. He had been shown three syringes, of which were in a dirty condition, apparently not having been wiped dry after using. The steel needles were in a very rusty state, which would be likely to set up inflammation.

The jury returned a verdict to the effect, "That the deceased died from tetanus, or lock jaw, caused by inflammation arising from punctures made by the deceased herself, for the purpose of subcutaneous injection of solution of morphia."

Pseudo-Specialists.

Specialism, says the *New York Record*, in the mind of the medical student, is always associated with pecuniary success. Naturally he is inclined to tack his capabilities to some particular organ of the body as soon as he possibly can. Consequently, when he graduates in medicine he commences the special study at once. In order, however, that there may be some tangible reason why he should be entitled to take his new departure, why he should seem to have more than the usual opportunities for fitting himself for his specialty, he seizes the convenient pretext of "brushing-up" abroad, and being an attaché to some foreign clinic. In the course of a few months, during which an occasional article from his pen appears in the medical journals, he comes home laden with all the glittering armoury of his assumed rank. Next, if he has friends, he is appointed as summer lecturer to some of the medical colleges, and at once appears as an authority in his chosen branch; is careful to speak in "open meeting" at every opportunity, and advertise himself as a specialist on the slightest provocation. No discussion bearing even remotely on his branch is considered complete without his opinion or his suggestion, and it becomes generally known that he must carry his pack wherever he goes. These are what may be called pseudo-specialists, and we are sorry to say that they are becoming quite numerous.

To rightly appreciate how ridiculous are the pretensions of the pseudo-specialists, to whom the *New York Record* refers, it is necessary to recollect in what the process of "Brushing-up" abroad consists. As long as the competitor for a special reputation—who may probably have thereby scraped through his examination in general education a few months before he sets off on his travels—confines his experiences to London, Edinboro', or Dublin, he does well, and if he keeps his eyes and ears open, will in time acquire some right to a character for special knowledge. But experience or teaching at home is not what the public believes in, and, therefore, not what the pseudo-specialist wants, and having little money to spend, and much need to be earning fees as soon as he can—he gets through the home hospitals and schools at a double quick trot, and flies off to Paris, Vienna, Leipzig, Utrecht, and Berlin. In nine cases out of ten he possesses the barest smattering of French, and no German at all, and the rapid colloquial lectures of the surgeon at the bedside are utter blank-darkness to him. He sees as much of the methods of continental teaching as will enable him to talk wisely when he gets home. He gets a glimpse of the patients over the shoulders of a crowd, and knows the appearance of the Gamaliel, to sit at whose feet he has crossed the seas, but as to the vernacular spoken by his teacher, or the views which he utters, not a syllable is comprehended. A week in France, three days in Holland, ten in Germany, and a fortnight in Vienna, and our specialist is marked with the indispensable brand of a continentally educated new light of the profession, and is in a position to sit down quietly and begin the study of his specialty at the neighbouring hospital, and upon the vile bodies of pauper patients. If he be discreet, success is assured, but if he allows the public to forget that he has made the grand tour, his opportunity is hopelessly lost. He must, therefore, take care never to treat or operate by an old method—never to call anything by a common English name, and, above all, never under any consideration, quote an old author or one of his own countrymen. A little clipping from a foreign journal, abundantly garnished by German synonyms, and with copious foot references to continental books and periodicals (which he never saw, and could not read if he did), will catch customers much more surely than any experience or views of his own, and if he only can let it be undersood that he differs in opinion from every other of his specialist competitors, dresses himself *à la* Leipzig, and is fortunate enough to have a queer sounding name, fortune is at his feet—*Populus vult decepi et decipiatur.*

The Fourpenny System.

The kind sympathy evinced by the profession in our defence *re Betts* is, we are glad to observe, shared by at least one of our medical contemporaries, *The Examiner*, the editor of which came boldly forward in its last issue to express his opinion of the righteousness of our cause, and his sympathy with our loss. We reproduce his own words, at the same time tendering our thanks that journalistic jealousy has not been allowed to stand in the way of expressing an honest conviction.

"Dr. Jacob, the writer of the article, appeared in court, and testified that he had no personal knowledge of the plaintiff, and wrote solely out of consideration for the good of the profession and the public. He testified, too, to his honest belief that valuable medicines could not be retailed at a commercial profit on such terms, and spoke of hospitals where he knew the drugs to be a heavier item of the expense. Other evidence was also tendered to show that hospitals expended more than fourpence per case on drugs. But in spite of this, and of the eloquence of the counsel, the jury decided against our contemporary, and so, we presume, it may be considered dangerous to declare that no one can profitably practise medicine at rates which nearly all medical men find to be impossible. We confess to some surprise that Mr. Betts finds the fourpenny rate remunerative; we are still more astonished that he was able to bring forward witnesses to testify to the same effect. We could not ourselves take an oath that we have learned to practice so economically, and we believe thousands of our brethren are equally ignorant. Considering the great discovery Mr. Betts has found, it would have been more generous on his part to refrain from fining our contemporary for hesitating to credit his financial ability, and too strongly expressing its doubts. Further, considering the poverty of the profession, it would be a charity if some of those in the secret would make known the exact mode of making money out of fourpenny practice. When we look at all the expenses of education and establishment in practice, at the rents, rates, and taxes, and other demands that attend civilised life, and the cost of keeping up the position of a professional man, we confess we regard the more usual ideas of professional remuneration as by no means exaggerated. Still, the British juryman has shrewd ideas on matters of trade, and it may be that one mind is warped by the prejudices of professional education. A British jury differs in opinion from us, and we are not prepared to abandon our faith in our national institution. The jury has not told us how it is to be done, and pending that important item of the information, we should advise our readers to refrain from the rash experiment of reducing their own fees to fourpence, or endeavouring to fathom the final mysteries of getting a living on such terms."

The Prince of Wales and Hospitals.

His Royal Highness is eminently practical; he has always been ready to take the chair at meetings, and to speak earnest words, in behalf of hospitals. But he has done more—he has given large sums towards the maintenance of existing institutions or the building of new ones. Last week we again find him coming forward with word and work, enlisting also the sympathy and practical assistance of others.

The Norfolk and Norwich Hospital is found to be too small for the claims upon it; and upon this fact becoming known to His Royal Highness, he attended a county meeting at Norwich for the purpose of raising the sum of money required for the enlargement and improvement of the Institution referred to; giving at the same time a donation of £240. This was backed by Lord Leicester (the Lord-Lieutenant) with £5,000, the Duke of Norfolk £1,000, Messrs. Gurney, Birbank, Barclay, and Buxton, £5,000, Mrs. R. P. Clark £1,000, Messrs. J. and J. Colman £1,000, Mrs. Dashwood £1,000, the Rev. Sir E. Jodrell £1,000; in all £15,210, in eight sums only. In addition to the above, the Lord-Lieutenant of the county has promised to invest £13,000 for the support of the hospital, provided a further sum of £23,000 is promised from other sources.

The Conjoint Examination Scheme for Ireland.

We last week noted the fact that the Conference Committee of the University of Dublin and the two Colleges had decided upon a scheme of conjoint examination for Ireland. The following is the text of the propositions agreed upon:—

SCHEME FOR A CONJOINT EXAMINATION

Proposed by a Joint Committee appointed by the Provost and Senior Fellows of Trinity College, Dublin, the President and Fellows of the King and Queen's College of Physicians in Ireland, and the Council of the Royal College of Surgeons in Ireland.

Resolutions.

1.—That it is expedient to form a Board for Conjoint Examination in medicine, surgery, and midwifery, which shall be constituted of examiners appointed by Trinity College, the College of Physicians, and College of Surgeons.

2.—That it is expedient that none of the corporations cooperating in this Scheme should confer any of their qualifications upon any candidate who has not previously passed the examinations of the Conjoint Board, unless such candidate shall be already on the Medical Register.

3.—That it is expedient that a committee of reference be constituted, consisting of two members appointed by each of the three corporations, and that it should be the duty of committee of reference—

(*a*) To determine the number of examiners to be assigned to each subject at each examination.

(*b*) To arrange and superintend all matters relating to the examination, in accordance with regulations approved by the three corporations.

(*c*) To consider such questions in relation to the examinations as they may think fit, or such as shall be referred to them by any of the three corporations, and to report their proceedings to all the said corporations.

(*d*) To bring under the notice of the three corporations any dereliction of duty on the part of any examiner.

4.—That it is expedient that all medical students availing themselves of the Conjoint Examining Board should pass the same preliminary examination in arts previous to presenting themselves at any of the professional examinations of the Conjoint Examining Board.

5.—That the examination should consist of English, Greek, Latin, arithmetic, algebra, and geometry.

6.—That the examiners in each court should be appointed in equal numbers by each of the three corporations.

7.—That no student should be admitted to any of the professional examinations of the Conjoint Board until he has completed a curriculum of study to be agreed upon by the three corporations.

8.—That the previous medical examination should consist of four parts, viz.:—

a. Botany and materia medica.
b. Physics and chemistry.
c. Anatomy.
d. Physiology (including histology):

and that students should be required to pass in each of the parts separately.

9.—That a student should not be allowed to attend either of the first two parts of the previous medical examination earlier than the close of his first year of study; and that he should not be allowed to attend either of the last two parts of the previous medical examination earlier than the close of his third year of study.

10.—That the subjects for the final professional examination should include—

a. Medicine, clinical medicine, medical pathology, and therapeutics.
b. Surgery, clinical surgery, surgical pathology, and therapeutics.
c. Midwifery and diseases of women and children.
d. Forensic medicine and hygiene.

11.—That a student should not be allowed to attend the final professional examination earlier than the close of his fourth year of study.

12.—That the courts of examiners should consist of three examiners in each of the following subjects, viz.:—

a. Arts.
b. Botany and materia medica.
c. Physics and chemistry.
d. Anatomy.
e. Physiology.
f. Medicine.
g. Surgery.
h. Midwifery.
i. Forensic medicine.

13.—That each examiner should hold office not longer than three years in succession; and that the examiners should go out of office in succession, one in each year, and not simultaneously.

14.—That no member of the committee of reference should act as examiner under the Conjoint Scheme.

15.—That professors and lecturers in the universities and medical schools should be eligible for the post of examiners under the Conjoint Scheme; but that no person engaged in private tuition should be eligible for any such office.

16.—That the fee to be charged for the preliminary examination in arts should be one guinea.

17.—That the fees to be charged for each part of the previous medical examination shall be four guineas.

18.—That the fees to be charged for the final examination should be fourteen guineas; and that after payment of the expenses of the professional examinations, the surplus remaining should be divided between the Colleges of Physicians and Surgeons in the following proportions, viz.:—*Three-eighths* to the College of Physicians, *Five-eighths* to the College of Surgeons.

19.—That candidates who have paid the above-named fees, amounting in all to thirty guineas, and have passed the examinations of the Conjoint Board, should be entitled, without additional payment, to the license of the King and Queen's College of Physicians, and to the license of the Royal College of Surgeons in Ireland, provided that the candidates shall have complied with the regulations of the respective bodies.

20.—That inasmuch as Trinity College does not share in the distribution of the surplus left, after deducting the expenses of the examinations; that her graduates and undergraduates in arts should be admitted to the professional examinations, on payment of fees, sufficient to cover the expenses of the examinations, viz.:—to the previous medical examination on payment of one guinea for each subject, or four guineas in all; and to the final examination on payment of five guineas, such graduates and undergraduates not being entitled to the licenses of the Colleges of Physicians and Surgeons without an additional payment of twenty-one guineas.

21.—That the following curriculum of study should be required of candidates desirous of obtaining license to practise medicine and surgery through the Conjoint Examination.

Candidates shall be required to produce documentary evidence—

(1.) Of having studied at any recognised medical school or schools, the following subjects for the periods specified, viz.:

Practical anatomy, with demonstrations and dissections: for three winter sessions.

Anatomy and physiology: for two winter sessions; or anatomy and physiology: for one session; and institutes of medicine, including a practical course, for one session.

Botany: for three months.

Chemistry: for one winter session.

Practical chemistry, with instruction in the laboratory: for three months.

Materia medica: for three months.

Principles and practice of medicine: for one winter session.

Principles and practice of surgery: for two winter sessions.

Midwifery: a course of not less than fifty lectures.

Medical jurisprudence: for three months.

(2.) Of having attended a recognised clinical hospital for twenty-seven months, during which regular courses of clinical instruction are delivered.

(3.) Of having attended practical midwifery at a recognised lying-in hospital, or maternity, for six months, and conducted ten cases of labour.

22.—That inasmuch as the foregoing scheme, if carried out, without an alteration of fees, would involve a diminution in the emoluments of the teachers of anatomy and surgery, the committee are of opinion that this result should be guarded against, by fixing the fees in anatomy and physiology, and in surgery, at five guineas for the first course, and four guineas for the second course.

It will be observed that the university has made very liberal concessions in order to make the scheme applicable to the colleges and to the views of the profession. It has consented that all candidates for its degrees shall be submitted to the conjoint examination, that the preliminary examination which under the former proposal was entrusted solely to Trinity College, shall now be relegated to a joint court appointed in equal proportions by each of the co-operating bodies, and lastly, that the diploma fees shall be divided solely between the colleges, the university taking no share.

Hospital Sunday.

ALTHOUGH the Hospital Sunday movement has been steadily gaining ground throughout the country, the success which has attended it is by no means so great as was expected, or at all commensurate with the wants of those institutions for whose benefit it was started. There can be no greater proof of the instability of the fund, and of the great falling off that has taken place, and may be expected to take place, in the receipts at different places, than the very unsatisfactory results of the collection in one of the largest and most wealthy towns of England, in which, seventeen years ago, the movement first originated.

In the year 1859, observes the *Birmingham Evening Mail*, which witnessed the starting of Hospital Sunday, something approaching a feeling of excitement was experienced in Birmingham at the birth of that which has now become a national movement, and the result was that the first collection realised an amount which was not equalled for fourteen years afterwards, the average yield of the early years being about £4,000. "Seventeen years have passed; Birmingham of to-day has doubled in importance; it is no longer an unwieldy mass of houses and factories; its main streets are no longer mean thoroughfares, nor are its suburbs contracted or disjointed. Its artisans are now well-to-do citizens, its middleclass has within reach luxuries which but the few formerly enjoyed. House rents and the cost of living have almost doubled, and numberless carriages a now crowd our streets where once a well-appointed 'turn-out' gained recognition. But with all this advance, we fail to note a corresponding improvement in Hospital Sunday." Our contemporary goes on to say that so far from the Birmingham Sunday hospital returns being a source of satisfaction, there is relatively a great falling off in support. "We are quite aware that times are bad,' and that 'trade is quiet,' but when amateur shopkeepers can extricate with ease a couple of thousand pounds from bazaar frequenters for articles of a *bizarre* description, we venture to think that this same cloak is being donned somewhat too frequently. . . . . . . Briefly, Birmingham does not fairly fulfil the duties of sponsor to the child of its adoption."

It is to be feared that Birmingham will not be the only town which will have cause to complain of a falling off in that charitable zeal which characterised the inauguration of this fund. That the success of the movement in this metropolis is by no means in proportion to its great wealth, is generally acknowledged, and there can be no doubt that unless they continue to be largely supplemented by the subscriptions and donations of the governors and subscriers of our different hospitals the returns will add very little to the resources of these institutions.

"Vaccination and Revaccination."

"Such is the cry," observes the *Lyon Médicale*, "raised by all the eminent physicians who are desirous of putting an end to the ravages of small-pox. It is easy to cite thousands of cases where persons who were attacked with the plague were precisely those who had never been vaccinated, or also vaccinated at a very early age, and neglected revaccination. It will be sufficient to draw attention to a remarkable fact related by Dr. Cuignet at one of the last meetings of the Central Society of Medicine in the northern department. "With regard," he says, "to the influence of revaccination as a means of preventing small-pox, I will point out to you the peculiar situation in which the soldiers of the Parisian Guard were placed, as it is only among them that revaccination is frequently and carefully practised. For the last seventy years we have not met with a single case of small-pox, in spite of the epidemics which have on various occasions decimated the most populous districts of Paris. In Algeria, on the other hand, where vaccination—and especially revaccination—is rarely practised, the ravages from small-pox are very considerable."

The Artisans' Dwellings Act.

Mr. Cross appears to be indefatigable in urging upon the local authorities of large towns the necessity of their giving all the attention in their power to sanitary improvement. A few days ago, in the course of an address which he delivered at Birmingham, he again referred to the above Act, and to the measures that had been recently adopted to improve the sanitary condition of the poor. Nor could a better place have been chosen for directing attention to the provisions of that Act. We have in another part of this journal incidentally alluded to the great change which has taken place within the last twenty years in the social and sanitary condition of that great manufacturing town, and we are glad to see that its Town Council has lost no time in taking advantage of the Act. Most of their meanest thoroughfares and fever dens have been swept away, and replaced by commodious and well-drained residences. They have, in fact, set an example that might well be followed by our own metropolitan authorities, especially when we consider the deplorable condition of the drainage of some districts in London.

We must not, however, expect too much at once, particularly from Town Councils and district Boards. As Mr. Cross said, sanitary legislation must necessarily advance, and with it the gradual abolition of all those conditions which are at the foundation of half the preventible diseases.

"Who's to Blame?"

We have been prevented noticing until now this useful little pamphlet. It is published by the Society for promoting Legislation for the Control and Cure of Habitual Drunkards, and it tells a tale which brings out in a striking manner some of the points introduced in the "Dipsomania" question. A story is told of a man whose career of habitual drunkenness at last terminated in murder, for which he underwent the extreme penalty of the law, and it shows how this man, who is no imaginary character, might have been reformed at one period of his life, and made a useful member of society, had there been some reformatory in which he could have been legally detained for a sufficient length of time to admit of his insane propensity to drink being conquered. There can be no doubt that short terms of imprisonment have, in these cases, proved a great failure, and we wish the society every success in its endeavours to bring about some alteration in the law by which the habitual drunkard is, after a few days' incarceration, turned out into the streets to renew his old habits, and gradually become a hopeless and incorrigible drunkard.

The Irish Vaccine Institution.

We understand that the abolition of the Dublin Cowpock Institution, which we announced last week had been decided upon, will take place from the conclusion of the financial year in March next. The grant of £400 a year hitherto made through the Dublin Hospital Board, will be vested in the Local Government Board for Ireland, and will be increased to whatever sum the Board finds necessary. The house in Sackville Street, which has hitherto been the head-quarters of the Cowpock Institution, will continue to be occupied for the same purpose, and Dr. Sinclair, the present secretary, will have the chief administrative position in the supply of lymph.

Now that the Cowpock Institution may be said to be deceased, we need have no hesitation in saying that the public and profession will gain much by the new arrangement. The Institution has been somewhat starved by the Treasury, and the small grant which it received was not made the best use of. The superior management of the Institution has always been antediluvian and somewhat obstructive, and it has consequently for many years been altogether behind the requirements of the country.

Apropos of the disestablishment of the Institution, we venture to point out that the present vaccination law, though fairly effective on the whole, greatly needs codification and improvement in detail not only to make it more efficient in its public use, but more practicable and fair for the public vaccinators. We understand that the Irish Medical Association has been in communication with Mr. Meldon, M.P., who identified himself with the subject in the last Parliamentary session, and is preparing a bill which will have for its object to introduce into the Irish vaccination system those parts of the English Bill which seem suitable to the requirements of the country, and those amendments which experience has shown to be necessary. We hope to be able to lay the draft-bill before our readers.

Micrography in Hospitals.

Last year the "Assistance Publique," of Paris, in conformity with the request of the professors of the various hospitals, established at La Charité a micrographic laboratory where special apparatus is provided for the study of the constituent elements of morbid tissues. The *Journal de Connaisances Medicale* learns that, on the memorial of Dr. Besnier, of the Hôpital St. Louis, a complete laboratory is about to be established in that hospital for micrography. The laboratory, which will be placed in the courtyard close to the large amphitheatre, will be brilliantly lit and well ventilated, and will be furnished with the most approved apparatus for the microscopic study of skin affections. The plans and estimates have already been passed by the superintending committee, and will be shortly submitted to the municipal council.

The Next Vice-Presidency of the Irish College of Surgeons.

There has been considerable interest manifested as to the next election to the Vice-chair of the College, in consequence of the circumstance that the Fellow who may be elected will be called upon to entertain, as President of the College, the British Association for the Advancement of Science upon its visit to Dublin in 1878. Mr. Smyly has announced that he will seek the honour, and we are authorised to state that Dr. Mapother, who is now one of the senior members of the Council who have not yet occupied the Chair, will not present himself for the vice-presidency until the election of June, 1878.

Her Imperial Highness the Duchess of Edinburgh was delivered of a daughter on Saturday last. Dr. Playfair telegraphs from Malta that the Royal patient and child are doing well.

On Sunday night a man, named Wagstaff, of St. Neots, Hunts, amused himself by cutting out the tongue of a horse which was found at the bottom of the stable on the following day, the mutilated organ having no less than five separate incisions, showing the number of attempts which had to be made before the revolting deed could be carried out. A warrant for the apprehension of the savage is out against him.

The next meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday evening, December 6th, 1876, at half-past eight precisely. The following paper will be read: "A new mode of making Grey Powder." By Mr. A Bottle, of Dover.

A sad case of accidental poisoning is reported in Leeds. It appears that Margaret Conway, the wife of a fishmonger, went to Mr. Manfield, chemist, Kirkgate, Leeds. The assistant told her to call again in a quarter of an hour, and on returning he handed her a bottle of tincture of strychnine, made up for Dr. Birchall, instead of the mixture he had made up for her. The woman took a dose, and died in about two hours in great agony.

The examination of candidates for commissions in the Army Medical Department will be held in London on 12th February, 1877, and following days. The advertisement contains the announcement that those gentlemen who may be selected for appointment will receive £250 per annum and allowances in addition, after passing the examination at the Army Medical School at Netley, and that the tenure of appointment will be limited to ten years, and on the completion of that period of commissioned service surgeons, unless they be specially selected for further employment in the department, will be entitled to receive, in lieu of all pension on retirement (pension for wounds excepted), the sum of £1,000. There will be fifty appointments offered for competition. For the Indian Medical Service there will be twenty-seven appointments.

We hear, on good authority and with surprise and regret, that the honour of knighthood will be conferred at the undress levee of his Grace the Lord Lieutenant of Ireland on the mayors of Cork and Belfast, the Lord Mayor of Dublin, Dr. Owens, being unaccountably and, in our opinion, unjustifiably passed over. Whatever may be the social or public claims of the gentlemen whom the Viceroy contemplates distinguishing, we venture to say that they are, in no respect, superior to those of Dr. Owens, who not only is a member of a gentleman's profession and of untainted reputation, but has discharged his duties as chief magistrate with perfect success and efficiency. Whatever reasons may actuate the dispensers of vice-regal honour, the public will be of unanimous opinion that the Lord Mayor of Dublin is subjected to a slight which he has in no respect deserved.

The Mortality of Foreign Cities.—The annual rates of mortality, according to the most recent weekly official returns, were:—In Calcutta 24, Bombay 25, Madras 32, Paris 31, Brussels 27, Amsterdam 25, Rotterdam 23, The Hague 29, Copenhagen 21, Stockholm 23, Christiania 21, Berlin 26, Hamburg 24, Breslau 24, Munich 33, Vienna 24, Buda-Pesth 34, Rome 24, Naples 24, Turin 20, Alexandria 47, Brooklyn 17, Philadelphia 20, and Boston 18. The fatal cases of typhoid fever in Paris were 150, against 59 and 171 in the two preceding weeks.

BETTS *v.* "THE MEDICAL PRESS AND CIRCULAR."

THE "MEDICAL PRESS" DEFENCE FUND.

We experience much gratification in the knowledge that we are considered to have deserved the sympathy of the profession by the course we have adopted in this matter. We have received many communications, verbal and epistolary, from gentlemen of influence in the profession, expressive of their approval, and tendering us their help in the circumstances in which we are placed. We transfer but four of these letters to our columns, and take the occasion to say that we value the support of our medical brethren as highly as we do because we are well aware that their sympathy would not be given to us if we had placed ourselves in the position by an intemperate or personal attack on any individual, and we recognise in their expressions of approval their feeling that we have done our duty, and vindicated the profession against the practices condemned.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The action of Betts against the Medical Press and Circular is a matter which deeply concerns every one engaged in the practice of medicine. Indeed, it is as much a public as a professional duty to come forward on the present occasion in your support. Permit me to say, therefore, that I entirely concur in the opinion expressed by Dr. Greene in your last week's issue. An effort should at once be made to defray every farthing of the costs you have been put to in your praiseworthy attempt to uphold the dignity of the profession. From a long personal knowledge of hospital work, I most conscientiously believe with you that it is an utter impossibility "*to furnish a patient with a mixture* (containing the minimum dose of the drug) *lasting two days for 4d. and make a profit*," which shall enable any man to live and pay rent and taxes. Be this as it may, we must all sympathise with you in the unflinching performance of a duty to the profession and the public.

You will permit me to offer my guinea towards the contemplated fund, which I have no doubt will be cheerfully raised in so good a cause. I would take the liberty of suggesting the formation of a small committee for taking whatever steps may be necessary to attain the object.

I remain, Sir, yours faithfully,

Bedford Square, London, Jabez Hogg.
Nov. 24th, 1876.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have just seen with much regret that in the recent law proceedings against The Medical Press and Circular an adverse verdict has been pronounced, thereby entailing on you a heavy pecuniary loss.

I hope all my professional brethren, in unison with myself, feel that in your having thus rendered yourself liable for the payment of a large sum of money, you were merely acting in that full and fearless independence with which your journal has, through a long series of years, manfully defended the rights of our profession, and for our common good strenuously endeavoured to redress the wrongs thereof.

To Poor-law medical officers I would simply say you now have an opportunity—a thoroughly deserving one—of giving practical expression to your appreciation of the many services rendered to you by The Medical Press and Circular, and whilst I thus address these sentiments to the poor-law medical department as well as the profession in general, I will ask you, Sir, to accept the enclosed one guinea towards the object herein expressed.

Your faithful servant,

Frank J. Davys, B.A.,
Lic. and Fellow Royal Coll. Surg., &c., &c.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Never in my lifetime have I paid a sovereign with more *bongré* than at present, when I send you one towards your law expenses in the Betts *libel* case, and I hope the entire "profession" will look upon the case as their own. A country practitioner, living "remote from towns," I still, unfortunately, know a good deal about "cheap doctors," and their system, and what I do know enables me to state that the system is most injurious to patients and doctors alike.

With the doctors the first consideration is to catch as many three-pences as possible, and if these come in regularly their mission seems to be fulfilled. But of the general results of such practice, as far as the treatment of disease is concerned, the Registrar-General would be the best qualified to speak.

Among the majority of the working classes any man who calls himself a doctor is taken upon his own *ipse dixit*, and anything in the name of "physic" is deemed good enough, especially when put into bottles and duly *labelled and shaken*. In my district (a large mining one in the north of England) I am almost entirely surrounded by *doctors* who attend and "physic" whole families at the remuneration of sixpence a fortnight. I do not do so, but, on the contrary, I charge from three-and-sixpence to a guinea for visits, according to the distance travelled, and the social condition of the patient, and my lowest fee for midwifery is a guinea. This being so, a stranger might think my services would not be in much demand, but on the contrary, my neighbours benefit me.

From my own drug accounts I may most reasonably conclude that these cheap doctors *neither do nor can* give their patients medicines suitable to their complaints, and thus the evil of the system reacts in time upon themselves.

I am, truly yours,

A General Practitioner.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—I regret to see in your issue of the 22nd that the trial of this case has resulted in a verdict for nominal damages, but involves, no doubt, considerable law costs, and having read the publications which gave rise to the action, I fully concur with Dr. Greene's suggestion, that your spirited attempt to uphold the dignity of the profession and the welfare of the public should be recognised. I am aware that there are many who sympathise with you who would gladly subscribe towards defraying the expenses of the trial, and that such a movement only requires to be set a-going to be supported. To those who feel as I do in the matter, and desire to co-operate in raising a fund for such a purpose, I venture to offer my services, and to say I shall be happy to receive the names and contributions of subscribers in Ireland, and form a Committee to carry out this object

I am, dear Sir, yours faithfully,

John H. Chapman, L.K.Q.C.P., L.R.C.S., &c.

60 Pembroke Road, Dublin.

We have already received several contributions to the Defence Fund, of which, with those received subsequently we shall give a list in our next issue.

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Correspondence.

DIPLOMAS IN STATE MEDICINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is now near time that the Irish Colleges of Physicians and Surgeons bestirred themselves in reference to the supplying of the want deeply felt, namely, a diploma in state medicine. A large number of sanitary officers anxiously desire such an evidence of ability and learning to be granted in Ireland. There are about one thousand medical men in this part of the kingdom entrusted with the due carrying into effect of the provisions of the Public Health Act of 1874, and of this large staff, we would venture to assert, that not a dozen could display diplomas to prove the fact that they had either been educated or examined in sanitary matters. No doubt in many instances, it is not the fault of the sanitary officers, as the majority are licentiates of one or both the above colleges, and under existing regulations have no opportunity of qualifying in sanitary science; unless graduates of Trinity College none else in Ireland can obtain such, and the senate of Trinity will not open its doors to any except graduates, although a noble example of liberality in this respect has been set by the University of Cambridge.

This being the state of sanitary affairs here, is it one bit surprising that sanitary boards so persistently and deliberately, all over the country, ignore the recommendations of their respective sanitary officers. Indeed, we are only surprised that any respect is paid to suggestions on sanitary matters, as although the general public do not know the relative values of degrees, diplomas, or licenses, yet they readily enough conclude that a man without a diploma does not deserve the same respect and attention to be paid to his recommendations as to one who holds such, and this is especially the case in Ireland. Again, as the sanitary boards have only the recommendations of the medical officer to guide them, as to the order they should make regarding the abatement of nuisances, the construction of structural works, &c., in cases of these kinds, where a heavy outlay would be entailed either on themselves or on their constituents, we think that the Board would in such a case be only too willing to shelve the report, and get out of the difficulty by saying—as has happened over and over again—that the sanitary officer would make them bankrupt before long, and that he does not know a great deal about what he suggests. The consulting officer is in a worse plight, as rarely does the Board consult him on sanitary matters, and for the very same reason.

The possession of a diploma would at any rate give its possessor a *status*, and in a measure compel the sanitary authorities to accord a fair amount of respect to the opinion or recommendation of their sanitary officer, and for these reasons, if for no other, we are greatly astonished the authorities of the colleges have not long since endeavoured to meet so palpable a want, and maintain the dignity and position of their licentiates.

If we are correctly informed, the only objection raised against granting this diploma rests on the fact that it could not be registered. If this be so, it is a lame excuse, and one that Trinity College might have put forward when first it granted a qualification in state medicine, besides the Medical Council mulct the profession of quite enough without such a charge being added to swell their income; and the mere fact of its being registerable would not enhance its value one iota in public estimation.

English and Scotch *sanitary officials* are amply provided by their respective colleges in this respect, and we cannot understand why the profession in Ireland should be left out in the cold, unless indeed our college counsellors are so deeply imbued with the principles of the one portal system, and despise the filthy lucre, and so prefer driving those who are anxious to possess a diploma in this subject over to either Cambridge or Edinburgh.

I have anxiously watched for some move being made in this direction, ever since the Health Act came into force, and, we are sorry to say, watched only to be disappointed.

We trust, however, now that attention has been called to the want, that one or other, *or conjointly*, the colleges will at an early date provide the means of conferring a diploma, even although it cannot be registered at present. Probably, if they did so, in a few years the privilege they seem to desire could also be obtained. The diploma in state medicine of Trinity could not at the beginning be registered, until Government passed a bill during the late session of Parliament, empowering the Medical Council to register it as an additional qualification.

I am, Sir, yours, &c.,

An Irish Sanitary Officer.

ALCOHOLICS AT THE INTERNATIONAL MEDICAL CONGRESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In an interesting summary of the work of the late Medical Congress at Philadelphia in the Medical Press of November 8, I note the following passage:—"As one of the signs of the times we may notice that a communication was received from the National Temperance Society, inviting a declaration to the effect that alcohol should be classed with powerful drugs, that it is in no sense a food to the system, and that total abstinence be recommended to the several nationalities represented! We need scarcely say that this very ingenious invitation was politely declined. The Congress committed itself to no such declaration. The communication was simply tabled."

On the other hand, I find in the *Temperance Record* of October 12, 1876, the following statement:—

"From the other side of the Atlantic we learn that the medical uses of alcohol were considered at the International Medical Congress which recently assembled at Philadelphia. The subject was brought before the Congress at the request of the National Temperance Society, whose president, the Hon. W. E. Dodge, received the following official reply:—

"'Philadelphia, Sept. 9, 1876.

"'Dear Sir,—I am instructed by the section on Medicine, International Medical Congress of 1876, to transmit to you as the action of the section the following conclusions adopted by it with regard to the use of alcohol in medicine, the same being in reply to the communication sent by the National Temperance Society:—1. Alcohol is not shown to have a definite food value by any of the usual methods of chemical analysis or physiological investigation. 2. Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution. 3. As a medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration or for the enormous evils arising therefrom. 4. The purity of alcoholic liquors is in general not as well assured as that of articles used for medicine should be. The various mixtures when used as medicine should have definite and known composition, and should not be interchanged promiscuously.

"'Very respectfully, your obedient servant,
"'J. Ewing Mears, M.D.,
"'Secretary of Section on Medicine, International Medical Congress.'"

"The important propositions embraced in this communication were embodied in a paper by Dr. Hunt, which was formally approved by the whole congress, and not merely by the section in which it was read."

Knowing that you are anxious to keep your readers accurately informed as to medical affairs, and as your columns are largely read in the United States, I ask you to give publicity to this letter, in order that we may see which of the statements is untrue.

Yours faithfully,
James Edmunds, M.D., M.R.C.P.

5 Savile Row, W., London, Nov., 1876.

[The statement to which Dr. Mears refers was taken from one of the reports on which our article was based, We thank Dr. Mears for his communication, and are glad to hear that the Congress did reply to the invitation of the National Temperance Society, but that in doing so they did not recommend total abstinence to the several nationalities represented.—Ed. M. P. & C.]

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ROYAL BOUNTY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With your permission, I purpose inviting attention to an item in connection with a triple birth case which I recently attended, and which may not be altogether out of place.

I need hardly mention that I am fully aware of the humanity, benevolence, and kindness of the entire medical profession in all cases where suffering and poverty are concerned. But yet certain opportunities of doing good may pass unnoticed by the young practitioner, which, if embraced, might be the means almost of establishing his reputation.

Now, in the case I have just referred to, one of the children lived only a few seconds after birth, and therefore the thought of obtaining the royal bounty for the mother, Mary Ann Rainey, could not be entertained.

Rainey's house and family presented all the appearance of real poverty, *et propter hoc.* I thought it my duty to make the circumstances of the case known to her Majesty the Queen, whose generosity at all times claims our most marked approval. It was evident that one pound to this poor woman would prove as valuable as fifty to any one occupying a professional position. Consequently, *jacta et alea*, I wrote to Major-General Henry Frederick Ponsonby, the Queen's private secretary, on behalf of the mother, and on the 11th inst. I was gratified at receiving a post-office order from the Queen for the sum of two pounds. It can be well imagined how agreeably surprised Mrs. Rainey was when I announced to her the tidings, and put into her hand a gift from the highest personage in the world.

My only apology for thus trespassing upon your valuable space is that I believe the above, notwithstanding its insignificance *per se*, is worthy of imitation, for the medical man will find numerous opportunities in the various departments of his profession of showing to the public his anxiety for those placed under his care, and by this means he will consolidate confidence and heighten esteem.

Yours, &c.,

H. McHarry, L.R.C.S.

Belfast, November 17.

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INDIAN ARMY MEDICAL PAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As a difference of opinion exists on the subject, perhaps you may be able to inform me will those medical officers who have joined the British army *subsequent to the issuing of the late Warrant*, be entitled to Indian pay if sent out to India ?

Yours, &c., M.D., &c.

[Medical officers who have joined the British army subsequent to the issuing of the late Warrant, are entitled during their first term of service in India to the scale of pay granted by the Warrant, and the allowance of a lieutenant. This sum in the aggregate is somewhat less than what they would receive if employed at home during the same period. If the officers ranked as captain instead of lieutenant, they would have a higher rate of pay while serving in India.—Ed. M. P. & C.]

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ANTI-VIVISECTION FOLLY.

The Dublin Anti-Vivisection fanatics outstrip their prototypes of England in want of principle and wicked folly. With persons who cannot be reached by argument and remonstrance, plain speaking is necessary. They have been guilty of deliberate misrepresentation and falsehood in stating by public placards that vivisection is practised in Dublin hospitals, and this with the object of checking the flow of public charity towards the Hospital Sunday Fund—a crime which disentitles them to be treated with the consideration due to ladies and gentlemen. Following up this proceeding, they have addressed the following letter to all hospital surgeons :—

"Sir,—I am desired by the committee of the Irish Society for the Abolition of Vivisection to request you will favour me with your views on that subject, and whether you approve of or oppose the practice ? I would candidly say the information is sought with a view to publishing (as is being done in England) the names of non-vivisecting doctors. The favour of an early reply is earnestly requested, and the non-receipt of one will be considered as in favour of vivisection.—(Signed by order).—Faithfully yours, Alice M. Swifte, Hon. Sec. Irish S.A.V.

"Whitechurch Lodge, Rathfarnham, Nov. 1876."

This is a piece of impertinence which no surgeon who respects himself would condescend to notice, and we hardly think that there is one who will purchase the patronage of the anti-vivisectionists by submitting to such an inquisition. We can hardly feel annoyance at such proceedings when we recollect that these fanatics are playing the game of the most rabid vivisectionists much more effectively than all the medical journals together could do. They are making their sentiments, which, though foolish in practice, are humane in principle—odious in the sight of even the most moderate thinker, and one thus educating the public up to close its ears against their frantic howling.

Dr. Brown-Sequard delivered, at the Irish College of Physicians, since our last issue, a series of those interesting and erudite lectures on Anæsthesia, Amaurosis, and Aphasia—the last being delivered on Monday last. The learned lecturer visited Dublin on the invitation of the Medical Society, and the large hall of the College was crowded by the leading members of the profession in Dublin. Dr. Brown-Séquard devoted these addresses to the disproof of the theory of the localization of special functions in special parts of the brain, and combated the received idea that the nerve fibres are simply conductive elements. He formally recanted the opinions on this subject to which he had given expression a year ago. In his lecture on amaurosis, he referred to Woollaston's theory, and pointed out that the observed effects in cases of hemiopia, from lesion of the optic tract or commissure, did not confirm that theory, but disproved it. The lectures were listened to with much interest and attention.

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Medical News.

Vital Statistics.—From the Registrar-General's returns we learn that during last week 5,786 births and 4,291 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 1,495. The mortality from all causes was at the average rate of 28 deaths annually in every 1,000 persons living. The annual death-rate was 23 per 1,000 in Edinburgh, 28 in London, 28 in Glasgow, and 30 in Dublin. In the other large towns the rates were—Brighton 18 Portsmouth 23, Hull 23, Bristol 24, Newcastle-upon-Tyne 24, Nottingham 24, Birmingham 24, Norwich 24, Leeds 25, Plymouth 25, Sunderland 26, Liverpool 28, Leicester 30, Bradford 31, Sheffield 31, Manchester 33, Wolverhampton 33, Oldham 37, and Salford 37. The annual death-rate from the principal zymotic diseases in these averaged 3·5 per 1,000, and ranged from 1·1 and 1·5 in Nottingham and Plymouth, to 9·2 and 10·9 in Sunderland and Salford. Scarlet fever caused 10 more deaths in Portsmouth. Eighty-one deaths were referred to small-pox, against 46 and 61 in the two preceding weeks ; 52 occurred in London, 14 in Manchester and Salford, 18 in Liverpool.

A New Hospital for Wakefield.—On Saturday last Colonel Charlesworth laid the foundation stone of a new hospital, the cost of which is estimated to reach about £20,000. The ceremony was made one of popular rejoicing ; representatives of all the religious bodies, trade guilds and societies, took part therein, and the affair was a great success. A good start in the funds was made by the announcement that Mr. Tew, a local banker, recently deceased, had bequeathed £4,000 towards the building.

University of Cambridge.—At a Congregation holden on Thursday last, November 23, the degree of M.D. was conferred on Herbert Watney, of St. John's College. At the same Court the M.B. degree was conferred on Herbert Howard Murphy, St. John's College, and Arthur Martin Phelps, of Sidney College.

CANABIS INDICUS IN POST-PARTEM HÆMORRHAGE.

The following notes, are taken from *L'Union Médicale*, Jan. 27th 1876, p. 1027, the extracts being quotations from other journals :—

DR. DUNCAN (*Rev. des S. C. Méd. et Journ. des sages Femmes*) reports favourably of the above remedy as a hæmostatic, in post-partem hæmorrhage. He recommends, as the dose, about 15 to 20 minims of the tincture, and claims for it a rapid and satisfactory action. He has found it useful in cases in which the use of ergot had failed. Dr. Duncan states, that this special use of Indian hemp has been known and practised for a very long time.

Editor's note.—Pereira, Ringer, Squire, and other authorities fail to make mention of its employment for this special purpose.

Ringer recommends its use in cases in which stranguary, or blood in the urine, exists. Churchill advises its administration to patients suffering from menorrhagia. Amongst the other properties claimed for this drug from a therapeutical point of view, may be mentioned its use as :

1. *Hypnotic* in the case of spirit-drinkers, patients affected with hysteria, and in cases of chorea, pulmonary affections, and low fever.
2. An *anodyne*, inferior in its action to opium. Useful at times in cases of neuralgia, acute, and sub-acute gout, and rheumatism.
3. An *antispasmodic* in tetanus, hydrophobia, malignant cholera, chorea, and infantile convulsions.
4. A *phrenic* or medicinal agent affecting the mental functions ; some having found it useful as a nervous stimulant. Pereira.—It is not a very reliable medicine, the experience of different observers varying very much. Its use as a means to arrest post-partem hæmorrhage must be a matter for further experience, but as an additional remedy, is worthy of being born in mind.

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NOTICES TO CORRESPONDENTS.

☞ **CORRESPONDENTS** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

LETTERS are in type from Mr. J. M. Elliott and a Dublin Hospital Surgeon.

DR. BOYD MUSHETT will please receive our best thanks.

THE "MEDICAL PRESS" DEFENCE FUND.—We have received so many letters of sympathy and promises of support to this Fund that we are unable to reply individually as we should desire. But our correspondents will, we are sure, accept our thanks collectively, which we now tender them in all sincerity. In our next we intend publishing a list of those gentlemen who have contributed to the Fund kindly suggested by Dr. Greene and others.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Billing, London. Dr. Leared, London. Mr. Lawson Tait, Birmingham. Dr. Bourns, Oxted. Dr. Williams, Colchester. Dr. Greene, London. Dr. Owen, London. Mr. R. Hanslip Sers, Southwell, Nottingham. Dr. Thomas, Glasgow. Dr. Lander Brunton, London. Dr. Castle, New York. Dr. Atthill, Dublin. Dr. Hamblin, Keokuk, Iowa. Mr. Bingley, Northampton. Mr. Redman, Manchester. Mr. Miller, Rentham. Dr. Roberts, Ynystowen. Dr. O'Flanagan, Houghton-le-Spring. Dr. Heaton, Leeds. Dr. Jameson, Aughnacloy. Dr. Metge, Gorey. Mr. Williamson, Lincoln. Dr. Sharkey, Ballinasloe. Dr. Murtagh, Drogheda. Dr. Macadam, Edinburgh. Dr. McKinstry, Armagh. Dr. Maloney, Cashel. Dr. Shiel, Killyleagh. Mr. Dawson, Glasgow. Dr. Hamilton, Stephen's Green. Dr. Robinson, Elgin Road. Mr. Robertson, Glasgow. Mr. Harris, London. Dr. Murdoch, Magharafelt. Dr. Meldon, Merrion Square. Mr. Black, Edinburgh. Dr. Tidy, Clapton. Dr. Kennefick, Clonmel. Dr. Letters, Dundee. Dr. Davison, Dromara. Dr. Thin, London. Dr. McCourt, Rathfriland. Dr. Phelan, Clonmel. Dr. Jabez Hogg, London. Dr. Colahan, Galway. Dr. Woods, Killarney. Dr. Kidd, Merrion Square. Dr. Kane, Limerick. Dr. Leney, Strabane. Dr. Knott, Castlebar. Dr. McDonald, Kildorrery. Dr. Kearney, Finglas. Dr. Leary, Castlederg, &c., &c.

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VACANCIES.

Glasgow Western General Infirmary.—Superintendent. Salary, £250, with board and furnished apartments. Testimonials to the Secretary, 30 Gordon Street, Glasgow.

Rotunda Hospital, Dublin.—Assistant Physician. Honorary. Applications to the Master.

Chester Infirmary.—House Surgeon. Salary, £80, with board. Address the Chairman of the Board.

Westminster Hospital.—House Surgeon and Obstetric Assistant. Board and lodging, but no salary. Address the Secretary.

Central London Sick Asylum.—Assistant Medical Officer. Salary, £100, with board and residence. Printed forms will be provided on application to the Clerk. Cleveland Street, W.

Bristol Hospital for Sick Children.—House Surgeon. Salary, £100. Address the Committee, St. Michael's Hill, Bristol.

Darlington Hospital.—Assistant Surgeon. Salary, £100, out-door. Address the Hon. Sec.

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APPOINTMENTS.

BIDEN, Mr. W. P., Assistant Surgical Officer to Charing Cross Hospital.

CAYLEY, W., M.D., F.R.C.P., Lecturer on Medicine to the Middlesex Hospital Medical College.

CHURTON, T., M.B., Honorary Physician to the Leeds Public Dispensary.

CONOLLY, B., M.R.C.S., Resident Surgical Officer to Charing Cross Hospital.

COUPLAND, S., M.D., M.R.C.P., Lecturer on Pathological Anatomy at the Middlesex Hospital Medical College.

FIRTH, C., M.B., M.R.C.S.E., House Surgeon to the Norfolk and Norwich Hospital.

FITZGERALD F. C., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Newtownbutler.

GWYNNE, G., L.R.C.S.I., Medical Officer, &c., for the Templemartin Dispensary District of the Bandon Union, co. Cork.

KINGSTON, W. Y., M.D., Medical Officer for No. 8 District and Workhouse of the Woodbridge Union, Suffolk.

KINKEAD, R. J., M.D., Professor of Midwifery at Queen's College, Galway.

LISTER, J., F.R.C.S.E., a Consulting Surgeon to the Doncaster Infirmary and Dispensary.

MACLEAN, H., L.R.C.P.Ed., L.R.C.S.Ed., & L.M., Medical Officer for the Longford District of the Ashborne Union.

OLDHAM, C. J., F.R.C.S.E., L.R.C.P.L., Surgeon to the Sussex and Brighton Infirmary for Diseases of the Eye.

POTTS, L., L.S.A., Resident Medical Officer to the Charing Cross Hospital.

RICHARDSON, T. A., M.R.C.S.E., House Surgeon to the Croydon General Hospital.

SHEARER, F., M.B., C.M., Resident Physician to the Western Infirmary, Glasgow.

SKERRITT, E. M., B.A., B.S., M.D., M.R.C.P., Joint Lecturer on Medicine and Pathological Anatomy at the Bristol Medical School.

SYMONDS, C. T., M.R.C.S., an Assistant Demonstrator of Anatomy at Guy's Hospital.

THOMAS, H. W., L.S.A.L., House Physician to the Queen's Hospital, Birmingham.

TIDBURY, R., M.D., C.M., Q.U.I., House Surgeon to the Western General Dispensary.

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Marriages.

ELLIOT—RUTTLEDGE.—On the 23rd inst., at St. George's Church, Bloomsbury, Henry George Elliot, L.R.C.S.I., of Gateshead-on-Tyne, to Mary Withers Ruttledge, eldest surviving daughter of the late T. Ruttledge, of Ingatestone, Essex.

GARROLD—DAVIES.—On the 22nd inst., at Christ Church, Ebbw Vale, Monmouthshire, Richard Henry Garrold, of Kilforge House, Ross, Herefordshire, to Cecilia Mary, eldest daughter of John Davies, M.D., J.P., of Hill Side House, Ebbw Vale.

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Deaths.

BOWLBY.—On Nov. 15, at Totnes, Henry Bowlby, M.R.C.S.E., formerly Surgeon H.E.I.C.'s service, aged 70.

DUKE.—On Nov. 14, at Cerne Abbas, Dorset, Robert R. Duke, M.D., son of the late Valentine Duke, M.D., Harcourt Street, Dublin.

FINDLAY.—On Nov. 16, at Aberdeen, George Findlay, M.D., aged 35.

FRENCH.—On Nov. 14, at Summerhill, Dr. Peter French, late of Wigan, aged 31.

GRIFFITHS.—On Nov. 11, at Eye, Hertfordshire, John Griffiths, Surgeon, aged 82.

HOLDERNESS.—On Nov. 5, at New Windsor, William Brown Holderness, M.R.C.S.E., aged 76.

HOOPER.—On Oct. 4, at the residence of his son, View Point, Ararat, Australia, John Hooper, M.D., late of Aylesbury, Hoddesdon, and Buntingford, aged 77.

HUNTER.—On Nov. 7, at Glasgow, Matthew Hunter, M.D., aged 33.

MILLER.—On Nov. 16, at Sutherland Crescent, Helensburgh, John Miller, M.D., J.P., late of Rothesay, and formerly of Madeira, aged 70.

ROBINSON.—On Nov. 16, at Ballymagrorty, Balintra, co. Donegal, John Musgrave Robinson, M.D., aged 36.

STEEL.—On Nov. 11, at Blaenavon, Richard J. P. Steel, M.D., aged 65.

TURNBULL.—On Nov. 9, at Cambuslang, Lanarkshire, John Turnbull, L.F.P.S.G., aged 72.

RESIDENT MEDICAL PUPIL (DUBLIN).—An M.D. Dub. Univ., and F.R.C.S.I., who is intimately acquainted with the method of medical education in Ireland, will receive a young gentleman to reside in his house, for whose education he will, if desired, make all arrangements. Apply by letter to SOCIUS, 23 Ely Place, Dublin.

IRISH POOR-LAW INTELLIGENCE.

BALLINA DISPENSARY.

A SPECIAL meeting of the committee was held on Saturday week to consider the following letter from the Local Government Board on the subject of the late inquiry into the charge preferred by Thomas Mullen against Dr. Scott, lately investigated :—

Dublin, 3rd November, 1876.

Sir,—Adverting to their letter of the 11th ult. relating to the complaint preferred against Dr. Scott, medical officer of the Ballina Dispensary District, by a man named Thomas Mullen, of neglect of duty in the case of his (Mullen's) late wife, the Local Government Board for Ireland now forward for the information of the committee of management the minutes of evidence taken by their inspector, Mr. Armstrong, at the inquiry made by him on the 17th ult. into the matter.

From the evidence of Mullen it appears that on Sunday the 4th June last, he presented a red ticket to Dr. Scott, who at once proceeded to the house and saw the poor woman, that the medical officer paid no subsequent visit to the case, and on the 6th June Dr. Nolan was sent for and attended the patient on the following day. The woman died on the ninth day after Dr. Scott's visit.

Bridget Coleman, midwife, deposes as follows : "I was in attendance on Mrs. Mullen when she was delivered ; I was there when Dr. Scott called ; when he came in he took off his top coat ; he bared his arm ; I saw him do nothing to the woman except to take a drop of blood from her ; he threw the drop of blood on the floor and said she would be well in a few days, and what was wrong with her would come off in a few days."

With regard to this witness, Mr. Armstrong informs the Board that he has no confidence in her evidence, as she swore in the first instance that she could not speak English, and was accordingly examined through an interpreter, but that she subsequently spoke it fluently.

Dr. Nolan deposed that when Mullen came to him he informed him that his wife had been confined two days previously, and that the after-birth did not up to that time come away ; that he gave Mullen a draught and visited the woman on the following day, when he found her suffering from puerperal fever, of which she died a few days afterwards. He states that he received £1 from Mullen, and that he prescribed for the woman up to the time of her death. He adds : "I cannot say that she was neglected in the first instance ; I could not say whether the after-birth was removed or not ; I do not remember stating that the non-removal of the after-birth was the cause of death."

Dr. Scott states that on visiting the late Mrs. Mullen he found on examination that she had been improperly treated in delivering the child, and that part of the after-birth and the funis had been pulled away ; that he introduced his hand and removed the remaining portion of the after-birth with some clots of blood, and that he waited for a short time to see if there was any hæmorrhage, but there was none. He also states that the case seemed to be going on favourably, and that he considered the woman would be well in a few days. He adds : "I think I was in the house twenty minutes or half an hour, and I consider I had done all in my power, or what any medical man would have done."

Dr. Scott admits that he did not visit the case again, hearing that a private practitioner was in attendance.

The evidence of Dr. Mahon and Mr. Matthew Scott, who were waiting for Dr. Scott outside, is to the effect that the latter remained with the patient about half an hour.

With regard to the special treatment of the patient by Dr. Scott, the Local Government Board have to observe that the evidence is very conflicting ; but even accepting the statement of the medical officer as correct, his explanation is by no means satisfactory. The fact of another practitioner having been called in five days after his visit is no reasonable excuse for his neglect in not having visited his patient at an early period, especially having regard to the fact of it being a case of child-birth requiring operative interfetence. Under all the circumstances of the case the Local Government Board are of opinion that the Committse of Management should call upon Dr. Scott to resign.—By order of the Board,

B. BANKS, Secretary.

The Chairman said he had previous to the meeting of the committee read over the evidence carefully, and the letter of the Local Government Board, He was struck by the abrupt way in which the letter closed, as he rather expected the Local Government Board would have added further remarks after having reviewed the evidence at such length. But he inferred that the subject was left open to them to express an opinion upon it, and place views their views before the Board, as otherwise the Board would have written in more direct terms. Giving his own opinion on the case, he so far concurred with the Local Government Board, that he considered Dr. Scott was not altogether clear of blame—in fact, that in such a serious case he should have taken measures himself personally to ascertain how the woman was getting on, and not act upon hearsay. At the same time he fully credited Dr. Scott's evidence—namely, that he performed an operation which he believed was all that was required ; that he expected an account would have been sent to him if any unfavourable symptoms appeared, and that, hearing Dr. Nolan was called in, he considered himself discharged from further attendance, it not being usual with medical practitioners to interfere with each other. Under all the circumstances he considered the committee justified in recommending a less severe punishment.

Mr. Thompson—Dr. Scott is not the man to neglect a case of the kind, as he has frequently sat up at the bedside in a midwifery case all night.

Mr. Egan—Is it customary to be sent for in such cases?

M. Mostyn—It is.

Mr. Crean said it would not be safe to leave it to the judgment of the country people to determine whether or not a second visit from the doctor was or was not necessary. The doctor should use his own judgment.

Dr. Macaulay said, as the only medical man on the board, that the only point against Dr. Scott was that he did not follow up his attendance upon the woman ; but he would not have been justified in continuing his attendance once he became aware that a second medical man had been called in, as the rules of the profession in such cases were very strict. If Dr. Scott had gone back, and found another doctor in charge, the probabilily is the people would have insulted him.

Mr. Thompson—It seems to me to be the feeling of the committee that Dr. Scott should not be asked to resign, but be admonished.

Mr. Dillon—That is the feeling of the entire board, but at the same time a mistake was made in not repeating the visit.

Mr. Joynt—Mr. Macaulay says that it was unnecessary.

Chairman—We are all liable to make mistakes, and this was a mere error of judgment on the part of Dr. Scott, not culpable negligence. We must temper justice with mercy, as it would be a very severe blow to Dr. Scott if he were dismissed.

Mr. Coen—It would be unjust.

Dr. Macaulay—As far as the operation went I believe it was quite successful. The only thing Dr. Scott had to apprehend in the case was hæmorrhage, and this not occurring, it was not necessary for him to remain with the woman more than five minutes, or to visit her again unless required so to do.

The Chairman drew up the following resolution, which was unanimously adopted :—

"The Committee being fully aware of the gravity of the case, and having most carefully read over and considered the whole of the evidence, together with the notes thereon by the Local Government Board, concur with the opinion therein expressed, to the extent that blame attaches to Dr. Scott in not having personally made himself acquainted with the condition of his patient within the next two or three days subsequent to his visit. 1. They however attach weight to what has been pleaded in extenuation that Dr. Scott believed the operation to have been fully successful and final, and consequently that a second visit was not requisite, and in this opinion he is borne out by Dr. Mahon and another medical man, a member of this committee. 2. That it is contrary to the custom and general usage of medical men for one to continue his treatment of a patient if once the case has, by wish of the patient or friends, been assumed by another skilled person, and in fact, any other course (unless a case of consultation by consent of both doctors) would obviously be likely to end in inquiry to the case. Under these circumstances the committee consider Dr. Scott's error to be one more of judgment than of culpable neglect; and coupling this with the fact that, with the present exception, Dr. Scott's onerous duties have been discharged to the entire satisfaction of the committee and public, the committee, with all respect, submit that Dr. Scott should be reprimanded, as in this instance the committee do not think the case calls for a course tantamount to dismissal, which would not only entail the loss of his present appointment, but would prove a serious blow to his future career and reputation as a medical man."

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THE CASTLEBAR LUNATIC ASYLUM.

The Inspector of Lunatic Asylums, assisted by a number of the Governors, were engaged, on Saturday, investigating charges and counter-charges by Dr. Carre, medical superintendent, and Mr. John Gilham, clerk and storekeeper, of the above institution. The evidence has not yet been published by the local press, but the *Examiner* has been able to give the decision arrived at by the Inspector and Governors, as follows :—

"Mr. Gilham having admitted that all the charges he brought against the Resident Medical Superintendent are made solely as recriminations in consequence of Dr. Carre's complaints of his misconduct, all his statements must be considered as influenced by this animus. The Board consider the first accusation as to Dr. Carre's using stirabout unfounded. That, as regards the second accusation, a minute of the former Board was shown by the Resident Medical Superintendent authorising him to have a pig of his own kept with the pigs of the asylum. With regard to the number of poultry kept, the Resident Medical Superintendent admitting the number of poultry to be very large, did not satisfy the Board that these poultry were kept at his own expense. The Board consider that the Resident Medical Superintendent acted very imprudently in keeping so many poultry, and direct that no more than fifty head of poultry be kept in the asylum, offices, or grounds at any one time. Touching the third accusation, the Resident Medical Superintendent states that some part of the time of patients and attendants is occupied in making different articles for officers and servants of the asylum, the Board considering that the system is open to grave objections, forbids its continuance. Though the investigation has led the Board to the conclusion that some irregularities exist in the house, yet there is no excuse for the accusation brought against the medical superintendent by the clerk. Under these circumstances, the Board have come to the unanimous conclusion that Mr. Gilham's continuance here as clerk and storekeeper is highly inadvisable, and they hereby call on him for his resignation.—(Signed) J. T. Browne."—*Ballnia Herald.*

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CASTLEBAR GUARDIANS.

APPOINTMENT OF MIDWIFE.

There was only one application before the Board.

Mr. Daly said it was very easy to create new offices, but very hard to get rid of any old ones. They heard a great deal about creating sanitary officers, from the consulting to the sub-sanitary officers; there was a good deal also about fixing their salaries; but, from once appointed, all we hear or see of them is their names when signing their cheques for payment.

Mr. Cannon asked where was the midwife to be found when looked for by the public ?

Mr. O'Malley said in this enlightened age it was necessary to have such an officer appointed.

Mr. A. Walsh thought that such an appointment should not be made.

Mr. Daly said that, after hearing the strong expression of opinion by gentlemen of so much experience as those in favour of the appointment, he would withdraw his opposition.

The applicant was then appointed.

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TRALEE GUARDIANS.

A DOCTORS LEAVE OF ABSENCE.

The Clerk read minutes of an extraordinary meeting of the Dispensary Committee. The following resolution was unanimously adopted :—

"Resolved unanimously that Dr. Harrold's application for fourteen days' leave of absence be granted, and that Dr. Nolan do discharge his duties meanwhile at £3 3s. a week, Dr. Harrold's leave to commence on the 20th of the month."

Mr. Leahy: I think the usual course is, where a doctor applies for leave of absence, that his substitute should be paid by the Board.

Mr. Loughnane: I think he should not be paid by the Board. Let Dr. Harrold himself pay it, when he is going on his own business.

Mr. Leahy: Dr. Harrold is required to appear in Dublin by a subpœna under a penalty of £100. Besides, Dr. Harrold is one of the oldest officers of this Board; he very seldom makes a requirement of this kind, and I think this application should be granted to him this time.

Mr. Loughnane: Going to Dublin on his own business, for he wants to come by a property of £600 a year. I move that it will not be taken into consideration at all. It was only a hole-and-corner meeting, when all the members were not noticed to attend.

The Chairman said he had prepared the following resolution :—

"Resolved, that the Board of Guardians grant permission to Dr. Harrold to absent himself from his duties for a fortnight on his procuring a substitute, and the consideration of paying his substitute must be considered at the meeting of the Dispensary Committee and Board of Guardians."

The resolution was agreed to.

CARRICK-ON-SUIR UNION.

CERTIFYING LUNATICS.

The Local Government Board, in answer to a communication from the guardians, as to whether it was compulsory on them to pay a fee of two guineas on an order of the justices at petty sessions for the medical examination of a lunatic, wrote, stating their opinion. They further referred the board to their circular, dated 18th September, 1875, and to Acts 38 & 39 Vic., 14th sec., cap. 67. Mr. Lalor: It is perfectly useless for us to ask the opinion of the Local Government Board, for they invariably decline to give us any. Lord Bessborough: I think it is evident we are compelled to pay the money when so ordered. Mr. Wilson said he coincided in that view of the matter. Mr. Lalor: Are we obliged to pay £1 whenever the doctor is brought a hundred yards? I think we are not. Clerk: It is generally in cases where there is trouble and expense that such payments are ordered. Mr. Richardson: Perhaps the doctor will not ask it now, when he hears of its being objected to (laughter). Lord Bessborough said he took it to be optional with the justices to make the order; but believed their order was, when made, compulsory on the board.

WATERFORD UNION.

A short time ago Dr. S. Brown, Waterford dispensary doctor, certified a man named Curran, from Tramore, as a dangerous lunatic, on which certificate he was sent into the asylum. The magistrates made an order for a fee of a guinea to Dr. Brown, which order Dr. Browne sent to the board for payment. The guardians were in doubt—at least some were—as to their liability, and sent up for the opinion of the Local Government Board. To-day the following letter was received on the subject:—

"Local Government Board, November 14, 1876.

"Sir—The Local Government Board acknowledge receipt of minutes of 8th instant, containing a resolution in which the guardians inquire whether they are bound to pay a fee of one guinea to Dr. Brown, medical officer of the Waterford dispensary district, for examining and certifying in the case of a dangerous lunatic, and in reply the board desire to state that the guardians are bound to comply with the order of the justices made under the provisions of section 14 of 38 & 39 Victoria, cap. 67.—By order, "B. Banks.

"Clerk, Waterford Union."

An order was made for payment.

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NAAS UNION.

THE CONVEYANCE OF A FEVER PATIENT.

The following letter was read from Dr. Kehoe:—

"Kildare, 21st November, 1876.

"Dear Sir—With reference to the case of Martin Dunne, I am surprised to find that some of the guardians have failed to appreciate the fact that the unusual circumstances obliged me to adopt an unusual course. The point is, why did I not send for the van? and why did I send him by train? Simply and shortly, to prevent his being exposed in the streets of Kildare for two-and-a-half or three hours till the van arrived. That he would have to remain in the street was inevitable, because neither lodging- or public-house would receive a man in fever, and without money. Stress has been laid on the fact that this man was a focus for contagion, and therefore should not have been sent by train. I have shown that his being sent by train was unavoidable. By being sent by train he was a focus of contagion for half an hour; by waiting for the van he would have been a focus of contagion for three hours. When it became a matter for consideration whether this man's life should incur increased risk by waiting three hours for the van, or whether other persons should be exposed to contagion by his travelling in a train, I had no difficulty in arriving at the conclusion that the first object to attain was the lessening of risk to the patient's life. The life was the approximate consideration, the risk on contagion a remote and problematical contingency. I would rather expose a thousand persons to contagion than one individual to the loss of his life. That the unfortunate Martin Dunne lost his life was certainly not due to the immediate and rapid steps I adopted to have him conveyed to hospital. It may be as well to remind the board that Martin Dunne was not a dispensary patient; he had no dispensary ticket. I was not responsible for him; therefore my conduct in the affair was, so to speak, gratuitous. I was not acting as medical officer. I acted as a volunteer relieving officer. The case being urgent, I considered that my character was assailed and impeached by the very crude and unconsidered remarks of some probably inexperienced guardians at last day's board. Therefore, as a matter of justice, I hope this second letter of explanation may be placed on the minutes, and that a copy may be sent to the Local Government Board, and that it be published in the *Leinster Express* as an answer to the remarks that were published in that paper of last week.—I am, dear sir, yours truly, "T. Bennett Kehoe."

The Board ordered that a copy of the letter should be forwarded to the Local Government Board.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING NOV. 18, 1876.

Total registered deaths in Dublin and suburbs * ...	180	
Ten years average of same week	162	
Excess of mortality above average	18	
Ratio of deaths, suburb of Rathmines ...	29·2	per 1,000
" " " Donnybrook †	18·7	"
" " " Blackrock ...	21·7	"
" " " Kingstown ...	36·5	"
" " Entire Dublin district ...	29·7	"
Comparative Ratios—London	28·2	"
" " Glasgow... ...	28·3	"
" " Edinburgh ...	23·2	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

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PAYMENT OF CIVIL PRACTITIONERS FOR MILITARY SERVICE

The Council of the Irish Medical Association, it will be recollected, recently addressd to the Director-General of the Army Medical Department a remonstrance against the small remuneration offered to medical men for their care of small depôts of troops throughout Ireland, the maximum pay being 2d. per man per week, instead of 2s. a month—the fee paid by the Royal Irish Constabulary. To the memorial of the Council the following has been received:—

Army Medical Department, War Office,
8th November, 1876.

Sir,—I am desired by the Director-General to acknowledge the receipt of your letter of 1st inst. relative to the prevalent dissatisfaction amongst civil medical practitioners in consequence of the alleged inadequacy of the emoluments offered to them when engaged in the service of the army, and, in reply I am to acquaint you, for the information of the Council of the Irish Medical Association, that the matter treated of has been brought to the notice of the Secretary of State for War, but that up to the present time no revised scale of remuneration has been framed.

I have the honour to be sir, your obedient servant,
Wm. Munro,
Medical Branch.

The Hon. Sec. Irish Medical Association,
Royal College of Surgeons, Dublin.

This answer is evidently only a "put off." It, however, admits the existence of prevalent dissatisfaction, and we hope that the Association will not cease to agitate the question when a suitable occasion offers itself.

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PAYMENT OF MEDICAL WITNESSES IN PETTY COURTS OF LAW IN IRELAND.

This question, which was brought under our notice by a correspondent last week, has been under the consideration of the Committee of Council of the Irish Medical Association, and it was decided to form a deputation to wait upon the Attorney-General on the subject. The rule to which the Council takes exception is as follows:—

Copy Rule 19 *of the Attorney-General's Rules for Crown Solicitors and Sessional Crown Solicitors.*—1868.—When a medical witness is summoned to attend at Sessions in the town in which he resides, the usual fee of one guinea only is to be paid; but, when he is summoned to attend in any other town, he is to be paid one guinea for every day he is necessarily absent from home, besides his actual travelling expenses and hotel charges, such hotel charges not to exceed fifteen shillings per day.

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THE ABUSE OF RED TICKETS.

Woods *v.* Crumley.

The case of Dr. Woods *versus* Mr. W. Crumley, tried at Monaghan last week, for that the latter did issue a "red ticket," instructing the former to furnish medicine, advice, and attendance to the wife of a National School teacher, who was not, within the meaning of the Act, a "poor person," has been decided against the plaintiff. We commented on this case in our Saturday's issue, and therefore need not go back on it. Briefly, Dr. Woods sued Mr. Crumley, an ex-member of the Monaghan Dispensary Committee, for "fraud," in that he issued a "red ticket" on behalf of a person who was able to pay the usual medical fee. We said, on Saturday, that the Chairman deferred giving judgment, but that he was against the defendant, and so he was. "I am for the plaintiff on all points of the case," said his Worship, "save one that was raised by Mr. M'Loughlin, barrister-at-law—namely, that the action should have been brought within three months after the alleged fraud was committed. On that point I feel called upon to dismiss the case." Dr. Woods, then, was defeated by a mere technicality—a mere accident. Dispensary doctors will take note of the fact as a protection against imposition, and members of Dispensary Committees would do well to exercise, henceforth, a proper discrimination before issuing a "ticket" which may form the basis of an action for "fraud." To avoid such an unpleasant ingredient in their life's experience, they have only to rigidly carry out the homely old maxim—namely, "to be just before they are generous"——at other people's expense.—*The Newry Reporter.*

MICROSCOPY.

When Dr. Klein announced the discovery of an organism which was the cause of sheep-pox, many believed at once that the pathology of variola was about to become clearly understood. Dr. Creighton has since proved that the so-called mycelial growths which Dr. Klein had found were only artificially-produced coagula of albuminous matter.

When experienced microscopists like Dr. Klein are thus deceived, it behoves us to be exceedingly cautious how we accept astonishing statements from even skilled observers. The difficulties surrounding microscopic research are numerous.

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Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, November* 29*th,* 1876; *the Total Number of* Births and Deaths *registered during the Week with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, NOVEMBER 29th 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births *registered*.	Total Deaths *registered*.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
Ublin	10,050	314,666	30	141	180	21	63	2	2	3	...	2	5	6	6	3	71
Belfast	20,687	182,082	28	117	97	20	9	...	...	4	...	3	1	3	5	...	17
Cork	13,816	91,965	17	47	30	4	6	...	...	...	...	1	1	...	...	2	3
Limerick	8,509	44,209	19	21	16	5	2	...	...	3	...	...	...	...	...	...	..
Londonderry	21,865	30,884	12	22	7	2	1	...	1	...	...	...	1	...	..	...	...
Waterford	17,209	30,626	15	15	9	3	2	...	...	...	...	...	...	...	...	1	...
Galway	21,358	19,692	5	11	2	1	1	...	...	...	...	...	...	...	..	..	...
Sligo	30,835	17,285	30	5	10	...	3	...	...	...	...	..	1	...	...	1	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 6, 1876.

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ON THE VALUE OF JABORANDI AND GELSEMINIUM SEMPERVIRENS AS THERAPEUTIC AGENTS. (a)

By Thomas Stretch Dowse, M.D., F.R.C.P.E.,

Physician Superintendent Central London Sick Asylum, Highgate.

(*Continued from page 437.*)

Gelseminum Sempervirens.—This plant is not common in this country, and until recently was absent from the Botanical Gardens of London and Dublin. It goes by the popular name of jessamine in America, which is, however, an incorrect term, for it belongs to the natural order Loganiaceæ. It contains two active ingredients—one which is said to have a tetanising influence, and the other paralysing. In using the liquid extract where the paralysing agent is in excess of the tetanising ingredient, small doses paralyse more completely than the corresponding quantity of the alkaloid solution, whilst larger doses of the liquid extract produces paralysis so profound that its tetanising ingredient fails to produce its characteristic effect. It is of interest to note the difference between the tetanising effect of gelseminum and strychnine. After the administration of strychnine we find—1st. That tetanus supervenes without previous loss of voluntary or reflex power. 2nd. Respiration continues unimpaired during the paroxyms. 3rd. Every part of the body is affected—the anterior extremities as well as the posterior. 4th. Reflex action can be excited for hours, or even days, after its administration. In gelseminum, on the other hand, we find that the tetanic condition is always preceded by considerable loss of voluntary and reflex power. 2nd. Respiration ceases before the onset of the convulsions. 3rd. The posterior extremities are most affected. 4th. Irritation fails to excite another paroxysm till the lapse of some seconds, as if the exhausted cord required time to renew its energy. 5th. It lasts only a short time, sometimes only half-an-hour, rarely more than three hours. These are the results of the experiments of Dr. Ringer and Dr. Burdon Sanderson, which I will follow a little more closely, So far we have seen that gelseminum has the power, by its action upon the cord, to produce tetanoid convulsions like strychnine, yet that it possesses a property which has in addition a paralysing agency, which modifies to a great extent its motor action, so much is this the case, that gelseminum can be given as an antidote in cases of poisoning by strychnine, so that the paralysing effects of gelseminum are, in fact, far in advance of the tetanising which cannot be induced unless the drug is given in really poisonous doses. Dr. Ringer's experiments do not seem to have led him to a definite conclusion as to the way in which the paralysing agency is produced. He says that it is not due to the effect of the drug on the muscles and motor nerves, and it is obvious that the loss of voluntary power cannot be produced by paralysis of the sensory nerves. It must, therefore, be due to its action either on the brain or motor tract of the spinal cord. We have no experiments to decide the question, but we offer the following reasons in fovour of the view that it acts through its influence on the cord—1st. The loss of voluntary and reflex power proceed *pari passu.* 2nd. The abolition of reflex power being due to the effect on the cord renders it to some extent probable that the loss of voluntary power also depends on the cord. 3rd. In cases of accidental poisoning, where the loss of voluntary power was so complete that the patients could not move a muscle, could not even raise their eyelids, it is recorded that on recovery they asserted that their consciousness was not at all affected. The foregoing experiments prove that gelseminum abolishes reflex movement, and probably voluntary movement by its influence on the spinal cord.

Yet, more than this, we find that the drug in animals has an especial action upon the respiratory centre, and it reduces the frequency of the respiratory act before it exerts any especial influence upon either sensation or motion, so that when death occurs it is by asphyxia, and it is interesting to note that if artificial respiration be maintained until the drug can be eliminated recovery will take place. This has led Dr. Sanderson to the conclusion that the action of gelseminum differs from that of curare by its especial action upon the medulla and those parts which preside over the rythmical respiratory movements, rather than, as before stated, to its suspension of the functions of the motor nerves of the respiratory muscles. He has conducted some extremely interesting physiological experiments, the results of which appeared in some papers of his contributed to the *Lancet*, wherein he shows and explains pretty conclusively that the drug acts on the respiratory function by paralysing the automatic respiratory centre, but that the process of extinction of the respiratory act which might otherwise be expected to be gradual and progressive, is prevented from being so by the intervention of disturbance, of which the explanation is to be found in the perfect arterialisation of the blood.

(a) Read before the Harveian Society.

I believe that Dr. Ringer's experiments do not quite coincide with those of Dr. Sanderson, but in the light of original physiological investigation explanatory of the mechanism of respiration, voluntary, reflex, and automatic, Dr. Sanderson's researches are of the utmost value.

Although the effects of gelseminum upon animals in poisonous doses are constant, and can be determined with accuracy, still I have found that its action upon man is different and not so marked. I have pushed the dose to such an extent that the patient has been what might be termed automatised, where voluntary power has been held almost completely in abeyance, yet neither respiration, circulation, or temperature has been interfered with. Some persons are more prone to its action than others. It usually first affects the eyes, the brows, and the upper lids in some cases. I have found the sixth nerve to be paralysed, in others the third; but in my practice it has produced no decided effect upon the pupil. Of the two it is rather contracted than dilated. The patient, when under the influence of the drug, has a decided sleepy look; there may be dimness of sight or double vision; the mouth may feel dry although the tongue is moist; there is want of voluntary power which begins in the arms, and patients will say that their arms are so heavy (like lead) that they are unable to raise the hand to the mouth; the legs then become affected in a similar manner; and, lastly, the intercostal muscles. The intellect is not involved to any marked degree, still I cannot quite coincide with those observers who have decided that the cerebro-spinal sensori-motor centres are alone involved. It has often occurred to me that persons under the action of gelseminum are to be likened to these under the influence of some forms of uræmic poisoning, where the blood is not sufficiently loaded with nitrogenous material as to influence the mind by its action upon the mass of the cerebral hemispheres, yet we find the more vascular grey matter of the convolutions, and also the cerebro-spinal ganglia to come under its toxic agency. However much gelseminum might act upon the respiratory centre in animals, it is quite clear that in man it seems to possess some specific action upon the trigeminal nerve. I have had patients who, when taking this drug, complained that it was impossible for them to masticate their food on account of the lower jaw feeling so heavy that they were unable to move it. In cases of neuralgia and myalgia, particularly where the fifth nerve is involved, it will be found to be of good service, but the dose must be full, say ʒj. of the tincture, and repeated every two hours. I have found it to act more speedily when in mixture with bromide of potassium. It has not in my hands given evidence of a power to relieve pain in the same manner that bromide of potassium does, neither do I think that it will ever replace it for this object. There are, however, some cases of reflex excito-motor-irritability, where its sedative action becomes manifest and striking, and perhaps this cannot be better exemplified than where such a condition exists in the muco-respiratory tract, where the bronchial secretion is scanty, and the cough is persistent, harsh, and dry. I have found it of great service in several forms of phthisis, but more especially where the tubercle is disseminated, and where no active disintegration of lung tissue is going on, where, in fact, the respiratory centre is in a constant state of oscillation or reflex excitability, the breathing quick and hurried, the face cyanosed, and the expectoration muco-purulent and frothy. The following cases demonstrates my meaning:—

S. S——, æt. 30, says her health was good until three winters ago when she first suffered from cough, but not until this winter, 1875-76, has the breathing been continuously hurried. The physical examination of the chest, which was fairly well-developed, gave a wooden dulness upon percussion, but equally more marked at the apices. At each apex and over the scapula spines there was prolonged expiratory murmur with sonorous rhonchus. At the bases behind the breathing was puerile, with a peculiar singing bronchophony and crepitant rhonchus at the end of inspiration. The heart was dilated, especially the right auricle and ventricle, but gave no evidence of valvular disease, except an occasional soft tricuspid regurgitant murmur, but the lividity of the features, the hurried breathing, and at times rapid pulse, were the interesting features. Before giving her the gelseminum, the pulse (I here take two weeks by way of example) and respirations were as follows:—

Pulse,	132;	resp.,	48	Pulse,	88;	resp.,	40
„	120;	„	52	„	81;	„	36
„	105;	„	42	„	120;	„	44
„	98;	„	40	„	116;	„	44
„	96;	„	36	„	76;	„	34
„	110;	„	44	„	104;	„	47
„	100;	„	40	„	100;	„	52

At this time the temperature ranged from 99° to 102°. The patient was placed upon the tincture of gelseminum. in doses of one drachm every four hours, which was continued for five or six days, with good effect in checking the cough, but the respiration was in no way lessened.

I have given it in similar cases with equally good results, but never have I found the respirations decreased by it. I tried it persistently in the following case to see how far it would affect the circulation,

Jane Kirby, æt. 36, a stout, strong-built woman, not of nervous temperament but of rheumatic diathesis, was admitted under my care complaining of palpitation of the heart. There was no valvular disease, but some hypertrophy of the left side. The heart's action was persistent, quick, and hurried, and at times almost fluttering; the pulse was never under 140, and at times it ran up to 160 and 180. The usual remedies were tried—namely, digitalis and antispasmodics without effect. I then gave her the tincture of gelseminum in doses of one drachm three times a day, but without any good result. I have also tried it under similar circumstances in other cases, and also to reduce arterial tension, but in these I have been disappointed, so that I think we may fairly say that gelseminum as a therapeutic agent exercises little or no power over either the circulation or respiration, whilst, as a nerve sedative, it seems to be of some value.

◆

ASPIRATION IN THE TREATMENT OF HERNIA.

By P. L. O'Neill,
Medical Officer Athy Workhouse.

The following case is illustrative of the success which Dr. Dieulafoy claims for the aspirator as an aid to the taxis in the reduction of hernia, and likewise of the complete harmlessness of one or more punctures in the intestines even of patients having a peculiar liability to serous inflammations:—

On Sunday, the 19th inst., a patient far advanced in Bright's disease of kidney, and who had for some years a small hernial protrusion, for which he usually wore a truss, was admitted to the Infirmary under the following circumstances, viz.: Immediately before his admission, whilst lifting a weight in the absence of the truss, the hernia, which had hitherto confined itself to the region of the external abdominal ring, and was not at any time larger than a pigeon's egg, fell into the scrotum, and in a few moments became as large as a foot-ball, assuming the most exquisite tenderness. I saw him a few hours after the occurrence, but he could not permit me to touch the tumour. To allay the pain, I injected a quarter of a grain of acet. morphia subcutaneously, and had warm fomentations and a stimulating enema administered.

One hour afterwards I revisited patient, and found pain and tenderness abated, but manifestly symptoms of strangulation, without any diminution in the size of the tumour. I applied the taxis for ten minutes without success; then had patient placed in a warm bath, and repeated the taxis with no better result. I next resolved on giving Dieulafoy's method a fair trial, and accordingly aspirated the hernia with a hot needle, with very unsatisfactory results. I then replaced it with a No. 2, which brought away some reddish fluid, fæcal contents, and flatus; the needle, however, becoming clogged, I withdrew, cleaned, and reinserted it in another part of the tumour, with the most satisfactory results. Large quantities of flatus were extracted, the hernia reduced to less than half the size it had been a few moments before, and the merest effort at the taxis placed the bowel within the abdomen. From that time to this (Saturday, 25th Nov.) patient has had a stool daily, and not the smallest inconvenience in the abdomen.

The features in the case most worthy of remark are:—1st. That morphia subcutaneously injected was preferred to the administration of chloroform, which I would have considered dangerous, owing to the renal affection and cardiac weakness. 2nd. That patient escaped peritonitis notwithstanding the peculiar liability such persons have to inflammations. 3rd. The facility with which the tumour was reduced after aspiration.

◆

THE CONTAGIOUS DISEASES OF ANIMALS.

By George Fleming, F.R.G.S.

Having had the pleasure of hearing Lord Alfred Churchill deliver a most instructive address, at the commencement of the present session of the Society of Arts, I was particularly struck with the reference made to the increasing demand for animal food, and the means which were being devised to import the flesh of animals from distant countries, where cattle and other food-producing creatures are abundant and cheap. But while much interested in the attempts that were made to accomplish this most important object, I could not help thinking, at the same time, that we were far too little concerned about home produce, and that we were not exerting ourselves as we ought to increase, and consequently to cheapen, our own food-productions. Neither do we appear to be at all alive to the terrible loss annually sustained in this country from the ravages of transmissible or "contagious," but preventible, diseases among animals which furnish us with food, or yield us essential services as beasts of burden. And neither do we seem anxious to consider, as we should, the heavy embarrassment to cattle traffic, nor the danger to health, which some of these "catching" maladies inflict upon us—losses, embarrassments, and dangers which are yearly on the increase, and to which we calmly submit as if we were fatalists, or lived in the dark ages when medical or sanitary science did not exist. And again, when looking to other regions for increased supplies—regions which can now furnish them, because their human population is as yet too sparse to require them for their own sustenance—we are apt to overlook the fact that some day this source may fail us, either because the supplies may be required on the spot where they are created, or the very diseases which now diminish our own contribution may abolish this source when they are introduced into these (as yet) uncontaminated countries.

The daily increasing value of many of the domesticated animals, due to the greater demand for them as nations increase in numbers and civilisation, and the greater necessity for perfecting and preserving them, have been apparent for many years. Animal food has become more and more requisite for the busy physical or mental toiler, and animals have become more and more necessary as motor machines, notwithstanding the large number of non-vital machines invented by man to supplement or supplant them. Anything, therefore, which diminishes our flesh supply, or hampers it, or reduces the services we require from these animals, is a matter of great moment in the conditions under which we now live. And when, besides this, we are at the same time exposed to serious—it may be fatal—maladies, through consuming their flesh or products, or coming in contact with them, then is the question greatly increased in importance.

I need not dwell at any length on the medical aspect of the subject, though I hail with delight a growing desire on the part of the masses to learn more pertaining to vitality—to life, health, and disease. It may, therefore, be sufficient if, in relation to what I am about to say, it is stated that transmissible maladies may only be so in respect to the same species, that is, from horse to horse, cow to cow, &c., or to one or two allied species; or from one to every or nearly every species. We have well-marked instances of these. Again, a "catching" disease may be so intensely virulent, that the slightest contact of a healthy with a sick animal, or even a few minutes' stay some distance from it, or near anything which has touched it or has been in its vicinity, will produce infection in almost every animal so exposed; or it may be so slightly transmissible that prolonged contact, or even inoculation with some of the fluids containing the virus, is necessary to produce the disease in only a certain number. In this respect every contagious disease has its special characters, its own individual potency and diffusibility. Some of these communicable disorders, again, are extremely fatal, and kill almost every creature they attack; while others only produce a slight and transient derangement of health. In this respect, however, they vary—malignant diseases being sometimes less deadly, and benignant ones occasionally very destructive.

The "catching" quality of a disease depends upon the presence of certain exceedingly minute living particles or germs—at least, for convenience sake, we will suppose it does. These are possessed of immense reproductive power, and more or less tenacity of life. Some of these specific germs possess the faculty of reproduction to such a degree, that a very few of them introduced into an animal body adapted for their reception will, in a short time, have become so multiplied, that the whole of the tissues and fluids—it may be of an elephant—are impregnated with them. We have also diseases due to animals more or less minute, which take up their abode in different parts of the body, and give rise to particular disorders; and which again, if they obtain access to another animal, when this eats the flesh or any of the products of the one they infested, may give rise to great inconvenience or a more serious form of disease. We have, likewise, transmissible diseases due to vegetable growths in the interior or on the surface of the body. Some of these contagious diseases may affect the entire mass of an animal, and the poison exist in the flesh, secretions, breath, &c., or only certain organs, tissues, or fluids may be involved.

The poison, germs, parasites, or whatever the agents may be upon which the disease depends for its maintenance or multiplication, may gain access to a healthy body through the breathing apparatus, stomach, skin, a wound, &c.; and before its effects are manifest, a certain period—in some diseases pretty well defined, in others not so—generally elapses. The disease may, or may not, be communicable during this latent period.

Some of these diseases are, in the present state of our knowledge, incurable; all are more or less prejudicial to the animals they affect, either by killing them outright, or, when curable, depreciating them in value, permanently or temporarily: diminishing more or less their products or their services, or rendering their flesh or products of less value, or even dangerous, as food for man or other creatures.

Though certain diseases are transmissible from man to animals, yet a far greater number are communicable from these to man, and some of them are extremely fatal when so transmitted.

Some of these diseases of animals are indigenous to the country, and may be developed "spontaneously," through unsanitary or other influences; while other of these maladies are "exotic," or foreign to our soil, and are, or have been introduced from countries where they are more or less prevalent. These exotic diseases are by far the most serious, and have proved a most terrible scourge to this country; they cannot be developed here by any combination of circumstances or conditions, but depend solely for their maintenance on their contagious properties.

A knowledge of this undeniable fact is of great moment, in connection with their suppression; for badly-informed people, who fancy these can be "generated" in different ways in this country, would also have us believe that it is useless trying to suppress them like other contagious diseases. This was the painfully-erroneous notion which also prevailed when the cattle-plague was introduced twelve years ago, and the injury the silly idea wrought we can all remember; we can also recollect how it was proved to be utterly destitute of a shadow of probability by the manner in which the plague was eventually stamped out. The same ignorance yet prevails with regard to the exotic diseases from which we now suffer, and the baseless notions are working as much harm every year as they then did. The people who entertain such fancies, when they are not moved by interested motives, cannot know anything of the history or the nature of such maladies.

It is only quite recently that these foreign contagions have been introduced among our more valuable animals. On the Continent of Europe, the events of war, but more especially the greatly-extended intercourse brought about by railways and steamboats, have been carrying these diseases from their birthplace, and gradually diffusing them all over the world. For the most serious of them have a wonderful power of adaptation, and they can maintain themselves in a great range of climate, and under extremely variable and adverse circumstances.

To be continued.

Clinical Records.

METROPOLITAN FREE HOSPITAL.

Cases of Progressive Muscular Atrophy.

Observed by DR. CHARLES R. DRYSDALE,
Senior Physician to the Hospital.

AMONG the vast population of out-patients of this hospital, a certain number of cases of this important and fatal disease come annually before the notice of the physicians. It is rare that such cases are taken into hospital in their early stages, on account of the small prospect of affording relief to their unfortunate condition.

Recently an elderly woman, æt 52, was admitted to the wards under the care of Dr. Drysdale, whose case commenced in the usual way by wasting of the muscles of the thenar and hypothenar eminence of the hand. This woman, an Irishwoman, sold fruit in Bishopsgate; and, according to her account, had been latterly exposed to very wet weather, having several times during the winter gone home quite soaked to the skin. Gradually she perceived that the power of her right hand and arm was becoming much lessened, and that she could not carry her basket as before. On inspection, it was noticed that the muscles of the forearm were extensively atrophied, and that on both sides the hands resembled claws rather than human hands. The prognosis in this case was very bad. In another case, recently observed by Dr. Drysdale, the prognosis was quite as unpromising. It is as follows:—

A man, æt 37, seen October, 1876, had been ill about four years. Of a healthy family, there was no one of his relations who had suffered from any similar disease. He had never been a drinker to excess, and had *no marks of syphilitic disease.* His occupation was that of a polisher of marble. Four years ago he was taken with feebleness in his left hand, and this weakness increased, finally causing it to be impossible for him to hold the marble he was was forced to polish. The muscles of the thumb began to diminish in size, and then those of the hypothenar eminence, and the hand assumed the appearance of a claw, the first metacarpal bone being drawn backwards, so as to place it in a line with the others. The inter-ossei then disappeared and the muscles of the forearm. This condition lasted two years, when the other arm became affected in an analogous way.

At the end of two years the muscles of the trunk became affected, at first on the left side, then on the right. This was painlessly accomplished. At the same time the patient remarked that a good number of his muscles, whether attacked or not by atrophy, were affected with fibrillary contractions.

These were at first limited to the right upper limb, but in a few months they appeared in the left shoulder. On the left side, also, the movements of the leg were not long in presenting a notable modification; the patient perceived that he could not lift the point of his foot, so that the latter was always trembling, and gave to his walk a peculiar character. This was due to atrophy of the tibialis anticus, and the extensors of the toes. This state continued for four years, and the poor patient went from one hospital to another, undergoing various treatments, without any sensible amelioration.

On being seen, patient exhibited no fever, nor loss of appetite. The emaciation of the upper extremities was very striking, the hand being flattened, the forearm also flattened, from the wasting of all the muscles, save that of the supinator longus. The atrophy had also attacked the coraco-brachialis, the biceps, the deltoid, and brachialis anticus. The pectoralis major was greatly wasted. The trunk showed no apparent deformity, and the shoulder blades were not winged. The patient walked on the point of his feet, which he threw forward, and which fell down as soon as they were raised. The fibres of the pectoralis major and trapezius and sterno-mastoid were the seat of slight spasmodic movements. These contractions took place both in the atrophied muscles and in those which were not yet attacked. The electric contractility of these muscles was sensibly diminished.

There was no loss of sensation in this patient. The intelligence was perfectly clear, and also the deglutition. The muscles of the tongue were wasted. Micturition and defecation normally executed, and the muscles of the abdomen were apparently intact. The hand was in a state of permanent flexion.

Remarks.—This disease has been lately designated *protopathic amyotrophy*, or progressive muscular atrophy, as it was named by Cruvelhier, its disoverer, and by English writers. The atrophy commences indifferently, either in the extremities or in the trunk. If the muscles of the trunk are first affected, however, it may be long before the patient notices the nature of his case. On the contrary, if the muscles of the arm or leg are affected, the loss of power becomes at once evident to the patient. The disease generally commences by the upper extremity, and generally the muscles of the thenar and hypothenar eminences are affected first of all. At other times the muscles of the forearm are first affected, especially those of the extensors. At other times again the deltoid is the first muscle to be affected, or the rhomboid, l. anguli scapulæ, trapezius, and serratus magnus. Sometimes the supinator longus is the first muscle attacked. The disease rarely extends to all the muscles of the lower extremities, and the face is generally spared. When the muscles of the tongue are affected, as in this patient, there may be bulbar disease, and a glosso-labio laryngeal paralysis may ensue.

The changes which characterise this disease are generally simple. They consist in atropic lesions, which, above all, affect the large motor and trophic cells of the anterior cornua of the cord, and their prolongations. The muscular atrophy is of two kinds—pigmentary and simple. In the first form of atrophy the cell is infiltrated with a great quantity of pigmentary granulations, yellow or brown in colour. This pigment distends the cell or is accumulated only at one point; the cell becomes globular, and its prolongations become very fragile and are destroyed. After remaining for a pretty long time voluminous, the cell atrophies, its contents become altered, and neither protoplasm nor nucleus is observable, and finally it becomes transformed gradually into a little granular and irregular mass.

In the second form, styled simple atrophy, the cell is reduced in all its dimensions, but maintains its stellate form, still possesess its nucleus and nucleolus, but becomes six or seven times smaller than in its normal condition, whilst at the same time its prolongations become shortened and atrophied.

Now, if it be remembered that each of the cells has the nutrition of a muscle attached to it, in whole or in part, we shall easily understand how a disseminated and progressive muscular atrophy corresponds of necessity to an atrophy of the spinal cells, progressive and disseminated also. It would, moreover, appear that the neurilemma of the grey subatance is also sometimes affected. The walls of the vessels become thickened; the lesions of the nerves are chiefly traceable in the anterior roots of the nerves, which are diminished in volume. The fibres of the muscles diminish simply in number and volume, whilst preserving their normal characters and striation. All this is well seen by using osmic acid to the nerves which are wasted.

Causes.—Hereditary transmission is one of the antecedents of progressive muscular atrophy. Charcot speaks of the disease having existed in several generations of a family. Duchenne (de Boulogne) mentions cases where there existed in the father and mother of the individual affected atrophy of the pectoralis and the trapezius, the existence of which was unknown to the patient.

Excessive exercise is one predisposing cause. The disease is more frequently seen in males from the age of 18 to 40. It is, however, occasionally seen in children although in them it is often taken for infantile paralysis. The muscles of the mouth and chin are often first affected in such cases, and it appears that there is always hereditary transmission when the disease appears in young children.

Other causes for the disease have been given, as, for instance, excessive connection, masturbation, &c., but they do not appear to have a great influence after all. Cold and wet seem to us to be far more frequent and efficient causes; syphilis is probably a cause, and it is a frequent cause of locomotor ataxy.

Diagnosis.—There are some diseased conditions which more or less resemble progressive muscular atrophy. First of all, there is the disease named general spinal anterior acute atrophy. This disease has for its principal symptoms a paralysis which, first of all limited to the whole of one limb, then extends to the greater part of the body. Atrophy soon follows, and then diminution of the dimensions of the limbs. Here the commencement is rapid, the paralysis soon diminishes, and the atrophy caused by it.

Infantile paralysis, when spinal in character, may be confounded with this disease. In ordinary cases of the disease the diagnosis is not difficult, for it commences suddenly and is generally accompanied by febrile symptoms, after which we notice complete palsy, which occurs a certain time before the production of the muscular atrophy. Again, in this disease the lower extremities are the ones first affected.

After rheumatism, atrophy sometimes attacks the deltoid, but this has usually been preceded for a long time by intolerable pains. It has also been alleged that in certain cases of lead poisoning muscular atrophy may become generalised. But in these cases the diagnosis is easy, since these lesions have been preceded by all those which characterise poisoning by lead. Very frequently, again, it appears only after limited paralysis, and there is complete abolition of the electric contractility without any relation to the degrees of the atrophy.

Prognosis.—In the most rapid cases of this disease death has never supervened in less than two years. Sometimes the patients live a very long time indeed, and cases have been cited where the length of life has been thirty or even forty years after the commencement of the atrophy. These cases, however, are quite exceptional, and in general the evolutions of the disease require only six, seven, eight, up to ten or fifteen years. In numerous cases the disease remains stationary — sometimes indefinitely, sometimes during a very long time, for seven or eight years for instance—after which it resumes its invading progress, and finally causes death. This takes place sometimes from the atrophy of the muscles of mastication or deglutition, sometimes by extension to those which are concerned in the act of respiration. Sometimes it results from atrophy of the muscles of the tongue, constrictors of the pharynx, and velum palati. When the diaphragm and respiratory muscles are affected, the patient may die of asphyxia.

At other times the atrophy of the motor cells of the anterior cornua may by proximity extend and attack the nuclei which give origin to the bulbar nerves. We then see the phenomena of labio-glosso laryngeal palsy appear. Perhaps this palsy is only a form of the disease we are discussing.

The cases when the atrophy is arrested are those where it is due to excessive work. The most unfavourable cases are those where there is hereditary transmission of the disease. Syphilitic cases may have a better prognosis.

Treatment.—Faradisation of the atrophied member has been recommended, and should be tried; not with the view of curing the disease, but by the passage of intermittent currents it may be hoped that the muscles may retain a little of their contractility, and thus a little of their movements may be restored to them. Very weak currents should be used every second day at nearest, and not for longer than a quarter of an hour at a time. The rheophores should be kept close to each other in the centre of the muscle. Arsenic and strychnine, although of doubtful utility, have been recommended.

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the last meeting of this society, Mr. J. W. **Hulke** read a paper on "A Case of Complete Absence of both the Upper Limbs, and of Faulty Development of the Right Lower Limb." The child was 4½ years of age, and was, with the exception of her deformity, a healthy and good-looking child. Her father and mother were also healthy. There is no external mark, except a small congenital scar and a little dimple below the outer end of the right collar bone. The clavicles and scapulæ are well-formed, and the muscles attached to them act well. The right leg is shorter than the left, and the foot has slight talipes varus, and the femur is short; but there is great and unusual mobility both of the hip and knee-joints. The left leg is natural, and dexterously performs offices generally devolving upon the hands. The author thought that the case supported the theory of absence, arrest, or misdirection of development rather than amputation of the limbs by constriction—a hypothesis which was disproved in this case by the total absence of scar from the child's left shoulder.—Mr. Lowne said that he had dissected several examples of these malformations, and had found in them every variety of atrophy, generally of the distal portions of the limb. He thought that in every instance a small papilla or dimple occurs on the stump, indicating the position of the limb, and showing that the limb buds are developed. He did not believe in maternal impressions, and referred to two instances in which such impressions had been followed by no evil result.—Mr. John Wood suggested the theory that these malformations might be owing to pathological changes in the ovum; and in support of this theory adduced Mr. Buckland's experiments in salmon ova, in which it was found that the development of the head or tail could be arrested by placing a small particle of dust on either of those parts of the embryo.—Mr. T. Smith said that undoubtedly some cases of intra-uterine amputation did occur, however produced; for he had seen limbs marked with deep constrictions through the soft parts, which could only have been produced by a ligature. With regard to parental impressions, he thought something depended upon the age of the mother when submitted to the shock, and he cited a case of congenital hare-lip and cleft palate which had apparently originated in such impressions.—The President (Sir James Paget) said it was impossible to doubt the occurrence of intra-uterine amputations after the number of facts that had been collected by Sir James Simpson, and especially as cases had been observed in which amputation had all but taken place. Sir James Simpson did not attribute this accident to the umbilical cord, but to bands of lymph due to inflammatory changes, and causing constriction of the limbs. Therefore, although some of these cases are owing to arrest of development, others must be attributed to amputation in utero.

Mr. Hulke also read a paper "On a Case of Lodgment of a Tracheotomy Tube in the Right Bronchus, and its Extraction." Tracheotomy had been performed on a woman, æt 37, suffering from acute laryngitis. The operation was attended by immediate relief, but a week afterward the outer tube slipped by accident down the trachea, and the patient felt it slide deeply into her chest. Ineffectual attempts were made to seize it with slender, long forceps, and in the course of two or three days pain was complained of at the right of the lower part of the sternum, along with cough, quick pulse, high temperature, and dyspnœa, so that its immediate removal seemed imperatively necessary. Chloroform was given, and a long piece of German silver wire (one end of which was bent into a blunt hook, with another bend in the wire, one inch and a-half above this, so as to correspond with the angle formed by the trachea and right bronchus) was passed through the wound down the trachea. The other end of the wire was bent into a large loop, the plane of which coincided with the blunt hook, so as to admit of the latter being guided into the right bronchus. By this means the tube was distinctly felt, and by pushing the hook onwards to the distal end of the tube, the latter was caught and moved upwards until within a short distance of the tracheal wound, when it was seized with a forceps and taken out. The patient eventually got quite well, and was discharged about six weeks after her admission. Mr. Hulke made some remarks on the cause of the screw in Durham's tube becoming loosened, and on the defect of the outer tube, in having no flange to prevent its slipping through the collar and being drawn into the trachea. He also dwelt upon the necessity of forceps for extracting foreign bodies from the air-passages being light enough to serve as a sound, and sufficiently flexible to bend in any desired curve.

The discussion which followed turned upon the respective merits of different tracheotomy tubes, and, as usual on such occasions, each inventor was prejudiced in favour of his own peculiar instrument. We must, first, however, remark that Mr. Morrant Baker had, in the course of the evening, read a paper "On the Use of Flexible Tracheotomy Tubes," in which he referred to the evils resulting from the use of silver or other rigid tubes, especially the pain and difficulty in their introduction and withdrawal, and the liability of the trachea becoming ulcerated from pressure. His flexible tubes were constructed of vulcanised red indiarubber, and in shape and size resembling ordinary tubes. Only one tube is used at a time, as it can be introduced and withdrawn with ease, but it should not be as a rule introduced until about three days after the operation. These tubes do not, as might be expected, yield to the pressure of the edges of the wound in the trachea, they are very durable, and are less liable to be clogged with mucus than the silver ones. It would be as well, however, to have always at hand a silver tube, in case of any temporary difficulty in replacing it.

During the remarks that were made on Mr. Hulke's paper, Mr. Durham defended his instrument from Mr. Hulke's strictures, and said that they were only applicable to instruments of bad construction. Mr. Marsh said that Mr. Baker's flexible tube had, according to his experience proved to be an unqualified success. He made several objections to Mr. Durham's instrument, and while recommending Fuller's tube in preference for the first day or two, thought that Baker's instrument should be substituted for it within two days after the operation. In reply to the observations that had been made, Mr. Hulke thought that Mr. Baker's tubes bid fair to obviate many of the objections which had been raised against the use of rigid tubes; and with regard to his criticisms on Mr. Durham's instrument, they had been based upon an examination of many examples of it, and upon the information of several instrument makers.

The Society then adjourned.

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DUBLIN OBSTETRICAL SOCIETY.

The first meeting of the Session was held on Wednesday, November 1st, 1876. Dr. Gordon, President, in the Chair. The minutes of the previous meeting having been read the report of the Council was taken as read.

The President said that he was sorry to say that that the report of the Council was almost entirely taken up with regrets. There was, however, one object of congratulation, and that was that the College of Physicians continued to entertain the same high feeling for the Society that it had done in the past, and had endeavoured to assist the Society in the arrangement of new rules, and in having them carried out with their sanction and co-operation. The subjects of regret were first of all that the meetings of the Society had not been so well attended as in former years. The average attendance during the last year had been only about twenty-one on each occasion, and following on that was the natural regret that there had not been more communications from members of the Society. Another subject of regret was that they had lost during the past year two members of the Society, who were members of the Society for a very long period, Dr. Ringland and Dr. Sibthorpe. They both were very constant attendants at the meetings of the Society, and assisted frequently in discussions on subjects connected with their own branch of the profession. They belonged, however, properly to the kindred Society which met in that building—the Obstetrical Society—and the regret would be more fully he was sure felt there.

Dr. W. G. Smith made a communication on some new tests for bile-pigment. He said that his object was to invite the attention of the Society to some new tests, which from their simplicity and freedom from fallacy, seemed to answer admirably. More than seven years ago he was struck by a sentence in a short article by Marechal in the *Journal de Pharmacie* for March, 1869, in which he there stated that tincture of iodine was the most sensitive test for bile in urine, giving with it a magnificent emerald green, lasting half-an-hour, and then changing into rose colour, and then changing into yellow. M. Marechal's statements would appear, as far as he (Dr. Smith) could ascertain, to have been overlooked by subsequent writers. Since that time he (Dr. Smith, had tried that test in almost every case of jaundice he had met with, and had repeated and varied the test in the one case. In no single case had he failed to get a distinctive colouring action. The value and delicacy of the nitric acid test were less than was commonly supposed, although it was relied on in physiological investigation, but it was desirable to have some supplementary tests for bile-pigment. The four tests were—tincture of iodine, ferric chloride, peroxide of hydrogen, and peroxide of lead. With a fresh supply of material he hoped to study more closely the action upon the iodine and peroxide of lead tests. The reason he recommended the tincture of iodine as a test was that a single definite was given, a test which fully equalled in delicacy, possibly surpassed the nitric acid test.

Dr. **Emerson Reynolds** believed in the value of the nitric acid tests. Iodine to his mind was a somewhat unsatisfactory mode of affecting oxidation. The iodine solution itself was so strongly coloured, that unless the solution were properly worked, it might lead to error. The phosphoric solution of lead answered well and sharply. The ferric chloride which was tested in a few cases acted exceedingly well, but it was open to the objections that many other substances besides bile might affect the reduction of the ferric solution.

Dr. **Finny** said that from his experience the iodine test answered readily and was a most useful one.

Dr. **Foot** had seen that test worked with very neat results indeed. It occurred to him that the use of these oxidising pigments might be turned to great use in the diagnosis and etiology of jaundice, that was to distinguish between the kinds that originated in the blood, quite independent of those that originated in the liver.

Dr. **Smith** said, in the course of his reply, that he would endeavour to turn Dr. Foot's suggestion into account.

Dr. **M'Swiney** then related the particulars of a case of syphilitic phthisis, occurring in a man, æt. 36 years, who had been a hospital-patient of his. The man had been originally a very healthy subject, and had inherited no tendency to any pulmonary or other disease. He had been married when 18 years old, up to which time he never had had venereal disease. Three healthy children were the fruits of his marriage, when unfortunately he contracted a chancre. Seven children were born after this event, not one of whom lived, but were either still-born or died shortly after birth and presented evident marks of syphilitic contamination. The primary disease was followed in the man, and in a short time by sore throat and other symptoms of secondary poisoning. Then there was a long interval of quiescence from any symptoms. After the lapse of some years—about two years ago—he was attacked with syphilitic ear-ache, followed by purulent discharge and escape of the ossicula or small bones of the ear. At the same time he suffered from syphilitic disease of the nose, nasal discharge, perforation of the septum, and extensive necrosis. Finally, the nose became greatly deformed and fallen in, and he lost the sense of smell. Six months ago he got for the first time, a cough, accompanied by pain in the chest, quick breathing, rapid wasting, and all the symptoms of pulmonary phthisis. He was admitted into hospital in a miserable state of weakness and prostration. Evidence of pulmonary consolidation, together with the formation of cavities was afforded by a physical examination of the chest. His general appearance denoted the syphilitic physiognomy in the most marked manner. He was put upon anti-syphilitic remedies—perchloride of mercury and bark—under which form of treatment his improvement was very remarkable during the month which he remained in hospital. Shortly after he left hospital, however, he relapsed, and in about six weeks died. No *post-mortem* examination was allowed to be made. Dr. M'Swiney next justified his designation of the case as one of syphilitic phthisis, by a considerable amount of reasoning, in the course of which he stated that the conclusion was arrived at upon the following considerations :—1st. The history of the case. 2nd. The absence of any hereditary predisposition to ordinary phthisis. 3rd. The progressive extension of the syphilitic disease from its outset through its various stages to its ultimate full development. The special cachexia by which the symptoms were accompanied, together with the combination of the lung affection with other specific morbid phenomena. 5th. That the stage of the specific disease, namely, the tertiary stage, at which the pulmonary attack set in, that being the stage most frequently by far reported as the one in which syphilitic phthisis had been found to present its first manifestation. Dr. M'Swiney then stated that pathologists now universally recognised the existence of syphilitic affections of the several internal organs of the body, and he cited numerous examples of organs, and various medical authorities in support of this proposition He likewise maintained that there were various forms of morbid state which terminated in a certain form as generally known by the title of consumption, and amongst those forms of consumption he held syphilitic phthisis was at once the most important and least understood. Finally, he remarked that it should be laid down as a rule of practice that when, in any particular instance, it came to be suspected from the history of the symptoms, that syphilis might be the cause of lung disease, the indication was at once to apply the test of specific medication, it having been abundantly demonstrated that tertiary syphilis could produce in the lungs lesions which simulate pulmonary consumption, and many of those lesions being as was now well known quite amenable to specific remedies, their recognition and treatment by anti-syphilitic means, became it was evident, matter of the highest practical importance in clinical medicine.

The **President** said he remembered Dr. Hulton saying of a case under the care of the late Dr. Colles, that it was a case of disease of the lung, but that the primary disease was syphilis. He argued from the success of his treatment the correctness of his theory. He treated that case with mercury persistently, and after a considerable time the success was beyond his expectation. The success of the treatment justified the diagnosis that the disease was essentially syphilitic. He had also heard Dr. Hulton speak of the position of the disease of the lung as differing from the ordinary position of the disease found in thesis. As to the case just read, he (the President) had no hesitation in coming to the conclusion that the symptoms referred to were truly syphilitic.

Dr. **Foot** thought the tendency now-a-days was to the unity of phthisis, and not to the multiplicity of the twelve or fourteen varieties of phthisis; and instead of calling the case just described by Dr. M'Swiney a case of syphilitic phthisis, he would call it a case of phthisis in a syphilitic person. There were no doubt cases of syphilis of the lungs and larynx, which were treated as phthisis. It seemed to him (Dr. Foot) that the syphilitic lesions of the lung quoted by Dr. M'Swiney were not to be regarded as sufficiently constant to be reliable.

Dr. H. **Kennedy** said his remarks would be only a following up of what had fallen from Dr. Foot. He then went on to say: I have got the strongest convictions that, of late years the ideas of the syphilitic poison and its consequences have been carried to an extreme degree ; and the result has been that many cases are now set down to this cause, which in reality are due to another and a very different one, namely, struma. In London this has been strikingly evident, and any one who has looked over the transactions of the Pathological Society of that city, cannot fail to have been struck with the fact that many cases are detailed as syphilitic, which in reality had nothing whatever to say to that poison. They were essentially strumous, and a single word in their history need not be altered to make them so. In time, I hope this grave error will be avoided ; for it is grave in every aspect in which it can be looked at. I am far from saying that the two poisons do not often co-exist. But that is a totally different matter from saying that struma is syphilis.

As to the lung affections which follow syphilis, I think I may say they are rare. They do not certainly occur, and most probably of a specific kind ; but it must not be overlooked that tubercular phthisis may and does arise when the system is broken down from any cause. The treatment, I believe, in all these cases ought essentially to be restorative, and I would specially mention sarsaparilla, given in the form of powder, as being mos valuable. I have on another occasion stated this fact, and it is worth keeping in mind, inasmuch as the drug is always expensive. But by this mode of giving it, the expense is materially lessened.

Dr. **M'Swiney** said he had adduced what he believed to be very cogent reasons for regarding phthisis, or pulmonary consumption, as being frequently due to the presence in the condition of the syphilitic virus. There were a good many causes of pulmonary consumption. The disease resembling decline in all particulars was frequently due to the presence of the syphilitic virus.

The Society then adjourned.

We are glad to report that Mr. Francis Mason has been elected full surgeon at St. Thomas's Hospital, *vice* Mr. Simon, whose term of office has expired. Mr. Mason will still continue to lecture on anatomy.

THE OPINION OF THE PROFESSION UPON PROPRIETARY DISPENSARIES, AND THE ACTION FOR LIBEL AGAINST THE "MEDICAL PRESS."

On Monday last, a large meeting took place at the Rooms of the Medical Society, Chandos Street. Among those present were—

Drs. Quain, Barnes, Stewart, Farquharson, Sturges, Watson, Thorowgood, Routh, Milner Fothergill, Semple, Williams, Edmunds, Arthur Leared, Greene, Winn, and Forbes Winslow. Messrs. MacCormac, Adams, Field, Parker, George Brown, Jabez Hogg, Nunn, Cooke, Browne, Owen, Norton, Royes Bell, Sewill, Copland, Thomas, &c., &c.

Communications were referred to by Mr. Jabez Hogg, who acted as Secretary of the meeting, from many members of the profession who were unavoidably absent, but who approved of the objects of the meeting, among whom were Drs. Sieveking, Murchison, Wilson Fox, Hy. Green, Billing, Brunton, E. Williams, James, and Carey; Messrs. Erichsen, Critchett, Brudenell Carter, and others.

The following letter was read from Mr. Carter, as having an important bearing upon the objects of the meeting:—

69 Wimpole Street, Cavendish Square, W.
December 3rd, 1876.

If I should by any chance be prevented from attending the meeting, I should like my full sympathy with its objects to be expressed. The existing law of libel, as applied to the press, is a shelter to evildoers, and a terror only to honest men. It permits the public to be robbed with impunity by a host of knaves, whose practices are only rendered possible by the fact that a newspaper has to pay for exposing them; and by the further fact that few newspapers are sufficiently public-spirited to incur the risk.

Sincerely yours,
R. Brudenell Carter.

Dr. Quain who was requested to take the chair, referred to the difference between proprietary dispensaries in which it was the object of the owner to make as large a profit as possible out of the patients, and the provident dispensaries which were under the directors of governors, and which were truly charitable institutions. He considered that a proprietary dispensary under the mask of a provident institution was but a prostitution of the name of charity, and nothing could be more defrauding. He had himself met with an instance in which medicines in large quantities were supplied to a poor patient for a sum of money so small, that no profit could have been obtained, and on questioning the individual who was a member of our profession, he candidly confessed that he never supplied medicines except those of the cheapest kind, chiefly quassia and Epsom salts. How could such remedies, how could such forms of treatment benefit the poor? The matter to be brought before the meeting concerned a medical journal which desired to raise its voice against such treatment of the poor, and which had been by the law made to suffer for its honest expression of opinion. He ventured to suggest that the conductors of that journal deserved the support of the profession, for which purpose the meeting had been convened that afternoon.

Mr. Adams, President of the Medical Society of London, then proposed the first resolution:—

> "That the principle of establishing proprietary dispensaries, under the guise of provident institutions, is in the highest degree objectionable, and ought to be discouraged as fraught with danger to the public, and as tending to degrade the status of the profession."

Mr. Adams concurred in the broad principles laid down by the chairman's reference to proprietary dispensaries and provident institutions, condemning the system in which small payments were allowed to find their way into the pockets of the proprietor, and the poor were deluded into the idea that they were receiving the best advice and medicine. He was sure that all present were agreed that the conductors of the journal had the interest of the public and the profession at heart, and although the terms used had doubtless borne the legal interpretation of libel, yet a writer on such a subject might well be excused for overstepping the bounds of words. He was glad to have the opportunity of expressing his sympathy in common with those present with the proprietors of the journal, who he was sure deserved the confidence and support of the profession.

Mr. MacCormac remarked that it gave him great pleasure to second the resolution which had been proposed, and at the same time he wished to enter his protest against that degrading system which pretended to give cheap medicine and advice under the guise of charity.

Mr. George Brown (Hon. Sec. to the Medical Defence Association) said there was nothing more degrading to the dignity of the profession and against the interests of the public, than these so called cheap provident dispensaries. It was his misfortune to come across numbers of patients who had attended them from time to time; poor people who had been deluded into the notion by specious artifices that they were to get proper advice and medicine for the small fee of 4d. or 6d. a visit—medicine, he admitted, they might get such as it was, but as to proper advice it was simply monstrous. From numerous inquiries he found that the most that was ever done for the poor creatures in the way of diagnosis was to look at the tongue or feel the pulse, and there it ended. He had known dozens of cases of chest diseases, in which the chest had not even been sounded, or any attempt made to find out the nature of the complaint. And was this, he asked, proper treatment? Why, it was nothing less than a satire upon medicine, and a delusion of which the public should be made well acquainted. It was true the language used by The Medical Press and Circular was somewhat forcible, but abuses such as this system undoubtedly was, could only be put down by strong words, and he thanked the journal most sincerely for its courageous conduct. As a general practitioner it gave him great pleasure to see such a number of gentlemen of the greatest eminence in the profession coming forward to express their disapprobation of such a degrading system, and to support the conductors of the journal which had striven manfully and fearlessly to expose it.

Mr. Hogg testified that from his connection with two hospitals, and after exercising the most rigid economy, they had found that it was impossible to give proper medicines to a miscellaneous lot of patients at fourpence a head, putting of course advice and profit out of the question; the jury, however, appeared to have been misled by statements on the other side, and hence their verdict.

The resolution was then put, and carried unanimously.

Dr. Barnes said the object of the meeting had his cordial sympathy, and the resolution he was about to propose naturally followed that which they had already unanimously passed. It was an extraordinary system, this advice and medicine at fourpence a-head, it was one of those enigmas "which no fellow could understand." He had read the articles in the Medical Press and Circular, and he was bound to admit that they were written in a manner which reflected the highest credit upon the editors of the journal; they were dignified and to the point, condemning in very proper terms that system which they met there that day to denounce. He had also carefully read the evidence given at the trial, and he was glad to see that the judge spoke so highly, and as he (Dr. Barnes) considered justly, of the honourable, straightforward, and impartial way in which the journal was conducted. He was also delighted to find that the judge commended the honourable and consistent motives of Dr. Jacob, the writer of the articles, to the notice of the jury. But common juries could not always be brought to look at matters in a common sense way. He was astonished that any man could have had the hardihood to bring such an action, he was still more so that a jury should find a verdict for him. There was not the shadow of a reflection upon the character and impartiality of the journal, which he deemed worthy the support and sympathy of the entire profession. Dr. Barnes then proposed the following resolution :—

> "That this meeting desires to express its approval of the policy of the conductors of the MEDICAL PRESS AND CIRCULAR in bringing the influence of their journal to bear against such institutions. It also considers it a matter for regret that a verdict should have been obtained against them in a court of law for a conscientious expression of opinion, and it desires to offer them its entire sympathy and support."

Mr. HAYNES WALTON rose with great pleasure to second the resolution; and in doing so remarked that the journal with which they had met to express their sympathy, was one deserving of every support. It was an old and well-recognised organ of the profession, in which they had every confidence, or they would not have assembled there that day. It was not a personal affair, it was in support of a principle they had met, and as that principle had been so ably carried out by the conductors of the journal in question, all they wished to do was to express their sense of admiration of the manner in which the dignity and honour of the profession had been guarded.

The resolution was then put and carried unanimously.

Dr. EDMUNDS rose to propose that their sympathy should take some practical shape, and moved that a subscription be started to defray a portion of the expenses the journal had been put to in upholding the dignity of the profession in a court of law.

Mr. BROWNE was of the same opinion, and begged to second the motion of Dr. Edmunds.

Dr. BARNES and Mr. HAYNES WALTON thought that this should not be done on the present occasion, as the conductors had not requested it, and they had carried the resolutions which were on the programme; at the same time it was open to and consistent with the object for which they had met to decide afterwards upon the subject mooted by Dr. Edmunds.

The resolutions passed at a similar meeting held in Dublin, at the residence of Professor Mapother, on Saturday last were read from the chair, together with the names of those who had given their support to the objects of the meeting. These names, Dr. Barnes remarked, represented the *élite* of their professional brethren in Ireland, with whom he was proud to be working in so just a cause.

Votes of thanks to Drs. Quain and Barnes for presiding were carried unanimously, and the meeting dissolved.

THE MEETING IN DUBLIN.

A preliminary meeting of the profession in Dublin was held on Saturday last at the residence of Dr. Mapother, Merrion Square, at which it was announced that Dr. Gordon, the president of the College of Physicians, and Dr. Hayden, the vice-president, Dr. Kidd, president of the College of Surgeons, Dr. James Martin, president of the Irish Medical Association, Dr. Owens, Lord Mayor of Dublin, Dr. Atthill, Master of the Rotundo, Dr. McClintock, Dr. Davys, Dr. Mapother, Dr. Minchin, Dr. W. J. Martin, Mr. Croly, Mr. Smyly, Dr. Thornley Stoker, Mr. Henry Wilson, Dr. Banke, of Limerick, Dr. Tagert, of Monkstown, Dr. Chaplin, of Kildare, Dr. Wharton, Dr. Smith, of Donaghmore, Dr. G. F. Duffy, Dr. Morton, of Castleblayney, and many others of the leading members of the profession throughout Ireland had expressed their warm sympathy with the objects of the meeting, and their desire to be placed on the Committee if such should be formed. After some deliberation as to the best means of enlisting the support of the profession throughout Ireland, it was unanimously resolved—

> "That Dr. Chapman, 60 Pembroke Road, Dublin, be appointed Honorary Secretary and Treasurer of the Fund, and be requested to draw up a circular explanatory of its objects, and to forward same to the members of the profession in Ireland at large, inviting their support, co-operation, and subscription."

The following first subscriptions were announced :—

Dr. Gordon, President of the College of Physicians	1	1	0	Dr. Rowles, Rathmines	1	0	0
				Mr. Henry Wilson, Dublin	1	1	0
Dr. Kidd, President of the College of Surgeons	1	1	0	Dr. Atthill, Master of the Rotunda Hospital	1	1	0
Dr. McClintock, Dublin	2	0	0	Dr. Chapman, Dublin	1	1	0
Dr. Wharton, Dublin	1	1	0	Dr. Minchin, Dublin	1	1	0
Dr. W. J. Martin, Dublin	1	0	0	Dr. Tagert, Monkstown	1	1	0
Dr. G. F. Duffey, Dublin	1	1	0	Dr. Edward Taylor, Dundrum	1	1	0
Dr. Thornley Stoker, Dublin	1	1	0	Dr. Usher, Dundrum	1	1	0
				Dr. Chaplin, Kildare	1	1	0
Dr. Mapother, Dublin	1	0	0	Dr. Jacob, Maryboro'	1	1	0
Dr. Godfrey, Dripsy	1	1	0	Dr. Morton, Castleblayney	1	1	0
Dr. Davys, Swords	1	1	0	Dr. Raverty, Bray		10	0

The following offers of subscription, and subscriptions paid, had been received at the London office prior to the meeting at the Medical Society of London on Monday :—

Dr. Greene, Old Kent Road	1	1	0	Mr. George Brown, Hon. Sec. Med. Defence Society	1	1	0
Dr. E Williams, Colchester	1	0	0	Editors of the *Students' Journal*	3	3	0
Dr. Lauder Brunton, London	1	1	0	Dr. L. S. Forbes Winslow, London	5	0	0
Mr. R. Hanslip Sers, Epperstone, Notts	1	1	0	Dr. Prossor James, London	1	1	0
Dr. O'Flanagan, Houghton-le-Spring	1	1	0	Mr. Lennox Browne, London,		10	0
Mr. Jabez Hogg, London	1	1	0	Dr. Billing, London,	1	1	0
Mr. F. B. Courtenay, London	2	2	0	Dr. Carey, Taunton,	1	1	0
Dr. A. Leared, London	1	1	0	Mr. W. Douglas Hemming, Notting Hill,		10	6
Mr. C. T. Brookhouse, Deptford,	1	1	0				

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 6, 1876.

THE OPINION OF THE PROFESSION ON PROPRIETARY DISPENSARIES.

ONE of the most gratifying features which characterise the different professions and vocations in which men are engaged is that *esprit de corps* in virtue of which the interests of a few become an object of concern to the whole class, by which the unmerited misfortune of even one individual is ameliorated by the kind sympathy and assistance of his professional brethren, and which, moreover, makes each class unanimous in resenting any conduct that is derogatory to its dignity or respectability. Hence, the different Funds, Provident Institutions, and Benefit Societies which have been instituted in London and elsewhere on behalf of various denominations of professional men; and hence also the incentive which should induce everyone to do all in his power to support the honour and integrity of the class to which he belongs. Of course this feeling is more strongly felt and is more influential, the higher we move in the sphere of society and perhaps there is no class more jealous of its good name than that to which we have the honour to belong; and that too, in face of difficulties from which many others are free. If there is any doubt as to the truth of this last remark, it will be at once dispelled by the public meeting which took place on Monday evening, at the rooms of the Medical Society, on behalf of this journal, and in support of the action taken by us against certain practices which are considered to be prejudicial to the dignity of the profession; nor can we appreciate too highly the magnanimity and self-sacrifice of those leading physicians and surgeons who, setting aside all other considerations, have devoted time, which they can ill spare, to justify the action of THE MEDICAL PRESS on a matter of great professional importance, but one in which their own private interests were only indirectly and remotely concerned. And not only does it afford us great satisfaction to be backed up by men of such ability and position as those who represented the profession at the above meeting, but it more than recompenses us for the trouble, anxiety and expense to which we were put in our endeavour to uphold the dignity and respectability of the profession. Such a meeting, moreover, is a guarantee that not merely any particular class of practitioners, but the whole profession, are concerned in the matter, and are of one united opinion as to the propriety of the course we took, and the worthiness of the motives by which we were actuated.

The great proof, however, of the sympathy and support accorded to us are the resolutions which were proposed and unanimously adopted at the meeting. The first resolution, moved by Mr. Wm. Adams, and seconded by Mr. McCormac, was:—

> "That the principle of establishing Proprietary Dispensaries, under the guise of Provident Institutions, is in the highest degree objectionable, and ought to be discouraged, as fraught with danger to the public, and as tending to degrade the status of the profession."

In the second resolution, moved by Dr. Barnes, and seconded by Mr. Haynes Walton:—

> "That this meeting desires to express its approval of the policy of the conductors of THE MEDICAL PRESS AND CIRCULAR, in bringing the influence of their journal to bear against such institutions. It also considers it a matter for regret that a verdict should have been obtained against them in a court of law for a conscientious expression of opinion, and it desires to offer them its entire sympathy and support."

We need scarcely say that such resolutions speak for themselves, and quite exonerate us from any indiscretion that might be charged against us by some of the more timid writers. What we required, and what no money can purchase, has been spontaneously accorded to us—the hearty sympathy and moral support of our professional brethren—and we cannot be too thankful for, or value too highly the readiness with which they met together to regret the course which late events have taken, and to heartily sympathise with the principles by which we were guided.

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THE INTERNATIONAL MEDICAL CONGRESS.

WHEN we last commented upon the proceedings of the American Congress (see p.), our attention was chiefly directed to the more interesting addresses that were delivered on that occasion. We shall now notice some of the papers which were read at the different sections, some of which were of peculiar merit.

Typho-malarial fever, diphtheria, phthisis, and the therapeutic relations of alcohol, were the chief subjects taken up under the section on medicine. Dr. J. J. Woodward, Assist. Surg. U.S. Army, drew attention to the fatality of camp fevers during the American civil war, and to the fact that many medical officers believed that these fevers represented a new type of disease. But he submitted that whenever great armies campaign in malarial regions, the prevalent fevers are hybrids, between malarial fever and some forms of typhus, and resulting from the combined influence of the causes of malarial and of enteric fevers. His views received the support of several members present, and the section adopted a resolution in accordance with the above proposition. Moreover, Professor Estlander, of Finland, read an interesting paper on the alternation of malarial and typhoid types of typho-malarial fever in certain regions of his native land.

The reader will naturally be curious to know what our American *confrères* say about the question of Identity or Non-identity of Croup or Diphtheria. Dr. J. Lewis Smith, physician to the New York Infant's Hospital, maintained that croup is a local disease, while diphtheria is but the expression of a general malady, but a difference of opinion was evinced by the members present, so that while the French school is pretty unanimous in favour of the unity of these affections, the opinion of the profession, both in this country and in America, is still divided on the subject. Dr. Hare, of London, who is himself a strong believer in the non-identity of the two diseases, reminded the section that the question was just now engaging the special attention of the Medico-Chirurgical Society of London.

There was a long and interesting discussion on the Influence of High Altitudes on the Progress of Phthisis. The reporter, Dr. Charles Dennison, of Colorado, spoke favourably of this influence, and thought that the remedy of high altitude is too long delayed in the majority of instances. He was also of opinion that too much importance has been attached to equable temperature, as equability of temperature often entailed excessive moisture, and that cool, dry climates are better than warm, moist ones. Dr. Duffy, of North Carolina, spoke of the rarity of phthisis in the high portions of his State, although this circumstance might be due to the out-door life which the people led. He also said that phthisis is rare in Southern California, where but little rain falls. Dr. Baldwin, of Florida, who had paid much attention to the subject, was sceptical as to the supposed beneficial effects of altitude, an opinion in which Dr. Johnson, of Illinois, coincided. However, the latter physician believed that in the earlier stages of the disease patients were benefited by going to the mountains. Dr. Gibbons said that the climate of California was almost absolutely dry; that in the interior of the State there was neither cloud nor fog for six months; that San Francisco was remarkable also for its equable climate, and that he had scarcely found cases of pulmonary consumption developed there. Dr. Harwft, of London, agreed with most of the other speakers in the opinion that high altitudes are suitable when patients can take exercise. Dr. Hare took the opportunity of recommending long sea voyages, as from England to Australia; but we protest against the habit, into which many physicians are falling, of advising this course to be taken, except in the incipient stages or more chronic forms of phthisis. We have known several instances where the fatal termination has been precipitated, the last few months of the patient's existence made miserable, and his return home rendered impossible by the inconsiderate adoption of such measures. But to go back to the influence of high altitudes, we must admit the question is one of very great importance, and it is to be regretted that the Conference did not, by previous arrangements, make it the subject of special inquiry.

In reference to a paper by Dr. Roberts Bartholow, Professor of the Theory and Practice of Medicine at the Medical College of Ohio, an interesting but not very profitable discussion took place on the question—Whether the Conditions of Modern Life favour the development of Nervous Diseases? Dr. Bartholow thought that the supposed increase in the number of nervous diseases is more apparent than real, and was owing to the increased notice that was now taken of them, as well as to the fact that not only had these diseases been more accurately studied within the present century, but that the growth of a higher humanitarian sentiment has led to a more abundant provision for the insane. The discussion which followed showed that there was a difference of opinion on the subject, but most of the speakers agreed that insanity was not to be attributed so much to mental strain and brain-work as to other causes. One member asserted that such diseases are very rarely the result of over-strain; another that intellectual men are generally long-lived, and that the nervous system accommodated itself to the strain upon it. Mr. Davis thought very few brains ever wear out by work. Dr. Green said the idea that a man could hurt himself over books is preposterous; and Dr. Bartholow that men could now-a-days do more intellectual work. In calculating, however, the influence of brain work as a condition of insanity we must not only accept the stern logic of facts, but also take into consideration that all mens brain's are not equally strong, no more than their stomachs or their livers are equally strong, and that, therefore, if mental strain be out of all proportion to cerebral power the result may be some form of insanity. There was also a wide divergence of opinion, as to the weight to be attached to such causes as syphilis and drunkenness. One or two speakers considered syphilis to be a fruitful cause of nerve disease. By one member nervous disorders were attributed to "wickedness," and to such agents as alcohol, tea, coffee, and tobacco; by another to the fast-living and to the excitement and competition incidental to modern civilisation. Altogether, the discussion was by no means satisfactory, and had a stranger been present he would have thought that the etiology of nervous disorders must be in a very unsettled condition. The Section also, while recommending the publication of the paper, expressed no opinion on the question involved.

The Section on Dermatology and Syphilology had under consideration the Treatment of Syphilis. with special reference to the Constitutional Remedies appropriate to its various stages, and the following "positive conclusions" were adopted:—1. That mercury is an antidote to the syphilitic poison, and of service in controlling all its symptoms in all, even the latest, stages of the disease, its power over gummata being least, and not to be relied upon. 2. That mercury in minute doses is a tonic. 3. That iodine cures certain symptoms of syphilis, but does not prevent relapses. 4. That mercury long-continued uninterruptedly, so far as practicable, in small doses, from the commencement of the eruption constitutes the best treatment of syphilis. It would also appear that this Section favoured the dual theory of the syphilitic virus, and, further, it sanctioned the proposition that venereal sores may not only be due to the inoculation of the syphilitic virus, but also to the inoculation of products of simple inflammation.

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THE SO-CALLED FUNGUS FOOT-DISEASE OF INDIA.

We learn from our contemporary, *Nature*, that the eminent micologist, the Rev. M. J. Berkeley, has lately seen occasion to change his opinion of the supposed fungus character of the Madura foot-disease of India. It is greatly to the credit of so accomplished an observer and authority on this department of nature to voluntarily confess to an error of judgment in a matter of this importance, and about which many exaggerrated and ill-founded theories have been put forth. We have, on several occasions, when called upon to comment upon the perplexing relations of fungi to different diseases, stated our conviction that in this particular instance of the so-called "fungus foot-disease" the relation of fungi is restricted to subjects already in a depressed state of health, and in which fungi merely find a proper nidus for their growth; and we are extremely gratified to find the Rev. Mr. Berkeley, after a further examination of the evidence brought forward by Drs. Lewis and Cunningham, in their report presented to the Government that he is now of opinion "that it is more reasonable to infer that localised spots in the tissues (of the foot) undergo degenerative change into a substance peculiarly adapted to the development of filamentous growths, the origin of which, in situations where no spores could penetrate, must remain a matter of perplexity." No doubt, in the first instance, the remarkable nature of the black sclerotinoid bodies, "fossilised fungus" of various sizes found in the excavated hollows of the tissues of the foot, or the pink "fish-roe"-like masses mixed with various sanious matters, seemed to lead to a belief in the fungoid origin of a disease which, in India, constitutes one of the most formidable maladies which the medical officer is called upon to treat. Its investigation undoubtedly demands patient observation, and it is only those who have paid great attention to questions of the kind, and possess a special training for such investigations before entering upon their study who can hope to clear up the many difficulties by which it has been surrounded. The real point at issue is whether the sclerotinoid bodies observed in the Madura foot-disease by Dr. Vandyke Carter are really of a fungoid nature at all. Our own observations led to a belief that the fungoid nature of the disease could not be established; we were constrained to take this view not only from careful microscopical examinations of specimens of "fungus foot-disease," but also, in some measure, from a statement of Virchow's, which, as Mr. Berkeley justly observes, is a very important one, and is to the following effect:—"A development of myeline is especially prone to occur where portions of the fatty matter, roe-like masses, &c., freshly removed from an alcoholic preparation, are subjected to the action of liquor potassæ. The multifarious and highly complex forms of tubes, filaments, globules, and cysts which may frequently be observed to become developed, shooting out, and, as it were, growing from the globules and aggregations of fatty matter, are wonderful, and such that they could hardly be believed to owe their origin to any such process or material were not their development distinctly traceable through all its stages." The more thorough examinations of Drs. Lewis and Cunningham enable them to positively state that the roe-like bodies which occur in the pale variety of the disease are fat in various modified forms; the pink particles are pigmented concretions, while the black masses consist of degenerated tissues mixed to a greater or less extent with black pigment and fungoid filaments. They deny the possibility of cultivating these fungoid filaments, for "in no instance could they be coaxed by any treatment into the development of fruit, and their nature, therefore, must still remain doubtful."

PHARMACEUTICAL PURISM.

We cannot refrain from an expression of our great surprise and regret that the English Pharmaceutical Society should descend from its position of dignity as the authorised comptrollers of British pharmacy, and appear publicly as the defenders of drug adulteration. We have formed too high an opinion of the intelligence of the Society's Council, derived from its utterances in debate and its educational policy, to give them the credit (or, we should say, the *dis*credit) of honest concurrence in the statements and arguments which are each week put into their mouths by the Society's journal. We are quite alive to the fact that councillors have a difficult *role* to play. They are called to legislate for purism in the pharmaceutic trade, and are entrusted by the public with a vigilant supervision of druggists and drugs in order that the uninformed consumer may be guaranteed as to the purity, efficacy, and honesty of the medicines which he purchases. But by whom are the councillors called? By the very persons who are openly engaged in the falsification of drugs—to whom the laxity of past years in questions of adulteration is a matter of bread and butter—who have been born and bred in the creed that the public is fair game for any trader who can make money of them, and who look on the desire of the public to get honestly what they want and pay for as a ridiculous modern refinement which it is not the duty of druggists to respect. Chosen by the votes of such a constituency is it any wonder that councillors have not the courage of their position and are tolerant of drug frauds? Perhaps not. But it would seem at least sensible that they should be mute on paper as they are in speech, and not allow the Society to be blazoned as the champion of drug roguery and counter prescribing. That it is so represented by its official journal we observe this week, for we find the place of honour in the editorial columns devoted to an apology for gross "milk of sulphur" frauds, for which three druggists in and near Manchester were deservedly prosecuted and punished. The *proteges* of the English Pharmaceutical Society were clearly proved guilty of selling mixtures which contained from 59 to 61 per cent. of plaster of Paris, and the magistrate, who is a medical man, dwelt with very proper emphasis on the ruin to health and life amongst children, which must result from the administration of such stuff under the impression that it is sulphur, and upon the disgraceful character of the trade to the defence of which the Pharmaceutical Society devotes itself.

We cannot do the journal or the Society the injustice to suppose that they believe in the truth of the following phrase or expect any of their reader's consciences to conform to it. "There is no question that precipitated sulphur should always be supplied to those who desire to have it; but *there are many who do not approve of this preparation, and prefer the old-fashioned 'Milk of Sulphur;' many others, ignorant perhaps of the difference, are at least accustomed to the old preparation, and when they are supplied with it really obtain what they expect.* It is monstrous that persons dealing in this article conformably with old established usage should be liable to prosecution and all the detriment attaching thereto simply because it is the whim of some public analyst to assume that 'Milk of Sulphur' means the precipitated sulphur of the Pharmacopœia."

Such a statement as this is simply met by a categorical denial. There may be many who, being deceived by a false name, prefer plaster of Paris and sulphur on account of its cheapness and convenience of administration, but we deny that there are many, or any, who would prefer it if they were undeceived, or would tolerate the use of a grain of it with their children. Does our contemporary really mean to assert that "when they (the purchasers) are supplied with it they really obtain what they expect?" The hidden places of the editorial breast alone can reply. For ourselves, we believe that if the druggists honestly avowed that the "milk of sulphur" was two-thirds insoluble sulphate of lime they would not sell a shillingsworth in the year. Probably the pharmaceutical constituency thoroughly appreciate that fact, and, hence, the elaborate palliation of such adulteration by the Society's council.

We repeat our surprise and regret that the dictates of the "till" should overwhelm those of conscience in an important and valuable public body such as the English Pharmaceutical Society.

Notes on Current Topics.

Sanitary Reform on Board Ships.

Amongst the best papers read at the recent and fourth annual meeting of the American Public Health Association are those of Dr. Albert Gibson on "The Need of Sanitary Reform in Ship Life," and of Dr. A. N. Bell, of New York, on "Practical Conclusions concerning Marine Hygiene," &c.

The great philanthropic agitation of Mr. Plimsoll with regard to loss of life at sea in unseaworthy ships is well known both on this and on the other side of the Atlantic. It has, however, been more than once pointed out that this loss of life was not entirely due to the bad condition of the ship and the malpractices of shipowners, but that there is such a thing as "unseaworthy sailors." It is also well known that not only does the bad sanitary arrangements on board ship but also the bad health of many of the sailors at the time of their enlistment add very much to the mortality that arises from other causes.

In the first paper above mentioned, an abstract of which will be found in the current number of the *Sanitarian*, Dr. Gibson said that the efficiency of ship life is more impaired by sickness than by original deficiency of complement. He drew particular attention to the lack of cleanliness and ventilation in merchant vessels at the present time; he considered that foul air and dampness were the greatest enemies of the sailors; and he very properly insisted upon the necessity of compulsory legislation respecting the sanitary inspection of every vessel as to space of quarters, ventilation, cleanliness, outfit of clothing and bedding, quality and quantity of food and water, &c.

Dr. Bell's paper was chiefly statistical, and was based upon the "experience of ocean lines of ships in communication with New York." As an illustration of the sacrifice of human life in emigrant vessels, he stated that "out of 98,105 Irish emigrants shipped during the summer of 1847, after the great famine of 1846, there died at sea 5,293 in quarantine, and soon after arrival at Quebec 8,072, and at Montreal 7,000 more, making in all 20,365!" We think, however, a good deal of this mortality should be attributed to the bad health of the emigrants at the time of their embarkation, traceable in many cases to the previous famine. For a period of twenty years ending 1855, there was not probably, says Dr. Bell, a single one of all the emigrant ships from British and Irish ports which embarked with a sufficient quantity of proper food and means of cooking it for all on board, and the mortality generally reached 9 per cent of the emigrants. But after twenty years' progress of sanitary reform, out of 430,441 steerage passengers who, during the ten years ending 1873, arrived in New York by sailing vessels, the death-rate was only 9·14 per 1,000. Dr. Bell also submitted statements from the chief ocean lines now in communication with New York, from which it appears (says the *Sanitarian*) that the care taken in providing qualified medical men, sanitary appliances, rigid discipline, and exaction of penalties under the laws of both England and the United States, have had the effect of placing the hygiene of passenger-vessels at least on an equal footing with the best sanitary conditions in the most enlightened communities.

Suppression of the Municipal Nursing Establishment in Paris.

THE Government has submitted to the Council of State a draft decree having this object in view. The way was paved for this reform by an inspection of the nurse children by the Department of Public Charity. The principle of the measure is to substitute maternal for mercenary nursing, which will, as far as possible, be effected by the grant of allowances to the destitute mothers of the Seine Department to enable them to afford proper care and comfort to their infants. The council general has already made a movement in this direction by including in its votes considerable sums under the title "Grants to prevent Child Desertion." This will, no doubt, prove the death of the foundling hospital system in France, that system having long since ceased to exist in Great Britain.

Noxious Vapours on the Tyne.

THE *Newcastle Courant* of the 29th ult., calls attention to the penalties involved in the manufactories at Newcastle, as evidenced by the accounts of some of the witnesses before the Noxious Vapours Commission. Among these witnesses were landowners, tenant farmers, estate agents, inspectors, &c.; and they all testified to the injury to public health and to property from the gases and smoke emitted by the chemical and other manufactories on the banks of the Tyne. It is generally acknowledged that the atmosphere in this neighbourhood is exceedingly bad. The inhabitants of Newcastle have got quite accustomed to the cloud of smoke which hangs over their heads six days out of the seven. An open window is rarely seen, as the living in close rooms and the breathing of impure air are far more tolerable than the inhalation of the poisonous gases which emanate from the surrounding manufactories. The most remarkable evidence that was given, however, was in reference to the destructive influence of noxious vapours upon vegetation. This will not so much excite the surprise of those who know how very sensitive plant-life is to impure states of the atmosphere, but they cannot help being impressed by the magnitude of the mischief produced when occasioned by conditions which operate on a larger scale. Mr. Ellison, in giving evidence as to the condition of his estates at Hebburn and Dunston, said that down to 1840 thick hawthorn hedges flourished where even the grass is now completely destroyed, and that it is utterly impossible by draining, subsoiling, or ploughing to improve the land for agricultural purposes. The result is, that land which formerly let for 25s. per acre can hardly be let now for 10s., or even 7s., notwithstanding that at one time it produced some of the finest crops on Tyneside. Nor is this poisoned atmosphere less injurious to pasture lands; for, according to Mr. Ellison, cattle dislike the herbage grown on land that is exposed to the destructive influences above-mentioned. Such herbage has no nourishment in it, and the cattle which eat it suffer from diarrhœa. It further appears that the effects of these noxious gases are felt miles away from the tall chimneys from which they are emitted. Thus: so destructive are the fumes arising from the alkali works, that in 1868 Mr. Wallace marked off on the Ravensworth estate 500 trees (each a growth of 60 years), which had either been killed or hopelessly injured by the gases from the works three or six miles away. Many more, and similar, instances of the deleterious effects of these gases might be cited; how the value of one estate had been reduced from 35 to 27 years' purchase; how one farmer had to give up his farm at a great sacrifice, in consequence of the damage done by the poisonous vapours; and how another farmer's cows, which had become ill from the same causes, had been ordered to be killed by the veterinary surgeon.

The best hope, however, that something will soon be done to remedy the evils complained of, lies in the fact that the unsanitary conditions which we have but briefly noticed have become so intolerable, and that the very publicity which has been recently given to the extensive depredations of noxious gases, not only in Newcastle but other manufacturing towns, gives promise that before long some means may be found to make manufacturing towns almost as healthy, and the adjoining land as productive, as any rural district in the country.

On Chewing Gum.

THIS peculiar habit seems on the increase in America. Many thousands of pounds are consumed annually. The tree is found in many parts of the south-west of the State. The gum exudes through cracks in the bark at all seasons of the year, and hardens on exposure. It is soluble in alcohol, and makes a smooth, pleasant syrup. It is collected and sent to the "chewing-gum manufactories," which put it up in convenient packages and send it to the retailers.

Singular Injury of the Abdominal Walls.

DR. D. W. FOSTER reports in the *Philadelphia Reporter* the following curious case:—

> "Madame José Frujé, now aged about fifty, and the picture of good health; has thirteen living children; has lost several, and has been *enceinte* twenty-four times. When a young girl she was struck by the end of a buggy shaft, over the region of the stomach, so forcibly as to rupture the abdominal muscles, but left the skin unbroken. Through that at first small orifice a protuberance the size of a very small egg appeared; it remained about the same until she married and became pregnant when during each gestation the opening became enlarged, until now the stomach and all the small intestines, and maybe more, hang outside of the abdominal cavity, in a sack of the skin, about eighteen inches long and twenty-four inches in circumference. She wears a belt to suspend her bowels around her neck; is active and cheerful as a girl; laughs at the idea of packing her bowels about her. She says when she drinks a glass of cold water and lays her hand over the stomach she can feel the temperature of the water very sensibly."

Therapeutical Vagaries.

IF ever a work were to be written on the "Curiosities of Physic," several pages might be devoted to the queer prescriptions and the countless and extraordinary methods of treatment that have been, over and over again, recommended for every disease under the sun. *Le Progres Médical* informs us that Joh. Schnitzler, of Vienna, encouraged by the experience of Trotz in cases of diphtheria, has tried the effects of subcutaneous injections of diluted carbolic acid in various febrile maladies. He has employed these injections in cases of remittent and intermittent fevers, and in one hundred cases of phthisis. The immediate result of the injection consisted in a fall of the fever, or reduction of the temperature, and an improvement in the strength of the pulse, with a general abatement of all the other symptoms—such as dyspnœa, lassitude, and pains in the limbs. Continued for two or three months, these injections were found to be less painful than those of morphia, and they never produced abscesses. M. Schnitzler's experience has not been sufficient to show that they have any influence upon the course of the disease, but he promises to publish the results of his future investigations.

We can scarcely conceive that a weak solution of carbolic acid could be injected subcutaneously without having some effect upon the temperature and circulation of the body; but when we hear that such a practice has been proved to arrest the progress or ameliorate the symytoms of phthisis, we shall no longer doubt the probability of one day finding a remedy for every disease.

Equally questionable is the employment of the same means in the treatment of articular rheumatism. Senator (*Berlin Klin. Wochenschrift*, 1876. No. 6), has injected, in accordance with the suggestions of Kunvre, a dilute solution of carbolic acid at the most painful points about the affected joints, and it is seriously stated that excellent local effects resulted from this treatment.

Certifying Factory Surgeons.

WE understand that the question of the position and emoluments of the certifying factory surgeons has been under the consideration of the Council of the Irish Medical Association, who, however, for the present, abstain from making any recommendations until full information is laid before it relative to the advisability of protesting against some of the recommendations made in the report of the Factory Commission, and at the same time endeavour to extend the usefulness in a sanitary point of view of these officers. In order to obtain the necessary information, we are informed that the secretary of the Irish Medical Association is in correspondence with the secretary of the Ulster Association of Certifying Factory Surgeons.

Medical Witnesses in Crown Cases in Ireland.

THE Council of the Irish Medical Association will appear by deputation before the Attorney-General for Ireland on Saturday next to represent to him the injustice of the existing rule with reference to the payment of medical witnesses in Ireland.

The following is a copy of the Attorney-General's rules of 1868, still in force, viz.:—

> RULE 19.—"When a medical witness is summoned to attend at sessions in the town in which he resides, the usual fee of one guinea only is to be paid; but when he is summoned to attend in any other town he is to be paid one guinea for every day he is necessarily kept from home, besides his actual travelling expenses and hotel charges, such hotel charges not to exceed 15s. per day."

It will be of great importance that the inadequacy of the fee thus provided for shall be distinctly shown, and that the different treatment of other professional witnesses giving evidence of a similar character under similar circumstances should be illustrated. We therefore request that those members of the profession throughout Ireland who have experience of the working of the existing rule, or any other information on the subject, will *at once* communicate with us.

Exclusion of the Press from Poor-law Inquiries.

A SWORN inquiry into certain charges preferred by a contractor against the Clerk of Works to the Mountmellick Guardians was opened last week by Dr. Burke, Local Government Board Inspector.

Before the proceedings commenced, the representative of the *Leinster Express* asked if the inquiry would be open to the Press.

Dr. Burke replied that it would not; that he had as much reverence for the press as any other man; but that many things might transpire in evidence which it would not be right to publish until the evidence went before the Local Government Board.

The representative of the *Leinster Express* reminded Dr. Burke that both the parties to the inquiry were anxious that a full report of the evidence should be given in the papers.

Dr. Burke said he did not care, and that he would not admit the press. He had already formed his decision, and would not alter it. How, he asked, could the inquiry be said to be private when Mr. Cullen and the Messrs. Cobbe were present?

Mr. Cobbe then drew Dr. Burke's attention to the resolution unanimously passed by the guardians requesting that the press should be present.

Dr. Burke said *he did not care what resolutions the guardians passed. They did not affect him. He had the discretionary power of either admitting or refusing to admit the press, and he should not let them be present.*

In our opinion, the inspector's action is as unwise as it is unconstitutional. Public departments may have a legal but they have no moral right to envelop their official inquiry in darkness, and those inquiriers will cease to have any force, whenever the inevitable impression becomes fixed in the public mind that they may be cooked by a process of investigation which cannot bear the light. Any attempt at secrecy in such cases is stupid—firstly, because it never succeeds to any great extent; and, secondly, because the opportunity is afforded to the party who is worsted in the contest to say that he did not get fair play, which, indeed, he does not under such circumstances.

Salicylic Soap.

We have received specimens of this soap, and from an examination we have made of it, both as to its composition and its detergent properties, we can testify to its being one of the most useful soaps that have attracted the notice of the public. It contains a considerable proportion of salicylic acid, and consequently possesses much of the antiseptic properties belonging to that agent. From personal experience we find that it makes a good lather even in hard water, that it has a very pleasant and softening effect upon the skin, and that, unlike many other soaps, it has neither disagreeable odour, nor is it too highly "scented." Unless we are much mistaken, it will be found very useful in offensive perspirations, or in irritability, roughness, and other affections of the skin.

Lactopeptine.

Messrs. Carnrick, Kidder, and Co., pharmacists, of New York, have succeeded in preparing a pepsin compound which promises to be very useful in the treatment of some forms of dyspepsia. It contains sugar of milk, pepsin, and pancreatine, in the proportion of four, eight, and six ounces respectively, along with four drachms of ptyalin or diastase, five of lactic acid, and five of hydrochloric acid. From this list of ingredients it will be seen that, provided we can ensure the genuineness of the compound and avoid all spurious imitations, we shall have a valuable addition to our stomachic remedies. In fact, such a formula is a desideratum, considering that the preparations of pepsin now in use have disappointed the expectations of many practitioners.

Metropolitan Hospital Sunday Fund.

A meeting of the Council of the Hospital Sunday Fund took place at the Mansion House on Friday last, the Lord Mayor (Sir Thomas White) taking his place for the first time as president of the fund. Mr. Custance, the secretary, read the reports of the General Purposes and Distribution Committees, which were unanimously adopted. The collection for this year amounted to £27,042 11s. 4d., being rather less than that of the first year, which was £27,700 8s. 1d., whilst that for 1874 was £29,936, 17s. 10d., and that for 1875, £26,396 2s. On the whole the fund has not been quite so successful as it was expected it would be, but, as the Committee remark, considering the very serious commercial and monetary depression experienced this year, the result has not been so very unsatisfactory. The working expenses of the fund, including all charges for printing, advertising, &c., amount to 3½ per cent. on the gross receipts. In compliance with a resolution of the 7th of May last year, the representatives of every hospital and dispensary were invited to confer with them in every case in which their Committee had proposed to fix the award below the arithmetical basis, and in reply to that invitation some of these institutions intimated their wish to leave the decision entirely with the Committee, while a few availed themselves of the opportunity of a conference thus afforded them. The only award the Council refused to ratify was that recommended in the case of the tank accident at St. George's Hospital. This was thought to be objectionable, as establishing a precedent which might hereafter prove disagreeable.

The meeting was well attended, and among those present, and who take a never-failing interest in the fund, we noticed the Right Rev. Bishop Claughton, the Archimandrite of the Greek Church, Professor Marks, the Rev. T. J. Rowsell, Rev. J. F Kitto, Rev. Dr. Adler, Rev. H. Fisher, Rev. Dr. Finch. Rev. R. J. Simpson, Sir F. Lycett, Sir Edmund Currie, Mr. Turner, Dr. Risdon Bennett, Mr. Jabez Hogg, Dr. Sedgwick Saunders, Mr. Thomas Christy, Dr. Kennedy, &c. A cordial vote of thanks to the Lord Mayor brought the proceedings to a close.

Medical Journals.

From an interesting article by Dr. J. S. Billings, in a recent number of the *American Journal of the Medical Sciences*, we (*Med. Examiner*) learn that at the beginning of 1876 there were in course of publication throughout the world about 280 regular medical journals. Of this number Germany and Austria had 57, France 52, Great Britain, not including her colonies, 29, the United States 46, Italy 31, Belgium 8, Mexico 8, Canada 7, Holland 6, Spain 6. As to the form of publication, the United States has the largest proportion of monthlies, and France and Germany of weeklies and bi-weeklies.

St. Andrew's University M.D. Degree.

It is intended to apply to the Scotch University Commission, at present sitting, through the St. Andrew's representatives, Drs. B. W. Richardson, F.R.S., and Dr. Sedgwick, of London, to have the M.D. degree made more open in competition, the University having only power at present to grant ten degrees in the year. This cause is necessitated by the Durham University having opened its portals to registered practitioners.

Precautions against Epidemic Small-Pox in London.

The managers of the Metropolitan Asylums Board held a meeting on Saturday last, Dr. Brewer presiding, at which the subject of providing increased accommodation for small-pox patients, in anticipation of the expected epidemic, was introduced. Letters were read from the Local Government Board, approving of the appropriation of the Hampstead Hospital for small-pox cases, and increasing the accommodation at Stockwell and Homerton respectively to 140 beds. Since the last meeting of the managers, the president of the Local Government Board had written to the chairman, stating that he thought further accommodation would be urgently required at an early day, and that it would be wise to put up administrative blocks quickly. The committee recommended the erection on the Fulham site of two blocks, and four temporary wards to cost £17,500. They further recommended that at Deptford six temporary wards should be put up as soon as possible, at a cost of £1,750, and a receiving ward for £350, the total amount to be spent ultimately at Deptford being £14,000. If the proposals of the committee were adopted by the managers, accommodation would be provided at Deptford for 144 cases, giving to each patient 2,000 cubic feet, but if including a proportion of convalescent cases, 180 patients. At Fulham the accommodation would be for 168 acute cases, and they proposed to put up the buildings in a lasting manner. The report was agreed to, and a tender was accepted for the proposed buildings at Deptford. As a further precaution the committee recommended that application be made to the Local Government Board to know if it would be possible to place at the immediate disposal of the managers some existing workhouse or other large building, suitable for the instant reception of persons suffering from small-pox.

Surgical Society of Ireland.

The next meeting of this society will be held on Friday evening (Dec. 8), at the Royal College of Surgeons in Ireland, when the following communications will be read :—

Dr. H. R. Swanzy, on Amblyopia.
Mr. H. Tyrrell, on Excision of the Elbow.
Dr. Richardson, to exhibit sections of epithelioma.

Small-pox is happily declining in London.

The deaths from typhoid in Paris have diminished 50 per cent. during the past two weeks.

Mr. Francis Mason succeeds Mr. Simon as surgeon to St. Thomas's Hospital.

The last Sunday in this year has been selected as Hospital Sunday in Belfast.

The Royal Hants Infirmary, Southampton, has received a legacy of £1,000 under the will of the late Captain Bold, R.N.

The Chichester Infirmary acknowledges the receipt of £1,000, under the will of Mr. A. H. Hall, late of that city.

In addition to the sums mentioned in our last, Mr. J. J. Colman, M.P., of the eminent firm of mustard manufacturers of London and Norwich, has given £1,000 to the Enlargement Fund of the Norfolk Hospital.

The magisterial decision *re* the quack "Dr. Hamilton," of Oxford Street, will be given at the Marlborough Street Police Court on the 13th inst., the case having been adjourned for inquiries in America.

A testimonial, consisting of a handsome marble timepiece, was presented last week to Mr. T. B. Rake, M.R.C.S., of Fordingbridge, Hants, by the New Forest Lodge of Odd Fellows, of which he has been medical officer for the last twenty-two years.

The ratepayers of Leeds have consented, by a large majority, to the promotion by the Town Council of a Bill in the next session of Parliament for certain sanitary and other improvements in the city. The estimated cost of these proposed works is upwards of £800,000.

The *Pharmaceutical Journal* says that the subject of the inconveniences resulting from the absence of any authoritative regulations respecting the construction and verification of instruments used in testing the alcoholic strength of liquids has recently been brought before the French Chamber of Deputies. One illustration quoted is, that although exporters of eau-de-vie are compelled by law to declare its strength within a margin of one per cent. under a penalty of from 500 to 5,000 francs, it is not rare to see two instruments applied successively to the same eau-de-vie give indications differing by as much as five per cent. To remedy this state of things, a *projet de loi* has been drawn up, and has been reported upon favourably. It provides that in all transactions, either public or private, after the 1st of January, 1877, Gay-Lussac's centesimal alcohometer shall be used, and that these instruments shall be first officially verified as being correct.

The Council of the Dublin Pathological Society selected as the subject for competition for the Society's Gold Medal, to be presented at the end of the session, "The Pathology of the Œsophagus." The following officers of the Society for the session were elected :—*President:* Thomas Haydon. *Vice-Presidents:* Samuel Gordon, M.B. ; Robert McDonnell, M.D. ; Sir Dominic J. Corrigan, Bart., M.D. ; George H. Kidd, M.D. ; John T. Banks, M.D. ; Edward Hamilton, M.D. ; *Council:* A. H. Corley, M.D. ; Alfred H. McClintock, M.D. ; James Little, M.D. ; Thomas Evelyn Little, M.D. ; Arthur Wynne Foot, M.D. ; Benjamin G. MacDowel, M.D. ;

John Mallet Purser, M.D.; William Stokes, jun., M.D.; Henry G. Croly; James H. Wharton, M.B.; Henry Kennedy, M.B.; George F. Duffey, M.D. *Honorary Secretary:* William Stokes, M.D. *Secretary and Treasurer:* Edward H. Bennett, M.D. *Secretary for Foreign Correspondence:* Robert D. Lyons, M.D.

The next meeting of the Pharmaceutical Society of Great Britain will be held this evening (December 6) at half-past eight. The following papers will be read:—

"A New Mode of making Grey Powder." By Mr. A. Bottle.

"The Composition and Uses of a New Preparation of Bismuth." By Mr. S. C. Betty.

"Note on certain Reactions of the Glycerole of Nitrate of Bismuth." By the President.

"Note on Crystallized Hyoscyamine." By Mr. W. Martindale.

"Note on Impure Glycerine," and "Note on a Crystalline Deposit from Tincture of Galls. By Mr. A. W. Gerrard.

"Note on the Formula of Capsaicin." By Mr. J. C. Thresh.

THE ENGLISH TRADE IN ADULTERATIONS.

Milk of Sulphur.

At the Hyde Petty Sessions, Mr. Harrison, druggist, was summoned by Captain Arrowsmith, chief constable, for selling two ounces of milk of sulphur. The sulphur, on being tested by the county analyst, was found to contain 61 per cent. of hydrated sulphate of lime and only 39 per cent. of milk of sulphur.

The chairman (Dr. Newton) said Captain Arrowsmith deserved credit for bringing this case before the Bench, as mothers gave the drug to their children for skin diseases, and if a drachm of this mixture were given to a child the results in all probability would be that the ingredients would become hard, cause congestion and inflammation of the bowels, and even death. He had no doubt the mortality among children was largely owing to the introduction of mysterious substances into their little bodies. In this case the Bench might have imposed a penalty of £20, but believing the defendant had no guilty knowledge of what he was selling, they only inflicted the nominal penalty of 5s. and costs.

At Dukinfield Sessions Michael Coffey, provision dealer, was also summoned for the same offence.

The milk of sulphur obtained from the defendant's shop contained 59 per cent. of hydrated sulphate of lime. In these cases of adulteration Captain Arrowsmith said he would like to reach the manufacturers of such rubbish, because in populous districts such adulterated drugs destroyed more human lives, and especially of infants, than half-a-dozen plagues.

Defendant, in explanation, said, twenty years ago he became tenant of the shop, and at that time there was a large quantity of milk of sulphur in stock. He had never bought any since, and he believed he was selling the article pure and unadulterated.

Mr. Aspland said the magistrates were of opinion that defendant was guiltless of any intention to defraud. They thought he sold the article in good faith, but at the same time it ought to be known that this stuff with which the drug was mixed was poison, and might produce an injurious effect upon the health of children. It was the duty of every tradesman to know that his goods were pure articles, and he ought either to get a warrant to that effect or have the goods analysed. The magistrates thought it best to impose a small fine in the case, and a nominal fine of 1s. and costs would be inflicted; but if any more such cases were brought before them, the fines would be more substantial.

The next case was one in which Jonathan Radcliffe, shopkeeper, was charged with a similar offence. Defendant said he sold milk of sulphur, but he was not aware that he sold an article contrary to milk of sulphur.

The certificate showed that there was 61 per cent. of hydrated sulphate of lime or elements of plaster of Paris in the drug as sold.

Defendent said he did not sell the article as precipitated sulphur.

Captain Arrowsmith replied that it was known throughout the trade as precipitated sulphur.

The Chairman said the two terms meant the same thing. In point of law the customer asked for precipitated sulphur, and defendant gave him a poisonous drug.

Defendant: I sold the article as pure for ought I knew; I never altered it, and it is so long since I bought any that I forget where I bought my present stock.

The Chairman: You are selling an article with only 39 per cent. of precipitated sulphur, and 61 per cent. of a poisonous article. If you had gone to a respectable druggist you could have got the pure article. You may have poisoned people by selling this stuff. You know very well that if you buy drugs that are not pure you may get protection against the person who sells them, and then you will be safe. If you choose to go and buy cheap drugs which are poisonous you will render yourself liable to all the penalties. As this is the first time, you will only be fined 10s. 6d. and costs, the cost of the analysis, and the police costs. If you come up again you will probably have the full penalty.

Mustard Compounds.

Mr. William Whitworth, grocer, Hurst, was summoned on a charge of having sold two ounces of adulterated mustard. The defendant pleaded guilty.

The Clerk: The question is, did you know that this was not real mustard?

Defendant: It is Colman's mustard, and it said "mixture" on the tin.

Prosecutor said he did not see the label on the tin, but if it had been labelled, as alleged, it was illegal to sell a portion of it unless every such portion was labelled. The article bought contained 25 per cent. of farina, which was put into it for the purpose of diminishing the strength and improving the appearance. It was not sufficient that the tin should be labelled "mixture" unless it was sold whole. If a milkseller labelled his cans "milk and water," he must as well attach a label to every quantity he sold if he wanted to escape the law.

The Clerk: To every gill.

Mr. Buckley: If you had sold the whole tin of mustard you would not have been liable.

The Chairman (to defendant): We consider this a very serious case, but as it is the first one of the kind in the division, we shall not fine you heavily.

The defendant was then fined 1s. and costs.

Arrowroot.

Mrs. Everett, grocer, of Shepton Mallet, was charged with selling adulterated arrowroot. The constable stated that he asked for an ounce of arrowroot. The assistant brought into the shop a tin box of arrowroot that had not previously been opened and opened it in the presence of witness, and supplied him with arrowroot therefrom. The box was labelled "warranted genuine," and the assistant wrote similar words on the packet he produced. The arrowroot in question contained 50 per cent. of cassava starch. Mr. Wontner, who appeared for the firm of Keen, Robinson, Bellville and Co., of London, who had sold the arrowroot to Mrs. Everett, submitted that defendant had sold the arrowroot in the same condition that she bought it, and had given notice to that effect when she sold it to the constable. She was therefore protected by the 25th section of the Act. The bench agreed with this opinion, and dismissed the case.

Mr. William John Bellville was next charged with selling fourteen pounds of adulterated arrowroot. Mr. Wontner said the facts were admitted by the firm, who claimed the same protection under the Act as Mrs. Everett, and would prove that they had sold the arrowroot in precisely the same condition as they had bought it, and as it was imported. It was the custom of the firm he represented to submit samples of all goods purchased by them to Mr. Piesse, the public analyst, for analysis, before warranting them to their customers; but during last summer Mr. Bellville was out of town, Mr. Swinbourne, their spice buyer and salesman, was laid up for six weeks by an accident, and when he returned to business he found a great demand for Natal arrowroot, and he went into the market and bought six cases under warranty from sworn brokers, and being anxious to supply the customers of the firm he did not wait to have it analysed. Since these proceedings had been taken they had sent samples to Mr. Piesse, who found the arrowroot was not genuine, and they had accordingly withdrawn all that they had sold from that lot. It contained a mixture of starch of cassava, which was a wild arrowroot. He also thought that as this description of goods was imported and passed through the Custom House its purity should be guaranteed, as in the case of tea.

The Chairman of the bench said the only difference they could see in the two cases was, that the retailer had given notice that she sold the arrowroot in the same condition that she bought it, and the defendants had not; they would therefore have to pay the costs, and the case would be dismissed.

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DISCUSSION AT THE LEARNED SOCIETIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

PARAPSYCHOSIS.

I HAD had an arduous day, and was much concerned respecting an obscure case of nervous (? hysteric) disease, on the diagnosis of which I intently pondered. Having drawn my chair towards the fire, as a calmative I took up the "PRESS." In a listless mood, I turned over its pages, and, glancing at the "Report of Meetings of Societies," imperceptibly drifted into reverie. Ultimately, I became absorbed by

PSYCHO-BIOLOGICAL SOCIETY OF LONDON.

Dr. NEPHELE, F.R.S., Vice-President, in the chair.

A paper was read by Dr. Micracloths Thaumaterges, of the University of Gottingen, on "Functional Disorder of the Extra-ventricular Portion of the Corpus Striatum." The author commenced by remarking that little apology was demanded in bringing this important, though hitherto unrecognised, affection before the Society. Notwithstanding that the labours of Glabella, Lambdoides, and Sinciput in Italy, Germany, and France, had thrown considerable light on disorders of the hemispherical ganglia, yet the functional lesions and their causation of the segment of the striate body in question had been altogether overlooked or unnoticed. As the malady was seldom fatal when uncomplicated, more insight might be expected and obtained from clinical experience than from cadaveric revelations.

He adverted to the researches of Rolando, Van der Kolk, Brown-Séquard, and other physiologists, in proof of the existence of a special set of emotional nerve-fibres. He had succeeded in tracing these upwards, chiefly in connection with the cutaneous, ophthalmic, and auditory nervous trunks, to their ultimate distribution in the extra-ventricular portion of the corpus striatum, together with certain filaments which were distributed to the corpora quadrigemina, the floor of the iter a tertio ad quartum ventriculum, and finally, to a deposit of grey matter in the calamus scriptorius. The complexity of these neurological relations must be estimated in endeavouring to account for the variety manifested in the phenomena, according as a few branches or the entire nervous structures enumerated became involved.

Having adduced a number of uncomplicated cases with which, on the present occasion, he was more particularly connected, he drew a series of conclusions of a very elaborate and recondite character—of which it is impossible to offer more than a most condensed and imperfect abstract—tending to prove that the cortico-striate fibres constitute a "true central apparatus engendering and distributing its influence by a special conductive system to an apparatus of peripheral reception."

The *diagnosis* might be readily formed from the objective symptoms and the emotional exaltation. Influence on the reflex motor tract, through the vagus and sympathetic, eventuated in simpering, winking, ogling, and allied psychical actions, as palpitatio cordis, suspiration, psellismus, and in women globus, choraic and catalytic seizures, and ecstatic disorder, coupled with inordinate and irresistible inosculatory efforts. In men, babuzicarius and oneirogonos at times occurred. In some instances, especially in the uneducated, who are less restrained by the controlling power of the higher centres—the cineritious cortex being more gross and passive—the phenomena occasionally observed were cachinnation, jactitation, ululation, ejulation, and sometimes perfremation; and, in extreme examples, titubation and other ataxic disorders.

Enumeration and appreciation of the foregoing train of symptoms had not hitherto been philosophically regarded by systematic neuro-phybiologists. Neither had they adequately insisted on or explained the sensorio-emotional operations, which led to paralysis of the vaso-motor nervules. Such paralysis, by inducing cutaneous capillary hyperæmia and consequent facial erubescence, resulted in modification of physiognomical expression from the delicately acute impressions propagated along the peripheric motor fibres, supplying the levator labii superioris alæque nasi, the orbicularis palpebrarum, occipito-frontalis, levator et depressor anguli oris, depressor labii inferioris, orbicularis oris, platysma myoides, and the recti et obliqui oculorium.

Etiologically, the disorder was more frequent in females, dependent for the most part on erotic excitement, occurring at puberty or later, in highly impassioned and romantic temperaments, though the male sex undoubtedly often exhibited analogous phenomena. Acceptance of, and belief in, spiritual manifestations, and proclivity and amenability to mesmeric influences if not to be confidently affirmed as causative, were at least commonly associated with disordered balance of the tract under consideration. Concerning the *pathology* of the affection, which he approached with diffidence, regretting the deficiency of anatomical proof, he ventured to ascribe it primarily to embolic obstruction of the alterioles of the external portion of the anterior cerebral ganglion, which resulted in abnormal involuntary discharges. By extension to the hemispheres, modifications of intellection and volition ensued, and, in persistent cases, cortical atrophy.

Therapeutics were to be conducted on rational principles. The bromides, cannabis, belladonna, strychnia, veratrum, zinc, iron, manganese, silver, arsenic, chloral, shower-baths, and, in obstinate attacks, Faradisation and general moral supervision.

Dr. NECROPHILUS, who rose first, felt compelled to express his high sense of the erudition displayed by the author of the paper. He must, however, affirm that extended experience at a large hospital had convinced him how cautiously clinical phenomena were to be regarded, unless supplemented by autoptical corroboration. He conceived the cases reported were referrible to hysteria, malingering or quasi-epileptiform disturbance.

Dr. MELANOPSIS, who was indistinctly audible, was understood to allude to the speculative views ennunciated by the imaginative professor, who, he feared, was also subject to eccentric cerebration. Amidst cries of "order," he advanced an opinion that pathological forgeries were frequently committed on ideal patients, an assertion vehemently dissented from and condemned by the majority of the Fellows.

Dr. PSEUDOGLOSSUS, who observed that he had entered late and had heard the discussion only, accorded great praise to the author for his philosophical paper. He must, nevertheless, in justice to himself, aver that he had many years since anticipated the views and conclusions arrived at in his work on "Diseases of the Brain," under the articles "Perverted Motility and Ideation."

Dr. AMPHIBOLUS remarked, that it was a fact in biology that the manifestations noticed were not exhibited in creatures destitute of a corpus striatum. In such animals suppression of this ganglionic centre went parallel with non-evolution of the emotional operations, and with absence of the gyral absurdities, which arise from excessive conductivity of the commissural tract.

Dr. Pyrophobus inquired whether any thermometric register had been employed in the cases mentioned, and, if so, was desirous of ascertaining its significance.

Dr. Pantodosis deemed the chief concern to be the therapeutical considerations. In the cases detailed, he would give bromide of potassium in drachm or two drachm doses every few hours, until physiologically admonished by the supervention of fatuity.

In reply, Dr. Thaumaterges, after tendering his thanks and acknowledgments to the Society for its logical criticisms, expressed a hope that he might be permitted on another occasion to bring forward his researches on subtle, mesmeric, or reciprocal nervous currents which undoubtedly exist in certain neurotic individuals. As nervous energy is transmitted at the rate of more than a hundred feet in a second, there is practically a physiological instantaneity in the *consensus* between any two parts or persons thus affected, and although he spoke as yet vaguely, being on the threshold of the investigation, he believed further observations would reveal the laws presiding over the lately discovered "psychic energy," so ably advocated by Mr. Crookes and others, and lead to discoveries pregnant with supreme interest.

The Society then adjourned.

At the closure of the meeting I attempted to rise from my chair. Stumbling over an obstruction and startled by a piercing yell, my confused faculties regained perception, and I observed my favourite skye-terrier excitedly circling round the table—his vertebral prolongation having sustained severe metatarsal compression—whilst I realised (δυλε ῞Ονειρε !) that my convolutions had been held captive by the counterfeit presentiments of—a dream.

W. Boyd Mushet.

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THE ARMY MEDICAL DEPARTMENT.

There is in the exercise of continued perseverance, a point at which that estimable quality degenerates into senseless obstinacy, and without doubt that point has been fully reached by those whose business it is to attract candidates to the Army Medical Department.

Never was a more unmistakeable verdict expressed upon a novel proposal than that embodied in the determined rejection of fifty vacancies under the new short-service rules in August last, by all the students of the three countries, with the exception of thirty-three competitors whose quality was such, that some were admitted on the lowest marks ever given.

For a second time with a strange pertinacity, fifty vacancies are again offered on the same terms.

We do not propose to repeat the various reasons why this service is unworthy of the acceptance of any man of average education or ability. We have already put them forward, and they have been echoed through the principal medical schools of the kingdom, by the givers of introductory lectures and others.

We would now but offer a word of warning, seeing as we do that a coming attempt is being made by taking advantage of the chivalrous feeling and love of adventure of young men, to seduce them into the acceptance of appointments when war is not impossible, which they have unhesitatingly rejected in time of peace.

Should war occur, the medical duties of the campaign must, owing to the extreme reduction of the Army Medical Department, be discharged for the most part by civilians, and the remuneration offered to these civilians will be far in excess of the pay given to the existing medical officers; while, at the conclusion of the campaign, it will be optional for as many as are not wearied with the connection to accept commissions, and count the previous term of service towards the completion of the required ten years.

Could anything, then, be more short-sighted than for a young medical man to tie himself, on a lower scale of pay, to a department of which he can make an experiment on a higher?

We trust that this timely warning may be the means of arresting any who were about to take the fatal step, which those who have gone before seem so bitterly to regret.

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SIR GEORGE B. OWENS, M.D.

We are gratified to state the inaccuracy of the rumour which we inserted last week to the effect that Dr. Owens, the Lord Mayor of Dublin, would be passed over in the distribution of the distinctions which the out-going Viceroy—the Duke of Abercorn—had intimated his intention to confer upon the municipal representatives of the capitals of Irish provinces. The announcement of His Grace's intention to honour the Lord Mayor of Dublin was a little tardy, and hence the incorrect report. At His Grace's undress levee the distinction of Knighthood was conferred upon Dr. Owens, and we can truthfully say that no civic dignitary, or member of our profession, is better deserving of the honour. Both during his term of office as Lord Mayor, and at all times previously, Sir George Owens has been uniformly suave in manner and independent in action, and we heartily congratulate the newly-dubbed knight on the well-merited compliment which the Viceroy has paid him.

The Dublin Obstetrical Society will meet on Saturday next, at 8 p.m., at the College of Physicians, when the following communications are set down for reading:—Dr. H. Kennedy on "Notes on Diphtheria;" Dr. Purefoy on "A Case of Extra-Uterine Fœtation, Escape of Fœtal Bones per Vaginam—Recovery."

The Medical Society of the King and Queen's College of Physicians, Ireland, will meet this evening, at 8 p.m., at the College Hall, when the following communications are set down for reading:—Dr. J. W. Moore on "Salicylic Acid in Acute Rhematism;" Dr. J. Magee Finny on "Cases of Chorea;" Surgeon-Major Gore on "The Cold Bath in Typhus Abdominalis."

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Medical News.

Vital Statistics.—From the Registrar-General's returns we learn that during last week 5,581 births and 3,537 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,044. The mortality from all causes was at the average rate of 23 deaths annually in every 1,000 persons living. The annual death-rate was 16 per 1,000 in Edinburgh, 22 in London, 23 in Glasgow, and 24 in Dublin. In the other large towns the rates were—Brighton 11 Portsmouth 23, Hull 26, Bristol 20, Newcastle-upon-Tyne 19, Nottingham 20, Birmingham 21, Norwich 21, Leeds 21, Plymouth 27, Sunderland 22, Liverpool 25, Leicester 21, Bradford 26, Sheffield 26, Manchester 24, Wolverhampton 30, Oldham 35, and Salford 40. The annual death-rate from the principal zymotic diseases in these averaged 3·1 per 1,000, and ranged from 0·7 and 1·3 in Plymouth and Bristol, to 7·7 and 12·8 in Sunderland and Salford. Scarlet fever caused 11 more deaths in Portsmouth.

In these towns 65 deaths were referred to small-pox, against 61 and 81 in the two preceding weeks; 43 occurred in London, 13 in Salford, 9 in Liverpool, and not one in any of the seventeen other towns.

University of London.—The following gentlemen passed the recent Second M.B. examination for Honours:—

MEDICINE.

FIRST CLASS.
Pepper, Augusts. J. (Scholarship and Gold Medal), Univ. Coll.
Hunt, Joseph W. (Gold Medal), University College.
Pinnell, Thomas M., Univ. Coll.
Hellier, J. B., Leeds, & Univ. Coll.
Ferrier, John C., Guy's Hospital.

SECOND CLASS.
Rogers, Thomas K., Univ. Coll.
Burton, Samuel H., Univ. Coll.
Jones, Arthur H., Guy's Hospital.
Kidd, Walter A., Guy's Hospital.
Parry, Thomas S., University Coll.

OBSTETRIC MEDICINE.

FIRST CLASS.
Hellier, John B. (Scholarship and Gold Medal), Leeds,&Univ. Coll.
Pepper, Augustus J. (Gold Medal), University College.
Ferrier, John C., Guy's Hospital.
Pughe, Rhinallt N., L'pool Infirm.
Jones Arthur H., Guy's Hospital.

SECOND CLASS.
Burton, Samuel H., Univ. Coll.
Rossiter, Geo. F., St. Tnomas's.
Edwardes, Edward J., St. Mary's.
Rogers, Thomas K., Univ. Coll.
Kidd, Walter A., Guy's Hospital.

THIRD CLASS.
Duke, Herbert, Guy's Hospital.
Langley, John G., University Coll.
Lamb, William H., Guy's Hospital.

FORENSIC MEDICINE.

FIRST CLASS.
Pepper, Augustus J. (Scholarship and Gold Medal), Univ. Coll.
Kidd, Walter A., (Gold Medal, Guy's Hospital.
Jones, Arthur H., Guy's Hospital.

SECOND CLASS.
Langley, John G., Univ. Coll.
Harrison, Charles E., St. Bartholomew's Hospital.
Parry, Thomas S., Univ. Coll.
Rogers, Thomas K., Univ. Coll.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

THE LECTERES ON THE LAWS OF HEALTH.—We have received from Prof. W. H. Corfield a syllabus of the course of lectures which he is now delivering on the Laws of Health, and to which we referred in one of our last leaders. From this syllabus we see that we were mistaken in saying that half of the course is to be devoted to anatomy and physiology, as only six are to be given on these subjects, and fourteen on hygiene. We may also observe that, although we see no reason to change the opinions we expressed in the article above-referred to, we must admit that the lectures are very comprehensive and their object a very desirable one.

"ON SOME UNSUSPECCED SOURCES OF INFECTIOUS DISEASES."—We are requested to correct a mistake which appeared in our "Note" on the 1st November with reference to the title of the paper contributed by Mrs. Baines to the Social Science Meeting at Liverpool. The paper then noticed by us is, "On the Urgent Need of some Compulsory Sanitary Enactments." The paper which was read at Brighton last year (and since published by Mr. Lewis, of Gower Street) is entitled, "Some Unsuspected Sources of Infectious Diseases."

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Medical Men and Manners of the Nineteenth Century. By ——. London: Baillière, Tindall, and Cox.

Questions and Answers of the various Licensing Bodies. By W. Douglas Hemming, M.R.C.S. London: Baillière, Tindall, and Cox.

Mushrooms and Toadstools. By W. G. Smith, F.L.S. London: Hardwicke and Bogue.

Spiritualism and Animal Magnetism. By G. G. Zerffi. London: Hardwicke and Bogue.

Notes in Practical Medicine. By Hy. Barnes, M.D.

Sanitary Report for Paddington, 1875.

The Students' Journal. Cronica Medico-Quirurgica de la Habana. British Journal of Dental Science. Monthly Microscopical Journal. Veterinary Journal. Science Gossip. Nature. Melbourne Medical Record. The Monthly Homœopathic Review. The Druggist's Advertisor. Pharmaceutical Journal. Boston Medical Journal. Le Progrès Medical. La Presse Medicale. L'Antifeatro Anatomico.

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MEETINGS OF THE LONDON SOCIETIES.

OBSTETRICAL SOCIETY.—Wednesday, Dec. 6th, 8 p.m., Dr. Langdon Down, "On the Obstetrical Aspects of Idiocy."—Dr. Budin (of Paris), "On a Diagnostic Sign of Vaginal Hæmorrhage during Parturition."—And other communications.

HARVEIAN SOCIETY.—Thursday, Dec. 7th, 8 p.m., First Harveian Lecture: Mr. James Lane, "On Syphilis."

CLINICAL SOCIETY.—Friday, Dec. 8th, 8½ p.m., Discussion on "Leukæmia."—Dr. Hermann Weber: "Cases illustrating the Treatment of Rheumatic Fever and other Febrile Diseases by Salicin and its Congeners."—Mr. Brodhurst: "Cases of Subcutaneous Section of the Neck of the Thigh-bone."

VACANCIES.

Hospital for Sick Children, Pendlebury, Manchester.—Assistant Physician. Salary, £300 per annum. Applications, with testimonials, should be sent to the Chairman of the Medical Staff, Gartside, Manchester. (See Advt.)

Central London Sick Asylum.—Assistant Medical Officer. Salary, £100, with board and residence. Printed forms will be provided on application to the Clerk. Cleveland Street, W.

Bristol Hospital for Sick Children.—House Surgeon. Salary, £100. Address the Committee, St. Michael's Hill, Bristol.

Chester Infirmary.—House Surgeon. Salary, £80, with board. Address the Chairman of the Board.

Bournemouth General Dispensary.—Resident Surgeon. Salary, £140. Address the Hon. Sec.

Flintshire Dispensary.—House Surgeon. Salary, £100. Must be conversant with the Welsh language. Address the Hon. Sec., Dispensary, Holywell.

Bootle Borough Hospital.—House Surgeon. Salary, £80, with board, &c. Address the Chairman of Committee.

Festiniog, Oakley's Hospital.—Assistant Surgeon and a Dispenser. For particulars address the Medical Staff at the Hospital.

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APPOINTMENTS.

BELL, C. E., M.R.C.S., Surgeon to the Devon and Exeter Dispensary.

BIGGS, M. G., M.R.C.S.E., House Surgeon to the Essex and Colchester Hospital.

BROSTER, J., M.D., a Physician to the Royal South Hants Infirmary, Southampton.

BURNHAM, G. H., M.B., M.R.C.S.E., Resident Assistant House Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

CAMPBELL, D., M.D., C.M., Public Analyst for Calne, and Medical Officer of Health for the Calne Urban Sanitary District.

CARLYLE, J., M.B., C.M., Medical Officer and Public Vaccinator for the Parishes of Newhills and Dyce, Aberdeenshire.

DONOVAN, J. F., M.D., C.M., Medical Attendant to the Royal Irish Constabulary, Killeagh, co. Cork.

DYSON, W., B.A., M.D., Physician to the Sheffield Hospital.

HABNEY, G., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for the Cromford District of the Bakewell Union, Derbyshire.

HOLDEN, J., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for No. 4 District, and Public Vaccinator for No. 3 District, of the Preston Union.

LAW, J., M.D., Consulting Physician to the Leeds Public Hospital and Dispensary.

MACPHERSON, C., M.B., L.R.C.S.Ed., Medical Officer and Public Vaccinator for the Parish of Tingwall, Shetland.

MONCKTON, M., L.F.P.S.G., Medical Officer for the First Division of No 1 District of the Tonbridge Union.

WILDING, L. J., M.R.C.S.E., House Surgeon to the Worcester General Infirmary.

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Birth.

ALCOCK.—On the 19th ult., at Innishannon, co. Cork, the wife of Alexander Mann Alcock, L.R.C.S.I., L.K. & Q.C.P., of a daughter

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Marriages.

CORSCADDEN—ARMSTRONG.—On the 29th ult., at the Parish Church, Darenth, Thomas Corscadden, Holly Mount, Manorhamilton, to Eliza, third daughter of John Armstrong, M.D., J.P., Green street Green, Dartford.

DE LA COUR—TOOZE.—On the 30th ult., at St. Matthew's, Oakley Square, London, George Francis De la Cour, of Camden Road, N.W., to Julia Terry Southmeade, fourth daughter of the late Rev. Henry John Tooze, of Pehembury, Devon.

WINN—GORDON.—On the 14th ult., at St. James's Cathedral, Toronto, William Winn, Esq., Captain 1st (the Royal Scots) Regiment, son of Dr. Winn, of Harley Street, Cavendish Square, London, to Helen, daughter of the late Hon. James Gordon, of Toronto, Canada.

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Deaths.

BATTY.—On Nov. 22, at Stafford Street, Liverpool, Edward Batty, M.R.C.S.E., aged 82.

CAMERON.—On Nov. 19, at Hatfield, Yorkshire, Alexander Cameron, L.R.C.P.Ed.

CRESPIN.—On Nov. 24, at Harrington Square, Edgar Reginald Lagassicke Crespin, M.B., of Modbury.

DAVIES.—On Nov. 29, at Plasyn Llan, Llanfairtalhalarn, near Abergele, Mary, only daughter of Dr. Robert Davies, aged 24.

FARRAGE.—On Nov. 17, at Chippenham, William Farrage, L.R.C.P.Ed., aged 55.

HAMILTON.—On Nov. 23, at Parkstone, Dorsetshire, Andrew Hamilton, M.R.C.S.E., aged 81.

HARRISON.—On Nov. 26, at North Frederick Street, Dublin, Charles Harrison, L.A.H.D., aged 60.

KING.—On Nov. 26, at Hartest, Suffolk, George King, M.R.C.S.E., aged 79.

MACKINTOSH.—On Nov. 28, at Melville Street, Edinburgh, James Mackintosh, M.D., late Surgeon-Major Madras Army, aged 53.

MILLER.—On Nov. 16, at Dumbarton, John Miller, M.D., aged 70.

PARKER.—On Nov. 30, at Broomgrove Cottage, Sheffield, Samuel Parker, F.R.C.S., aged 57.

SMITH.—On Nov. 24, at Pembroke Road, Clifton, Bristol, Wm. Smith, M.R.C.S.E., aged 55.

SMITH.—On Nov. 21, at Barkerend Road, Bradford, Yorkshire, George Priestley Smith, M.R.C.S.E., aged 54.

WILLIAMS.—On Nov. 28, at Wrexham, George Harvey Williams, M.D., late of Rhyl, aged 57.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 13, 1876.

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ON THE SCIENTIFIC AND EMPIRICAL INVESTIGATION OF EPILEPSIES.

By J. Hughlings Jackson, M.D., F.R.C.P.,
Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER X.—*Sequence of Spasm unilaterally beginning in Convulsions.*

In the cases we have been considering there are all ranges of spasm, from such as twitching of a digit to a seizure in which the whole body becomes convulsed. The spasm of the several parts is in these cases a very distinct sequence. It "goes up" the arm to the side of the face, then down the leg, affects the bilateral muscles, and finally the unilateral muscles of the other side. *It is to be noted, however, that the sequence is compound.*

In each differently beginning convulsion there are no doubt different directions of spreading throughout the body after the involvement of the part in which the spasm begins. To take the case of the limbs. A fit beginning in the hand goes *up* the arm and *down* the leg. A fit beginning in the foot goes up the leg, and down the arm. (*a*) In cases where the spasm starts in the side of the face, it usually, I believe, goes down the arm; I have few facts on this matter.

I limit what I have to say of sequence to those cases in which the spasm starts in one hand. I am sorry that I have but little to say. The spasm as a rule begins in the index finger and thumb; it next attacks the other fingers, then the arm. (*b*) The spasm next involves the face, and nearly at the same time goes down the leg (so far our first degree, see p. 185, Sept. 6). Then the eyes and head turn, the body twists to the side affected; the chest muscles become fixed (second degree, p. 185). Lastly, the unilateral muscles of the other side become involved (third degree, p. 185).

The following is extracted from papers I published, *Med. Times and Gazette*, Dec. 19, 1868. Both range and sequence are spoken of, and the figures are intended to illustrate that the sequence of spasm is compound: thus the figure 3 in each of the three following sentences points out that to the best of my power of observation the upper arm, the eyelid, and the thigh of the right side were in spasm at the same time. It is important to note these associations as doubtless they imply associations of movement represented in the centres discharged.

Unilateral Muscles of Right Side.

Arm.—(1) Thumb and index finger, (2) whole of fingers and forearm, (3) upper arm.

Face.—(3) Cheek drawn up, (3) closed, (4) both eyes to right, (5) head to the right.

Leg.—(3) Thigh, (4) leg.

Sometimes the leg is affected before the face.

Bilateral Muscles.

(3) The occipito-frontalis. (4) I think the next thing is that the two buccinators, the orbicularis oris, the right zygomatici, and depressor anguli oris, are contending. The appearance is an ovoid mouth drawn to the right, the large end of the ovoid being to the right. The lower jaw is drawn down. Next, the two masseters and temporals are acting, and bring the jaws together. (5) The thoracic and abdominal muscles are involved, the inspirations becoming snatched; the chest rocks, and in the severest cases, breathing seems to stop for an appreciable time at the height of a full inspiration.

(*a*) However in several cases the patients have told me that the spasm, after affecting the leg, affects next the hand and goes *up* the arm.

(*b*) There are obviously many sequences in the arm (as a patient says, "it twists about all manner of ways"), but they cannot be easily analysed. The presumption is, that the sequence in the arm (and in the whole body) will be different as the exact part of the hand first seized differs. The hand, the most important part of the body (see pp. 145 and 29, Aug. 28, 1876), will be represented in many places. A fit beginning in the little finger, would depend on discharge of a different centre from that discharged in a fit beginning in the thumb, although the whole hand will, I suppose, be represented in each of the centres and in many others.

Unilateral Muscles of the Left Side.

The unilateral muscles of the opposite side commence to move when the chest begins to be decidedly involved. First the head becomes straight, both eyes look forward, and then the head and eyes turn to the left, and the left arm and leg are in a spasm.

I must say again what I said when the above was written :—

"It is most important to observe convulsive paroxysms minutely, but it is obviously difficult to observe them precisely. It must be understood that the foregoing only purports to give what is, to the best of my belief, the *usual* sequence in *one* variety of those convulsions which begin unilaterally. I never forego an opportunity of watching patients in fits, but the opportunities are rare, and the observations are painfully difficult to make. I dare not therefore imply that the above is in all respects an accurate representation. Moreover, the description is admittedly incomplete." (*a*)

What we shall chiefly consider now is the order of representation of the movements of the left, the "second" side which, as aforesaid, we believe to be represented in the left side of the brain by non-decussating fibres (see Sept. 6, p. 187). We shall do this mainly by speaking of the difference in the convulsions on the right (first) and left (second) side, which imply differences in the representation of the same muscles (fellow muscles) of the two sides in the left side of the brain. The convulsions of course only gives us a very general knowledge of the order of representation of movements. In saying (p. 187) that the unilateral muscles of both sides have a double representation (a representation on each side of the brain), we did not imply that they were represented alike. We suggested that the representation becomes more unequal and more different the higher the class of animal, or rather significantly, the less bilateral and synchronous became the movements of the limbs of the two sides of its body. There are unfortunately few facts supplied by the observation of convulsive seizures which bear on the matter, that is, there are few precise observations on the convulsions of the "second side." Let us note some ways in which convulsion of the "second" side differs from the convulsion of the "first" side. It will not be forgotten that we are speaking of convulsions which have begun deliberately in one hand.

1. The convulsion is later.
2. It is less severe.
3. The parts are convulsed more nearly contemporaneously.
4. It is more quickly over.
5. The spasm is more tonic. (?)

All these differences are important. But there are others more important to note. We have to note the *sequence* of spasm in the several parts of this second side. There are very few observations, indeed, on this matter.

There is strong *à priori* warrant for the assumption that the movements of the second side are represented in different order from those of the first side, and therefore that in epileptic discharges of the centres representing them, the spasms will present a different sequence, That warrant is that in the descending atrophy to which we have referred in the last chapter (p. 187), whilst the wasting is of the fibres in the lateral column of the side opposite the half of the brain (motor tract) injured—that on the same half is in the anterior column. Thus the inference is warrantable that the two sets of fibres are for different kinds of movements of the two sides. (*b*) But if they do represent different kinds of *movements*, it does not follow that they do not pass to the same, *i.e.*, fellow muscles ; for muscles are represented in the nervous centres as movements. We may suppose, for example, that in the left half of the brain the muscles of the right side of the body are represented in one order (from voluntary to automatic ?) and those of the left side of the body in the inverse order (from automatic to voluntary (?), or, in chemical metaphor, the two sets of movements have the same *Composition* but a different *Constitution*, or again that the two are isomeric or metameric. Once more considering the muscles as notes, we may say that there are two different tunes formed (*a*) from the corresponding notes.

To demonstrate this difference of representation the mode of invasion of the "Second side" must be carefully watched in cases of convulsions. We have—taking a case in which the fit *begins* in one hand, say the right—to observe whether the left leg or the left arm is the part of the "second side" first *reached* by the spasm. And in each limb we have to note whether the spasm begins in the upper or lower part. But there is another thing to be observed—viz., whether spasm of the extensor or of the flexor muscles preponderates. For example, if, in the case of the arm (we still speak of the second side), the arm is first raised and then the fingers extended, or the reverse. These remarks are a reproduction from a paper in the *Lancet* (since reprinted as No. 1 of *Clinical and Physiological Researches on the Nervous System*, February 15, 1873. I wrote then, "I have, I regret to say, no useful observations on the order of spreading of spasm on the *left* side. [The fit is supposed to have begun in the right hand.] As I think it very important to make observations thereon, I will write down certain questions.

1. Does the spasm of the left side begin in the leg ?
2. Does it go *down* or *up* these limbs ?
3. Does it affect the extensors more than the flexors, or *vice versâ* ?
4. Is the spasm more tonic than on the other side ?

I have since had few answers to these questions. Before they were made I published the case of a boy whose fits began in his two outer (ulnar) fingers of the left side, and who said that *once* the arm of the right side was slightly involved, and that it began to be involved in its upper part (*Med. Times and Gazette*). In another case in which I saw many convulsions beginning in and passing up the right hand, the left side was reached by the spasm. My friend, Mr. Mercier, watched the left arm. The spasm passed *down* this limb.

Some highly important remarks on the sequence of spasm are made by Dr. Gower in a paper on a case of convulsion, published in the *Lancet* of Nov. 6, 1875. Among many other observations of scientific and practical value Dr. Gower draws attention to the following points :

(*a*) The fit is supposed to begin on the right side of the body, the discharging lesion being in the left side of the brain.

(*b*) Since, as this evidence seems to show, each side of the body sends fibres to, or receives fibres from, both sides of the brain, we are led to think of the arrangement in the optic commissure. We have, however, to add inter-cerebral fibres (cerebral commissures) analogous to the inter-retinal, and we have to add the commissures of the cord analogous (?) to the fibres which pass from one optic track to the other. The arrangement of fibres in the optic commissure, so far (Beale says) from being peculiar to the optic nerves, is found in every part of the body to which nerve fibres are distributed. These facts and inferences point to the conclusion—which *à priori* is likely—that the whole of the nervous system and its parts are developed on the same fundamental plan.—*Med. Times and Gaz.*, Oct. 23rd, 1869.

A difference, however, has to be pointed out. In the central nervous arrangement in each hemisphere the muscles of the limbs of the two sides of the body are represented in *different* order ; the diagram of chiasma of the fibres for the limbs must be represented on a plane surface.

(*a*) I quote the following from an article I published *Med. Times and Gaz.*, January 29, 1872 :—

"In describing the spread of the spasm the muscles in action were named, but it is better to speak of movements of the parts. The fit is a discharge of a centre which does not represent muscles directly, but which represents them indirectly as movements. There is, however, from the distribution of nerves to muscles by anatomically recognisable nerve trunks up to the centre, a gradually increasing complexity—an increasing harmony. Hilton's observations show that even in the ultimates of the body there is incipient co-ordination—incipient harmony. No doubt the very muscles represent in the *most general* form the method of co-ordination of the highest centres. But in noting what takes place in a fit, it is better not to speak of the muscles, but to put down what movements take ploce. When this is done we can afterwards consider the play of the several muscles we suppose to have been directly concerned."

"Invariably one arm [right] and both legs were convulsed, the other arm escaping entirely. May it be connected with the more frequent simultaneous use of the legs than of the arms? It is to be observed that, in the right leg, spasm of the extensors predominated; while in the left leg, that of the flexors was distinctly greater than that of the extensors."

In order to facilitate the comprehension of what has been said let us consider certain healthy movements which seem to me to be in ranges and sequences like the movements developed in that variety of convulsion which begins in one hand and *becomes* universal. I allude to what is technically called effort and in particular, to effort in lifting weights with one hand. Ignoring for convenience the possibility that any effort in lifting even a small weight requires a new equilibration of all the muscles of the body we shall note only the striking sequences of movement in lifting weights made gradually heavier. The words of our description will imply that there are distinct intervals in the movements as they spread; really they glide into one another as the weight becomes heavier.

If we lift a slight weight with the right hand we use only the muscles of the hand and forearm, if it be made gradually heavier, we bring into play those of the shoulder, next those of the right side of the spine, leg, then of the jaws and chest. At a certain stage the muscles of the opposite side of the body come into play. I should perhaps say at an uncertain stage, as the sequence is much more involved than I describe it. Speaking, however, of the second side only (*a*). What must happen first is stiffening of the muscles of the left side of the spine, next stiffening of the upper part of the left leg, next that limb is lifted off the ground in extension and away from the body, and a little in advance of it. Then the arm is raised, the forearm being in extension; the hand is extended, the fingers being straightened out. (This is an amplification of a paragraph from the paper already referred to in the *Lancet*, February 13, 1873.)

This spreading shows well also the compound sequence. (*b*) The heavier the weight, not only the more the arm is used, but the further does movement spread to automatic parts.

Another thing we see here is that the muscles of the same name on the two sides of the body are not constant congeners. The muscles of the upper arm are in the above instance of effort congeners of those of the upper part of the opposite leg. Probably the flexors of one side are in many actions the congeners of the extensors of the other side. It is so in the case of the muscles of the two eyes. The inferior oblique of one eye is the congener of the superior rectus of the other eye for lateral movement of the two eyes. (*c*)

Another thing to be noted is the kind of spasm in the different sequences. My own belief is that the further the range the more tonic, the less clonic, the spasm. In other words, the spasm of the more automatic parts is chiefly tonic. The correct expression is "discharge of parts representing more automatic and subordinate movements." The epileptic discharges of such centres, I suppose, produces tonic spasm. The relations betwixt tonic and clonic spasm is one of degree, for at the onset of all convulsions there is tonic spasm, which breaks down into clonic spasm, and, as above implied, the sooner the more voluntary is the part affected by the spasm. The following quotation from an article (*Med. Times and Gazette*, January 27, 1872) bears on these matters. The occurrence of tonic, soon followed by clonic spasm in the most limited convulsions shows that obstructed respiration and circulation of badly aerated blood is not necessary for the production of either.

"Just as there is an increasing harmony of movement from the muscles to the highest nerve-centres, so, no doubt, there is an increasing melody. Harmony of movements is space co-ordination—the co-ordination of simultaneous movements; melody of movements is time co-ordination—the co-ordination of movements in succession. The latter is scarcely traceable, however; but we are warranted in assuming that from the (nearly) equal and simple intervals of respiratory movements to the most unequal and intricate intervals of movements represented in the highest centres, there is a gradually increasing melody. The two kinds of co-ordination are inseparable in health, and in disease we have to note abnormal conditions of both; we have to observe not only the region affected by convulsive movements, but the intervals betwixt movements. As we observe that increase in range is from the voluntary to the automatic, it seems probable that, at the same time, the intervals of the movements developed become shorter. It is very difficult to note the latter in cases of convulsion ordinarily so called. But, using the word 'convulsion' in an unusually extended sense, we observe that the convulsions from disease of the cerebral hemisphere are chiefly clonic; and that the convulsions of tetanus, which affects more automatic movements (those represented in the cerebellum?), are chiefly tonic. In tonic spasm the intervals are so short that the very 'idea' of succession is lost; the intervals are indeed bridged over, and there is, in a sense, no apparent movement—as the humming-top, when in excessively rapid rotation, seems still."

I would in this connection remark that the study of "circus movement," and "rotations" from experimental injury of different parts of the encephalon is of importance in helping one to methods of precise investigations of convulsions.

Before leaving the subject of sequence of spasm I would urge again the importance of studying all varieties of one-sided mobile disorders in relation to one another. To all those depending on abnormal discharges I have given the name of Hemi-kineses. I say *all*, because I have been misunderstood to mean by that term only one variety—the Athetosis of Hammond. I quote the following from a paper I published ("West Riding Asylum Reports," vol. 3), "Localisation of Movements in Brains":—

"To give examples of the relations of different symptoms: there are several *mobile* counterparts of hemiplegia. There is hemi-chorea, there are certain cases of hemi-spasm, and there is what I may call hemi-contracture, a mixture of palsy and spasm. I call these one-sided mobile symptoms 'Hemi-kineses.' I believe that each of them depends on disease of the same *internal* region as does hemiplegia—the region of the corpus striatum. For the same *external* region is affected in each. To obtain a knowledge of the movements represented in the cerebral district mentioned, we have to study each one of these symptoms carefully. As some evidence that this method of study is practically useful, I may adduce Dr. Radcliffe's testimony. In his article on Chorea, (*a*) after stating the reasons I have advanced for the localisation of the changes producing chorea in convolutions near to the corpus striatum, he writes, 'For most assuredly the difficulties which beset any attempt to localise the choreic lesion in the nerve-centres, are not

---

(*a*) Everybody recognises simple degrees, as from lighter to heavier, but scarcely any attention is given to that what I have called compound degrees. Anyone might admit or easily understand that intellect varies directly with mass of brain, or with complexity of brain, or with a symmetry of the two hemispheres. But that it varies not according to degree of any one of them, but in a compound degree of the three factors is an hypothesis which would strike many as being not simply complex but as being confused. It may be untrue, but it is not confused.

(*b*) So in the convulsions the sequence is compound; as the most voluntary parts are more in spasm, the further does the spasm spreads to automatic parts.

(*c*) There must be automatic action before there is voluntary action. The chest must be fixed before the arm can use it as a fixed point. There is a prior wave of equilibration from automatic to voluntary although the general form of the entire sequence seems to be from the voluntary to the automatic, and in this way we have stated it.

(*a*) Reynolds' "System," 2nd edit., vol. ii., p. 199. (Passage not in first edition.)

b

a little simplified by thus insisting upon the clinical relations between hemi-chorea and hemiplegia, as a ground for believing that the region of the corpus striatum is the part affected in both disorders.'"

I may here mention that I do not include among Hemikineses paralysis agitans, nor the tremor sometimes attending unilateral dysæsthesia; these are, I consider, owing to destructive lesions, and differ from chorea toto cœlo. The same remark applies to the tremor of disseminated sclerosis.

(*To be continued.*)

INAUGURAL ADDRESS

DELIVERED AT THE

OPENING OF THE SESSION

OF THE

SURGICAL SOCIETY OF IRELAND.

By George H. Kidd, F.R.C.S.I., M.D.Edin.,
Master of the Coombe Lying-in Hospital, &c., &c.,
President of the Society.

It is one of the privileges of the President of the College of Surgeons to take the chair at the meetings of the Surgical Society, a privilege of which I gladly avail myself, knowing I shall have the assistance of your able and experienced secretaries in carrying on the business of the Session, besides the support of every member of the Society. My first business is to welcome you back to these halls, and to assure you of the unflagging interest taken by the College and its Council in your proceedings—proceedings which have done so much to advance surgery and have shed so much lustre on the College. The Society has now entered on a new era in its existence. Its management is now, with the exception of appointing the President, altogether in the hands of the members themselves, and it is to be hoped that they may feel the responsibility thus incurred a stimulus to still more vigorous efforts to further the objects of the Society, and so make it still more prosperous, and more productive of good work and true work, for the advancement of surgery and the maintenance of the honour and dignity of the Irish College.

Gentlemen,—In a body numbering so many members as ours, it could scarcely be hoped that each recurring anniversary would not find us with seats unfilled, names unanswered, when we call our muster-roll, and we have now to note the removal from amongst us of one whose place will not be easily filled, of one whose fame had reached to the outermost corners of the earth, a fame founded not less on his literary than on his more strictly professional work, and on his skill as an ophthalmic and aural surgeon.

Sir Wm. Robt. Wills Wilde was born in 1815, and died on the 19th of April, 1876. He commenced his medical studies by being apprenticed to the late Abraham Colles, and began practice in Dublin in 1841, devoting himself chiefly to ophthalmic and aural surgery, and opened a dispensary for patients with diseases of the eye and ear in Frederick Place, which was afterwards moved to Mark's Place. He finally purchased the building that had been used as a school of medicine in Park Street, now Lincoln Place, and converted it into an hospital—"St. Mark's." This he subsequently transferred as a free gift to trustees for the use of the nation.

In 1846 he became editor of the *Dublin Quarterly Journal of Medical Science*, and in a preface to the number for February in that year gave a most valuable and interesting historical account of Irish medicine. His "Report on the Tables of Deaths" in the Census of 1851 (upwards of 500 pages) is one of the most remarkable achievements of any time, being the medical history of Ireland from the earliest times down to 1851, compiled from original MSS. and documents. The "Table of Cosmical Phenomena, Epizootics, Famines, and Pestilences in Ireland," commencing Anno Mundi 2820 and ending A.D. 1851, will ever remain as a monument of Wilde's energetic industry, laborious research, and masterly genius.

Our own Government recognised in a small way his services as a statistician and national benefactor by conferring on him the order of knighthood. Other countries, however, had previously recognised his labours and conferred on him their honours. In 1853 he won, by his rare merits, a new royal appointment for the Dublin School of Medicine,—viz., Surgeon-Oculist in Ordinary to Her Majesty. Indeed, the Dublin School may well be proud of the author of "Aural Surgery," "Malformations and Congenital Defects of the Organs of Sight," "Condition of the Deaf and Dumb," "Epidemic Ophthalmia," and "Infantile Leucorrhœa." For many years he, by his teachings and brilliant talents, was one of the chief attractions here for foreigners, who always found his hospitable house open to them. Honourable and upright in word and deed he laboured for the glory of the Dublin School, and did much to perpetuate its greatness by his memoirs of Molyneux, Rutty, O'Halloran, Wilmot, Mosse, MacBride, and Curran. His literary and antiquarian works are of world-wide repute. His death has not only left a sad gap in social circles, but also in many other Societies besides our own.

This Society was founded for the cultivation of medicine as a whole, including all its subdivisions, medicine proper, surgery, obstetrics, therapeutics, and all their auxiliary sciences. This is as it ought to be, for medicine is one science, divisions in it are the remains of a dark and ignorant age. How could the surgeon neglect the consideration of constitutional conditions, or the physician ignore the aid to be derived from surgery. Nor are the requirements of the obstetrician less general. If he is to conduct his patient safely through her labour must he not, for instance, be able to detect the earliest symptoms of uræmic poisoning so as to guard her against the terrible convulsions that follow in its train. If her heart or lungs be diseased must not he know it that he may guard them from the strain of the expulsive efforts. Has he not to deal with many of the most grave diseases to which the human frame is liable, and which occur but too often in the puerperal state. Peritonitis, pleuritis, all the varieties of puerperal fever, accidental fevers, and even mania come but too frequently and tax to the utmost his medical skill. Must he not be prepared to avail himself of all the resources of surgery if he is to deal with hæmorrhages, lacerations, or any of the many varieties of tumours that may obstruct the birth of the child. Above all, must not *his* education be as perfect as it can be made, who, in the exercise of his profession, having the lives of two human beings committed to his care, may have to *hasten* the death of one to prevent that of both. Is not, then, medicine one great science, and how can one branch of it rank above another in value or importance. I am induced to draw your attention to these matters because, though this unity of medicine is fully recognised and acted on here, in other schools a fiction remains that obstetrics, if a branch of surgery at all, is a very inferior one, and one to which candidates may be admitted on a low standard of education, and by a restricted examination. This fiction has shown itself very recently in quarters where we should least have expected to meet it. Thus, in 1870, Professor Acland, of Oxford, proposed that a special diploma should be superadded to those already in existence, and given to those women who do not desire to have the same education as men, but who desire to have a public recognition that they are fit to practise in the diseases of women and children. Sir Dominic Corrigan has made a similar suggestion. The answer given by a lady, Mrs. Garrett-Anderson, to Dr. Acland may apply to both: "It would have been useful," she said, "if Dr. Acland had explained what part of the education given to medical students could be omitted with advantage in the case of those who intend to practise only among women and children. Is there any less need for a knowledge of anatomy and physiology or any other branch of medical knowledge, because the patient happens to be a woman or a child." During the present year the same question arose in the London College of Surgeons. Three ladies, anxious to become registered practitioners of medicine, and having failed to get on the "Register" by other means, applied to be admitted to examination for the midwifery diploma of the College, and the Council of the College thinking they were bound by their charter to accede to the application, ordered them to be examined by the midwifery court, but rather than comply with the order, Dr. Barnes first, and afterwards the other members of the midwifery court, resigned their appointments, and no other qualified persons could be found willing to accept the offices thus vacated. Consequently, these ladies remain unexamined.

Now if this were a question as to the propriety of admitting women to be practitioners of medicine I should not think it right to introduce it here, nor would you allow me to do so, but a higher and much more important question is involved—viz., whether obstetric science is an integral part of medicine, and whether it can be taught or practised with advantage to the community apart from that full degree of knowledge and skill in medicine and surgery which is held to be essential for the safe practice of the healing art. This is the real question at issue, for if these ladies had been examined and granted the midwifery diploma, they would not only have been entitled to registration and all the privileges of registered practitioners, but they would have gone forth with the stamp of the college guaranteeing their fitness to practise midwifery, though they had given no proof whatever of having obtained even an elementary knowledge of the other branches of the great science of medicine.

This question was the subject of a warm controversy in Dublin more than one hundred years ago, and the present system in this country may be looked on as the outgrowth of that controversy. The history of it is related by Dr. McClintock in his "Rise of the Dublin School of Midwifery."

The King and Queen's College of Physicians were empowered by their charter to give a licence in midwifery to persons having no other qualification, and not only did they do so, but they actually refused to admit practitioners of midwifery to the licence in medicine, holding it to be an infringement of their professional dignity that any of their members should practise this art. Dr., afterwards Sir, Fielding Ould was refused admission to the latter on this account, and a serious quarrel with Trinity College ensued, because they conferred an honorary degree of M.B. on him after the College of Physicians had refused to examine him.

While matters were in this state the governors of the Rotunda Lying-in Hospital in 1770 claimed for the certificate of attendance on the Hospital the force and authority of a diploma, and that it also should be regarded as a licence in midwifery. This raised the controversy. Many letters and pamphlets were published, and at length one writer appealed to Dr. Fleury, a very eminent teacher and practitioner of midwifery at the time, to give his opinion. Dr. Fleury was one of the physicians to the Meath Hospital and was in the habit, by permission of the board of Trinity College, of lecturing on midwifery in the school of the college, and to make his instruction practical he attended poor women at their own homes, and brought his pupils with him.

He was probably the first person to give a course of lectures on midwifery in Dublin. Thus appealed to, he published a pamphlet in which he very fully stated his opinion. He utterly rejected the idea that mere attendance at a lying-in hospital and upon obstetric lectures could make a man competent to practise midwifery. "The most enlightened professor of midwifery," he writes, "never can hope, by the best digested course of lectures on that subject, to make a skilful accoucheur of one who has not a competent knowledge of anatomy, chemistry, and, in short, of all the precognita of physic."

This view ultimately became generally adopted, and the College of Physicians not only ceased to confer their licence on unqualified persons, but, more wise than colleges elsewhere, opened their portals to midwifery practitioners, admitting tham to their highest offices. In 1847 and again in 1848 they elected Dr. Collins, an exclusively midwifery practitioner, their president, and since then Dr. Montgomery, Dr. Churchill, and Dr. Beatty, have held this same distinguished office.

The Irish College of Surgeons have, from their first incorporation in 1784, enlightened probably by the events going on around them, recognised the importance and dignity of midwifery, and given it a proper place. In their charter they only took power to grant a midwifery diploma to those of their own licentiates or fellows who sought for it as an extra qualification. Among the first professorships created in the College was one of midwifery which was at first held conjointly (for financial reasons) with that of anatomy and physiology, but in 1793 a special professor was appointed, Sir Henry Jebb, an ex-Assistant of the Rotundo Lying-in Hospital, and he was afterwards elected President of the College. Beatty and Denham, exclusively midwifery practitioners, have since held this proud position, and the College have now honoured even me by elevating me to the same rank.

The University of Dublin is at present organising a plan for conferring a degree in the obstetric art, and this also will be confined to those who have already obtained degrees in medicine and surgery; and the Queen's University have also instituted a diploma in midwifery, which they grant only to those who have obtained degrees in medicine and surgery.

The lying-in hospitals of Dublin still grant diplomas to such of their pupils as pass an examination at the end of their attendance on the hospital practice, but these diplomas are not registrable, and are only of value as secondary qualifications. It would be much better that these hospital diplomas should be done away with, but, unfortunately, the requirements of the Poor-law system render them necessary. They are the last mementoes in Ireland of the age when midwifery was neglected and thought unworthy to take equal rank with the other branches of the great science of medicine.

That the system thus developed in Ireland has worked well it is scarcely necessary for me to assert. Under it the Dublin school of midwifery has attained a high and wide-spread reputation, and if it is indebted to the recognition and encouragement it has received for much of the high position it holds, it will, I think, be admitted that it has in return contributed in some degree to the cultivation and furtherance of the great science of medicine of which it is one of not the least important branches.

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THE CONTAGIOUS DISEASES OF ANIMALS.

By George Fleming, F.R.G.S.

(*Continued from page 458.*)

The most formidable and harassing of the exotic contagions of animals of which we have as yet had any experience, are three in number—the rinderpest or "cattle-plague," and what are commonly known as the "lung-plague," and "foot-and-mouth" disease. The rinderpest has made only one great invasion of this country during the present century; and then, through the most unpardonable ignorance and supineness, it wrought an amount of destruction and ruin which is absolutely appalling, when we consider the short time it was allowed to revel unchecked among our herds and flocks. In the cattle-plague invasion of 1865 and 1866, we may set down the money loss from its ravages at something between ten and twelve millions of pounds. Indeed, it is scarcely possible to compute the total amount of damage it inflicted, as we had not very trustworthy means of arriving at the truth. Yet this is a purely contagious, and therefore a preventible malady.

But if the rinderpest caused such startling havoc in such a brief space, it must be confessed that the two other diseases—"lung-plague" and "foot-and-mouth" disease—have been no less serious scourges: inasmuch as, owing to their less fatality and their having been so many years domiciled in these islands, they have not attracted so much attention, though they have become none the less universal, and their ravages have been yearly on the increase.

For reasons which will be presently alluded to, we are unable to arrive at anything like a correct estimate of the damage inflicted on the national wealth by the two scourges just named, since their introduction some thirty-six years ago. Until within the last eight or nine years, no effort was made to ascertain the exact loss they were causing; and though it is now attempted to give a statement of this loss, yet the returns cannot be accepted as affording us any more than a very faint idea of the money swallowed up by these two contagious but preventible scourges. In fact, we are almost in the dark as to the actual damage, in pounds, shillings, and pence—to say nothing of the embarrassment to trade—which these two diseases occasion.

The "lung-plague" is pretty well a concealed disease, and one with whose prevalence the small cattle dealer and petty butcher are better acquainted, perhaps, than the police or other kind of inspector. Yet it has been calculated that in Edinburgh alone, the annual loss from it is between £200,000 and £300,000. For the six years ending with 1860, it has been estimated that there perished considerably more than a million of cattle in the United Kingdom, the value of which must have amounted to at least twelve millions of pounds. The tables of an English Cattle Insurance Company prove that from 1863 to 1866, the death-rate from this scourge was from fifty to sixty-three per cent. annually. If we can form any judgment from these figures, it will not be too much to assert that the "lung-plague" costs us at the very least £2,000,000 a year.

The malady has been carried from Great Britain to her colonies; and in Australia it is estimated that the stock of cattle is reduced by a million of pounds annually.

But we have had no time to notice this disease further than to observe, that what with its long duration in those attacked, the slow and protracted convalescence when they chance to recover, the consecutive disorders—perhaps permanent loss of condition—the non-productiveness of the animals for months, all this makes it one of the most disastrous plagues that can afflict a cattle-producing country.

The other exotic malady, "foot-and-mouth disease," though not nearly so fatal, is yet, perhaps a greater destroyer of the national wealth than the "lung-plague." We cannot arrive at anything approaching exactitude with regard to the damage it inflicts, as a large number of the outbreaks are never reported. Little is known as to the loss incurred from it previous to 1869; but from the attempts that have been made to arrive at a proximate estimate of the destruction it and lung-plague occasioned for the thirty years preceding that date, we may infer that both maladies had cost the country at least £84,000,000. If we add to this the ravages of the cattle-plague in 1865-66, we shall not be far wrong if we put down the damage sustained, from 1839 up to 1870, as £100,000,000.

But the ravages of foot-and-mouth disease have been almost yearly on the increase since then. In 1871, according to the report of the Veterinary Department of the Privy Council (which, however, cannot be relied upon, as it is certain to be below the mark), no fewer than 519,523 cattle or 10 per cent. of the entire stock of Great Britain, were attacked. Somersetshire, however, reported 12 per cent. attacked; and it is possible that some other counties had more. In 1872 the malady was so prevalent among cattle, sheep, and pigs, that in England and Scotland the direct money loss from it was rated at the astounding sum of £13,000,000; and even this enormous figure is supposed to be under the actual amount. In Leicestershire, for example, where an attempt was made to obtain returns of the number and species of creatures affected, and where the loss on each bovine animal was put down at the low figure of £2, and sheep and pigs at 10s., it was computed that a sum total of upwards of £340,000 would not have covered the loss in that county alone. In Cheshire, in the same year, one-third of the total horned stock was attacked, the money loss being valued at 9 to 10 per cent. of the whole head of cattle in the county. In Herefordshire, in that year also, it was ascertained that more than 35,000 cattle, 108,000 sheep, and 9,000 pigs were affected with it, the loss being estimated at £156,000. In Ireland, for the same year, though the cattle reported as diseased must have been a mere tithe of the number actually infected, the loss is reckoned at about £442,000. What the loss was in 1874 it is impossible to say, the Veterinary Department of the Privy Council having given up recording the outbreaks of the malady since 1871. It must certainly have been very great, as, in thirteen parishes around Shaftesbury alone, 10,000 cattle, or nearly one-fourth of all the stock in them, were attacked, the loss being at least £15,000 in this small district. In 1875, owing to the disease having been more widely diffused than it ever was before, the damage inflicted by it must have been considerably over eight millions of pounds. From east to west, and north to south, it raged with a violence and virulence which showed that time does not modify its intensity like some other contagious diseases. The county of Somerset alone lost £150,000 through it; while so far north as Aberdeen, the very lowest estimate shows that in this county 7,731 cattle and 8,954 sheep were attacked, the damage probably not being less than £65,000. Other counties, doubtless, suffered to a similar if not to a greater extent.

These astounded losses from three imported foreign diseases, which owe their maintenance and diffusion solely to their contagious properties, will testify at once to the immense importance of this subject from a money point of view alone. Two preventible contagions, which rob the country of four, six, eight, ten, or twelve millions of pounds annually, cannot be designated anything less than scourges of the greatest magnitude.

Some superficial people have tried to make light of "foot-and-mouth" disease, merely because it is not always very fatal. But they little know what it is among the cattle, sheep, and pigs of farmers who are not wealthy, or among the dairy stock of those whose living depends upon the produce of their cows. When it is considered how rapidly animals lose condition, especially fat stock, what losses occur when it appears among milch cows, cows in calf, and oxen, sheep, pigs, and even poultry, and the embarrassment it may, from its presence, occasion to agriculture and the cattle and milk trades, as well as the expense of curative measures, it cannot be denied for a moment that, even under the most favourable circumstances, this malady causes greater loss than the cattle-plague itself.

But we have other contagious maladies which, though they may be imported from abroad, like the three just alluded to, may yet be said to be "indigenous." One of these is the horrible disease "glanders" of the horse—which is transmissible to other species and also to mankind.

We are in the dark as to the extent to which the dangerous malady prevails, as here also the returns of the Veterinary Department of the Privy Council are not reliable. In London, where it exists to a far greater extent than is perhaps dreamed of, it is supposed to destroy horses to the value, annually, of £5,000; and in other parts of the country the loss may be set down at £20,000 more.

The ox suffers from scrofula, and some forms of blood disease which are contagious and destructive, but are not included in the Privy Council list.

The sheep is affected with some serious contagious maladies, but chiefly with a parasitic disease of the skin, that occasions much loss.

It may be said that thousands of pigs perish every year from contagious diseases which are not recognised by the authorities; and we do not know the extent of the loss they occasion, nor even the nature of the diseases.

Rabid dogs cause much destruction to property, and numbers of people die every year from hydrophobia; yet rabies is a terrible disease not mentioned in any of the official records of the Privy Council.

In fact, we are altogether uninformed as to the injury inflicted on the national wealth by many maladies which are very serious and alarming, and are yet preventible.

(*To be continued.*)

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Clinical Records.

CASHEL UNION HOSPITAL.

Salicin in Acute Rheumatism.

(Under the care of Dr. LAFFAN.)

At the present moment, when this new remedy is on its trial, the publication of results appear called for. I recently admitted a woman, named A. F., into my wards with acute rheumatism. The wrist, knee, and ankle-joints were affected. The first-named joints were so much engaged as to oblige the woman to be fed. Slight effusion existed in the wrist and ankle-joints. She had been ten days ailing before admission. She was put under twenty grain doses of salicin, repeated every second hour. A saline purgative had to be given in consequence of the bowels being very much loaded. After the second salicin powder the patient was able to use her wrists freely, and after completing half a dozen she was nearly convalescent. There is a faint mitral murmur in this case. From the absence of all cardiac symptoms, I am not sure but that this murmur may have existed previous to the present attack. It at all events was unaffected by the salicin. In this case the result was too rapid to allow it to be set down as mere *post hoc*.

The salicin was continued for some time longer, but, giddiness coming on, its administration was suspended. I did this in consequence of the case published in *The Lancet* some time since, in which head symptoms supervened from large and prolonged doses of the drug. The giddiness soon disappeared, and the drug was again resumed. This woman is now convalescent.

Salicin so far, however, appears of value; what that exact value may be extended use can alone determine. There is the danger that by being rated too highly at first it may by and by fall into unmerited disrepute.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 24TH, 1876.

Sir WILLIAM JENNER, Bart, M.D., D.C.L., F.R.S., President, in the Chair.

CASE OF LYMPHATIC LEUCOCYTHÆMIA, TREATED WITH PHOSPHORUS.

Dr. GOWERS read notes of this case; the patient being a lad, æt. 16, who had been under the care of Dr. Wilson Fox in University College Hospital. He presented extensive glandular enlargements in the neck, axillæ, and groins, and evidence of a large mass in the mediastinum. The spleen was slightly enlarged, and the temperature was uniformly raised several degrees. The blood presented a large excess of white corpuscles. Their proportion to the red was as one to four. One hundred and four were counted in one field. The glandular enlargements had been noticed only three months. During a fortnight of expectant treatment, little change was observed. Phosphorus was then commenced, one-thirtieth of a grain being administered three times a day.* A week's slight improvement was followed by an increase in all the symptoms, due apparently to some unwise exposure; but, during the second fortnight of the phosphorus treatment, there was a marked diminution in the number of white corpuscles. At the end of the fifth week they were reduced to a third of the original number, and the external glands were small and harder. A trace of albumen appeared in the urine; and, on account of obstinate diarrhœa, the phosphorus was omitted. The improvement in the special symptoms continued; and, a week later, only twenty-four white corpuscles could be counted in the field of the microscope, and the dulness produced by the mediastinal mass had sensibly diminished. The albumen in the urine, however, increased, fatty casts were found in it, and general œdema came on. The temperature fell, the patient became weaker, and finally died from asthenia—the number of white corpuscles showing to the last a progressive diminution. At the *post-mortem* examination, besides the external glands which could be felt, masses of agglomerated glands occupied both the anterior and the posterior mediastinum. In front, the mass occupied above the position of the thymus, and was adherent to the rib cartilages and to the left lung. A still larger mass in the posterior mediastinum lay around the trachea and aorta, and had perforated the pericardium. The abdominal glands were also enlarged. Most of the glands were hard and fibrous, or else caseating. Under the microscope, all showed lymphatic overgrowth and abundant leucocytes. In some, the overgrowth was undergoing fibroid, in others fatty, degeneration. The spleen weighed thirteen ounces and a-half; the Malpighian bodies had undergone lardaceous degeneration; it contained some caseous infarctions. Its tissue was infiltrated with leucocytes. The liver was slightly enlarged, and contained abundant minute growths, most of which were undergoing fatty degeneration. The kidneys were large and pale, and their tissue presented general granular and fatty degeneration, with a few leukæmic growths. The marrow of a tibia was abundant, and consisted of leucocyte-like cells massed together. Dr. Gowers drew special attention to the degeneration in the glands and in the liver, which seemed to be indicated during life by the diminution in their size, and this coincided with the improvement in the state of the blood. The spleen presented no degeneration which could be associated with the diminution in the white corpuscles since the Malpighian follicles are believed not to be specially concerned in the leucocythæmic process. Hence, it was probable that the leucocythæmia which existed was due to the granular overgrowth and not to the spleen. Renal disease was a rare complication of leucocythæmia, and it was further remarkable in this case from the acuteness of the process and the early evidence of fatty degeneration. What effect could be ascribed to the phosphorus? The known influence of phosphorus was to cause fatty degeneration, the condition found abundantly in this case. But such degenerations had occurred in cases in which no phosphorus had been given, and with so acute a course and elevation of temperature degenerations were likely to occur. The process might have been hastened by the phosphorus; but, if so, the drug must be suspected of an influence on the kidney degeneration. In conclusion, Dr. Gowers said he had brought forward the case rather as suggesting points for future observation than as itself settling the questions it raised.

A CASE OF HODGKIN'S DISEASE, WITH INCREASE IN THE WHITE CORPUSCLES OF THE BLOOD; TREATED WITH PHOSPHORUS.

Dr. W. S. GREENFIELD detailed this case. The patient, a woman, æt. 26, had never been strong, though suffering no special ailment, until about two years before, when she had attended as an out-patient at St. Bartholomew's Hospital, under Dr. Duckworth, for amenorrhœa. She stated that she had, at the same time, some glandular enlargement in the neck; but this appeared to have been doubtful. Some enlargement of the glands in the neck was noticed about January 1876; and from that time there was complete amenorrhœa and gradually increasing debility, which at last led her to seek advice. She was first seen by Dr. Greenfield at the beginning of May; and from that time till her death was under the care of Dr. Rogers, of Old Street, Dr. Greenfield seeing her in consultation with him. When first seen, she was greatly emaciated. There was a mass of enlarged glands in the right side of the neck, at the upper part, with some enlargement behind the sternomastoid; on the left side was corresponding, though less, enlargement, and there were also enlarged glands in the right axilla and in both groins. The patient suffered from hectic fever, with frequent profuse perspirations. There were also various attacks of dyspnœa, lasting a few minutes, which came on suddenly, often preceded by pulsation of the right carotid artery; then she became suddenly pale, half unconscious, the respiration becoming very laboured, and almost entirely abdominal. The right pupil was sometimes dilated during or after the attacks, and profuse perspiration frequently followed them. The spleen appeared to be slightly but not notably enlarged. The blood was not examined until later. Having in view the important results gained by Dr. Broadbent and Dr. Wilson Fox in leucocythæmia by the employment of phosphorus, Dr. Greenfield thought it would be desirable to try its effect in a disease which presented some analogies with it; and one-thirtieth of a grain of phosphorus was, therefore, given three times daily in pill, and was continued for six weeks. Ten days later, the blood, examined with a high power, showed a decided increase in the number of white corpucles, which appeared to be in the proportion of one white to fifteen red. There were also other white corpuscles, smaller than usual, and and a number of microcytes. The glandular swellings increased somewhat rapidly, and in the middle of June there was a large mass in the right axilla; the swellings in the neck had greatly increased, and there were masses of glands in the groins. The febrile attacks and perspirations continued unabated, and the patient became extremely emaciated and prostrate. The temperature, taken pretty regularly three or four times in the twenty-four hours, presented remarkable variations, the daily range extending over from 4 to 6 degrees Fahrenheit, and the elevation occurring very rapidly. On one occasion, a rise from 98 deg. to 103 deg. was observed in four hours, and from 97 deg. to 103 degrees in five hours. The highest temperature observed was 105·5 deg.; but temperatures of 104 deg. and 105 deg. were frequent, the highest usually occurred towards evening or at night, but with no great regularity. The patient lived for about four months, dying early in August. During the greater part of that time, the glandular enlargements increased, emaciation was progressive, and, after a temporary improvement, the dyspnœa became a more or less permanent symptom. Towards the end of life, the glandular swellings decreased in size, and some of them entirely disappeared. The temperature continued high, but during the last week of life it became lower, rarely rising above 101 deg. On *post-mortem* examination, there was found a mass of enlarged and indurated glands in the upper part of the right side of the neck; enlargement of the bronchial and mediastinal glands; and the mesenteric and lumbar glands were greatly hypertrophied. There were two smallish nodules of new growth, resembling indurated lymphatic glands in structure, in the liver. The spleen was but slightly enlarged and apparently free from patches of new growth, but was too much decomposed to permit of certainty on the point. There were scarcely any other marked visceral changes. Dr. Greenfield observed that the case was clinically a typical example of Trousseau's "adenie," "anæmic lyphatica," or "Hodgkin's disease." He thought that the increase in the proportion of white blood corpuscles was not sufficiently large to allow it to be designated as a case of leucocythæmia, nor were there any of the usual symptoms of that disease, such as epistaxis or other hæmorrhage. At the same time, the condition of the spleen was different from that which was observed in many cases, and regarded by Dr. Wilks as one of the essential anatomical lesions of Hodgkin's disease. The clinical features, however, were most typical—glandular enlargement, great and progressive, a peculiar anæmia, progressive emaciation, with irregular and high temperature. The condition of the spleen in five other cases which had fallen under his observation presented considerable variation; in only two did it present the typical characters of containing masses of new growth, aptly likened by Dr. Wilks to lumps of salt. At the same time the condition of spleen observed was equally inconsistent with typical leucocythæmia. Probably the case must be considered an intermediate one, and "anæmia lymphatica" would be the most appropriate name, rather than Virchow's "leukæmia lymphatica." In commenting more particularly on the symptoms observed, the author remarked that the earlier attacks of dyspnœa were probably due to pressure on nerves, the later to direct pressure on the trachea and bronchi of enlarged glands, a condition discovered *post-mortem*. The phosphorus was observed to have had but little influence on the progress of the disease; the glandular enlargement continuing and increasing during its use, and the subsequent apparent atrophy of the glands being accounted for, in all probability, by the induration—a similar occurrence having been observed in other cases. Nor did quinine, which was given throughout a great part of the course of the case, appear in any way to prevent the febrile attacks. The other treatment adopted consisted merely in palliative measures.

To be continued.

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SURGICAL SOCIETY OF IRELAND.

The first meeting of the session was held on Friday evening, November 24th, 1876, Dr. Kidd, President, in the chair.

The minutes of the previous meeting having been read by Mr. B. Wills Richardson and confirmed,

The President then delivered his

INAUGURAL ADDRESS,

which will be found at page 478.

DISEASE OF TARSUS.

Mr. H. G. Croly exhibited the foot of a young girl which he had removed by Symes's amputation at the ankle-joint. Though the disease was one of not uncommon occurrence, there were some points connected with the case that he thought worth mentioning. The disease existed for a couple of years, and followed a sprain of the ankle-joint. On admission to hospital there was a sinus observed in the region of the astragalus, and on examining the region of the os calcis it seemed as if the disease was confined exclusively to that bone. However, on amputating the foot by Symes's method, he found that the disease had extended into all the bones. The os calcis was very extensively diseased, as well as the astragalus. On making the incision for Symes's operation the os calcis broke down, and portion of it came away. He thought the case proved that though the disease was in one bone, the astragalus, the other bones were at the same time implicated.

NECROSIS OF TIBIA—KNEE-JOINT DISEASE.

Mr. Tyrrell exhibited a leg which he said he had removed from a girl, aged 14 years, who was admitted to the Mater Misericordiæ hospital. The report given was that about two years ago the patient got a pain in her knee, grew worse, and became laid up. She got temporary relief, but she came to hospital. She was worn very much on admission, and on an examination of the limb there was found to be extensive necrosis of the tibia, disease of the knee-joint, and also considerable atrophy of the whole limb. It was determined that the only operation to be performed was amputation of the thigh. It was interesting to observe in the specimen the extensive atrophy that was in all the parts. The femur was remarkably small, the compact tissue being merely about two lines in thickness, and the medullary membrane is correspondingly increased. The muscles had undergone fatty degeneration in the lower part of the thigh, and also in the leg, and the tibia was partly dislocated inwards, and there was also some ulceration. On slitting open the joint the bones were found to be exceedingly soft, and disease also existed at the extremity of the femur. This case also exhibited remarkably well the result of long continued inflammation. The bones showed an extreme degree of softening, and also the continued inaction of the muscles indicated fatty degeneration. In cutting through the parts necessary to remove the limb, not one particle of fatty tissue was met with—it was a mere fatty mass.

ENLARGED PROSTATE GLAND AND DISEASED BLADDER.

Mr. H. G. Croly showed another specimen which he had removed from the body of a man, aged 79 years, on the previous day. The man had been admitted to the City of Dublin Hospital with retention of urine, the bladder being distended to the umbilicus, and from the age of the patient he (Mr. Croly) at once suspected that the cause of the retention was an enlargement of the prostate gland, and on examination through the rectum he found that the prostate was very considerably enlarged. The instrument he selected to relieve the bladder was the ordinary prostatic catheter. On passing that instrument down as far as the termination of the spongy portion of the urethra the instrument would not go farther—in other words, the patient was suffering from, for many years, a stricture of that portion of the urethra. It was with very considerable difficulty that he got an instrument into the bladder. The urine, of course, presented the ordinary appearances so common in vesical catarrh. He passed the catheter twice a day for some time, and a little water dribbled away from the patient at other times, so that he was relieved regularly. He got all the usual symptoms—the low form of fever so common in these cases, and he died two days prior to this meeting. The bladder was a very well marked example of chronic disease. A very large abscess was found in one of the kidneys. There was also an abscess between the prostate gland and the rectum, and there was very considerable infiltration of the penis. The case he thought interesting in connection with the complication of permanent strictures with prostatic enlargement.

INTERNAL PILES AND PROLAPSE OF RECTUM.

Mr. **Croly** then communicated to the Society a paper on the subject of the treatment of internal piles, complicated with prolapse of the rectum, by means of the clamp and actual cautery. He said he wished to bring under the notice of the Society the result of his experience in the treatment of internal piles, some of them complicated with prolapse of the rectum, by actual cautery. He thought all practical surgeons would acknowledge that there was no disease which was more difficult of successful treatment than that of internal piles, and he would be very glad to hear the opinions of the surgeons who were present as to their experience in the treatment of piles by this special operation. The first case which he would allude to was one of a patient of sedentary habits, who began to suffer from bleeding piles about twenty-four years since, and stated that he used to lose a considerable quantity of blood daily, and that, with the exception of an interval of nearly six months, during which time there was no bleeding, he was never perfectly free from this ailment. About six years since the bowel came down for the first time when he was at stool, and then when out walking, and the disease increased yearly in severity until latterly he presented a truly lamentable picture. When at stool in the morning a great mass of internal piles, consisting of large, elongated, thickened, fleshy-looking folds of mucous membrane, together with a portion of the rectum, used to come down, in the reduction of which he used to spend about an hour and a-half daily. Many times on reaching his bedroom or office, from renewed prolapse he was obliged to repeat the same painful process. When standing, walking, sitting, or lying in his bed at night, the bowel would come down, and he would suffer agony until he had succeeded in replacing it. During this time had tried astringent injections of lead, tannic and gallic acids, and iron, and injections of cold water after each motion, stuping with oak-bark decoction and various ointments, galls, tannin and opium, matico and opium, tannin and lead, &c., &c.; had taken nux vomica, iron and quinine internally, and had used anal trusses of various kinds, and all this without deriving the slightest comfort from any one of the remedies. He at last consented to undergo an operation, and was operated on on the 15th November last year, the result being perfectly successful, and he was perfectly satisfied that no other mode of treatment would have been so in this case. The mucous membrane was considerably tightened by the operation of the clamp, and the removal of the folds of the skin round the anus. On the 6th of June last he operated upon another case. This patient, who was a young man, stated that he had suffered for seven years from internal piles, and when he went to stool, he used to pass quantities of blood. He was very fond of horse exercise, but he had to give up riding altogether, and was very much confined to his room. In that case, he removed a large number of internal piles, but he did not think it necessary to perform the operation for prolapse, by removal of skin round the anus, being induced not to do so from the age of the patient, and from the feel of the sphincter, after he had removed the internal piles. At all events, he prepared him by telling him that it was possible that subsequently the folds of skin would have to be removed. That second case was not so severe as the first one he had recorded, but it was a very severe case of piles and also did well. The next case to which he wished to draw attention was the case on which he operated on the 3rd of August last, a very difficult one in this way. The patient, had not only a quantity of internal piles obtruding at stool, but she had an old laceration of the vagina, which happened in one of her earlier confinements, and this encroached on the sphincter, so much so, that there was no support, and the rectum came down to a very large extent at stool. He operated on that patient, first, by removing the pile with the clamp and cautery, and then from the condition of the perinæum and the want of support, he removed in addition the folds of skin. That case did well also. In his hospital cases he had operated with the clamp in a considerable number of cases, and with success. There was a case that occurred lately, which was interesting in connection with the subject of the cure of prolapse. A woman, aged 55 years, had suffered a considerable time from prolapse of the rectum. He found she had no internal piles. The bowel came down to a considerable size. He removed the folds of mucous membrane from the bowel by means of the clamp, and arrested the hæmorrhage by cautery, and then he removed the radiating folds of skin around the anus. That woman was now in perfect health, and the bowel had never come down since the operation, and he treated the sphincter in that case as in the first operation. He believed that when they came to deal with cases of internal hæmorrhoids, they must either adopt the ligature, écraseur, clamp, or acids; he alluded, of course, to cases of internal piles of the very worst form, when the rectum came down along with the piles. He had spoken to a great many hospital surgeons in Dublin on the subject, and he had met many surgeons who had gone in for treating piles by this method, and therefore it would be interesting to the Society to hear the views of those surgeons on this special line of practice. With regard to the clamp, it was due to their countryman, the late Mr. Cusack, to say that he was the originator of it. In 1835, the clamp was introduced into surgery for the radical cure of piles by Mr. Cusack; and when last Christmas he had an interview with Mr. Smith, at King's College Hospital, that surgeon admitted that the clamp now modified by him was first introduced into surgery by Mr. Cusack. For some reason, however, the treatment was not followed up, and certainly it was due to Mr. Smith to say that he had revived that treatment, and brought it to a state of perfection. This clamp differed from Cusack's in having ivory blades, and the modification of it was that when the cautery was applied to the piles, the ivory blades, being non-conductors, the portion of the bowel which ought not to be touched by the cautery, was of course protected. With regard to the operation, he would say, making a section of the pile so as to leave at least a quarter of an inch of tissue above the edge of the clamp. Many surgeons said that they had hæmorrhage after the use of Smith's clamp and the cautery, but he had reason to think that such a result was owing not to the operation. If the piles were cut off level with the clamp, the tissue retracted from the level, and the cautery, which was supposed to be applied to the bleeding surface, was applied to the metal. The cautery was applied at a black heat before taking off the clamp, and when the surgeon relaxed pressure by unturning the screw, he would see if there were any vessel still spouting, and if necessary tighten the clamp again, and re-apply the cautery. He had only given his own experience. He had not had a single case of intermediate hæmorrhage, nor had he a case where he had to use ice, or take any other steps to arrest hæmorrhage. With regard to the operation for prolapse, and for the removal of the radiating folds of skin that operation was originally introduced into surgery by Hay, of Leeds. Dupetrant had improved the operation by extending the incision, and encroaching on the sphincter muscles, where the sphincter was relapsed. He (Mr. Croly) had adopted the acid treatment in some cases, but he thought the cases he had now mentioned were ones in which he would not himself have wished to adopt the ligature. He thought the subject was one of sufficient interest to bring under the notice of the Society.

Dr. **Little** regretted very much that Mr. Croly had not given the Society information as to the constitutional condition of his patients. It was well known that piles depended very often upon other conditions than congestion of the rectum—that there were constitutional conditions which gave rise to piles, and which required the careful consideration of the surgeon before any operative proceedings should be undertaken for their remedy. He had had several opportunities in his practice, though not an hospital surgeon, of treating cases of the kind described by Mr. Croly, and he had not found it necessary to resort to any operative procedure, for he had discovered the conditions which could be remedied by constitutional treatment were the causes for the piles. He had discovered in many cases what they had not heard from Dr. Croly, that congestion of the liver, mesenteric disease, cancers, &c., had been causes of piles. In cases of congestion of the liver, constitutional treatment had been quite sufficient to remedy the particular diseased condition affecting the patient. He would be very much pleased if Mr. Croly would give them some information as to the constitutional condition of his patients, whether there was disease of the liver, or disease of any of the abdominal organs in the cases which he had in other respects so satisfactorily described.

Mr. Edward Hamilton said he thought the Society was indebted to Mr. Croly for having brought the subject forward. He (Mr. Hamilton) had given a little attention to the subject of hæmorrhoids, and at one time was very fond of the use of the écraseur for that disease, but experience had led him to modify his faith in it, and he had not found it useful in as many cases as he at first thought it would be. No doubt there were many cases in which it was applicable, and when it was applicable, he thought it was the most convenient and desirable of all operations for internal piles, but there were many cases in which they could not use it. And casting about with a view of modifying the treatment when in Paris last summer, he saw an instrument which struck him as being exceedingly applicable in the treatment of internal piles. He was so pleased with the instrument that he was induced to purchase it, and he had the pleasure of exhibiting it to the Society that evening, and members would, he thought, perceive that it was a very convenient and very useful appliance. It was an instrument introduced by Dr. Paquelin, and was brought before the Academy of Science in Paris in May last. It was the simple action of petroleum combined with atmospheric air driven through a series of fine tubes through some dense metal, such as platinum. A very small amount of heat, such as a spirit-lamp, was sufficient to set the apparatus in working order. He had not yet had an opportunity of trying it; but hearing that this subject was to be discussed that evening, he brought the instrument before the Society. It was easily heated by driving the vapour through the tubes by working an air-ball. It could be allowed to cool and be reheated again in an instant at pleasure. It was very useful for applying a high degree of heat without much inconvenience.

The President said that Mr. Croly had spoken about the blade of Mr. Smith's modification of the clamp being made of ivory as a new application as an improvement on the instrument Mr. Cusack had introduced. He (the President) wished to observe that Mr. Cusack also had as a means of protecting the skin a layer of white chamois leather attached to the clamp and laying next the skin. It seemed to him (the President) that Dr. Smith's original clamp, whether it was the form he now adopted or not, he was not aware—differed somewhat from the instrument shown by Dr. Croly. He (the President) had seen hæmorrhage occur where he had removed the piles with the clamp and cautery—with Smith's original clamp. At all events, the action of the clamp was not parallel, as in the instrument now exhibited. It held the portion of the piles that was next the hinge of the clamp very closely, but the lower portion of the clamp was open, and the blades diverged. The blades of the clamp did not act parallel as Mr. Croly's did, and did not hold the piles to the whole extent. He thought it was an important modification of the instrument to have the blades acting parallel.

Mr. Tufnell said he had used this instrument for a considerable time, and it certainly acted most admirably. Really, what Mr. Croly had said was correct, but the great point was not to divide the piles in a line with the blades of the instrument, but to leave a good margin in view, and in that way, as they carefully relaxed the pressure upon the piles, they would see whether any of the vessels were inclined to spout. The only alteration that he thought desirable in the instrument was, that the screw-handle should be increased in size. At present it was too small, and when one's fingers were wet with blood in operating, it required a good deal of power and a great deal of pressure to sufficiently contract the vessels, owing to the small size of the circular disc. If that were made twice as large as now the surgeon would have greater power.

Mr. Tyrrell wished to know if he was to understand that Mr. Croly, in leaving a quarter of an inch of the pile extended beyond the clamp, claimed that as his own special plan; because if he, Mr. Tyrrell, recollected correctly, in Mr. Smith's book and Mr. Ellingham's work, both those writers laid stress upon that point upon having a certain portion of the pile protruding, so that after they applied the cautery they might open the clamp gradually to see if any point would bleed. That plan was mentioned in all the books which treated of this special subject.

Dr. Coppinger said that he had used the cautery in two cases of internal piles, and in the first case it had acted admirably, but, in the second, he omitted the precaution of leaving sufficient space outside the clamp for perfect cauterisation by means of the heated iron, and the consequence was that very severe hæmorrhage occurred about three hours after the operation, and was only arrested by plugging the rectum. The plugging, however, had the desired effect.

Dr. Bigger thought that the relation of Mr. Croly's cases might possibly have the effect of leading some practitioners, especially junior ones, into the error of supposing that these cases could be relieved in no other way than that which he had detailed. Ice was valuable, and constitution had to be considered. The clamp was useful, as was also the écraseur, with had been used with great success, but if there was anything that he objected to in its use it was that it was so frequently followed by extreme strangury. As to hæmorrhage, that, he thought, a careful surgeon would always avoid. Nitric acid was also a valuable agent. He would be sorry to see young men rush with the knife in cases of piles or prolapse. The cases mentioned by Mr. Croly were extreme cases, and they were of value as such.

Mr. Hayes said he thought the clamp which Mr. Croly had exhibited was designed by Mr. Sidney Jones, and not by Mr. Smith. He thought the clamp and cautery a useful mode of dealing with piles, and he had tried it himself in hospital practice.

Mr. Croly, in reply, said, with regard to the President's observations as to the parallelism of the blades of the clamp, that was one of the greatest improvements in it. As to the claim set forth by Mr. Hayes as to the clamp being Mr. Jones' invention, he, Mr. Croly, did not know who Mr. Jones was. Mr. Smith had claimed it as his improvement, and he, the speaker, had never heard that that claim was ever disputed. Regarding what the President had said as to the chamois protecting the blades, he, Mr. Croly, might be excused if he did not remember every point connected with the subject, but he was quite sure that the late Mr. Cusack was too able a surgeon to allow the heat to be misapplied. He thought, in connection with Dr. Coppinger's remarks, that the surgeon should not use the curved scissors. He thought he should cut the piles parallel with the scalpel. He did not think that he had claimed any originality for the plan of leaving a margin of a quarter of an inch. Prolapsus recti were removed by the écraseur and ligature, and with success; and there was a surgeon in the room, Dr. Thornley Stokes, who, in his, the speaker's, presence, had removed a very large prolapse of the rectum with a very good result. In mentioning his cases, he did not think that any one who listened to what he said would assert that he had stated he rushed with the clamp and cautery to every case of piles he met. The cases he had described were very bad cases. What Dr. Little had said had nothing whatever to do with the subject before the Society. He would not go into the treatment of piles by electuaries, or castor-oil doses.

The Society then adjourned.

PATHOLOGICAL SOCIETY OF LONDON.

At the last meeting of this Society, Dr. Lediard exhibited two specimens of Aneurism of the Thoracic Aorta. The first was from a stout, muscular man, æt. 32. The symptoms were cough, shortness of breath, occasional attacks of laryngeal dyspnœa, and a short, sharp, systolic murmur heard at the ensiform cartilage. Death occurred suddenly from rupture of the aneurism into the œsophagus. Posteriorly, it was adherent to and had caused erosion of three adjacent vertebræ, while an opening of the size of sixpence led into the gullet. In the second case, a woman, æt. 54, there was a pulsatory tumour behind the upper part of the sternum, engorgement of the veins of the neck, œdema, and dysphagia, frequent attacks of slight hæmoptysis, absence of left radial pulse, and a systolic murmur heard over the tumours. After death, which was occasioned by exhaustion, an aneurism was found in the arch of the aorta, which had invaded the manubrium sterni. The left subclavian artery was obliterated, the left carotid stretched over the wall of the sac, and the descending aorta dilated and much degenerated. The aneurism had opened into the trachea just above and to the left of its bifurcation. In these patients there was no history of syphilis. The pupils in each case were equal.—Mr. Lennox Browne said that in these cases the laryngoscopic examination often showed impaired motions of the vocal cords.—The Chairman (Mr. J. W. Hulke) referred to the fact (illustrated by Dr. Lediard's second case) that the apertures caused by bursting of aneurisms into mucous cavities are generally small, and give rise to a limited escape of blood, whereas their rupture into serous sacs is large, and leads to rapid and fatal hæmorrhage.

Mr. **Walsham** showed a specimen of Unobliterated Ductus Arteriosus in a male patient, æt. 47, and in whom there was another malformation present. Similar cases have been recorded by Drs. Fagge and Peacock, as well as by Dr. Greenhow in the last volume of the "Clinical Society's Transactions."

Mr. **Holmes** showed a specimen of Stricture of the Œsophagus, from a lady, æt. 35. Some of the circumstances of this case were remarkable. For several years before death, which occurred suddenly, and was preceded by pain and dyspnœa, there was temporary difficulty in swallowing, but the stricture was so incomplete, that she was able to take food to within two days of her death. The stricture was caused by a growth which was pronounced by Dr. E. J. Lee to be of a scirrhus nature, and very rapid ulceration had occurred between the gullet and trachea. It was thought by some of the members present the dysphagia was not caused so much by an actual stricture as by the normal movements of the pharynx being interfered with by the presence of the cancerous infiltration Mr. Wagstaffe), or by a rigidity and fixation of the walls of the gullet (Mr Holmes).

Mr. **Bullin** exhibited a specimen of a large fatty tumour, which was remarkable in occurring in a girl, only seven years of age, and which contained a number of striped muscular fibres, variously disposed throughout the tumour, and some of the fibres of which could be traced from the surface along the connective tissue into the interior. There was a possibility of the tumour being congenital, as although it was not noticed until one year after birth, yet it would have been difficult to detect it on account of its deep situation.

Mr. **Howse** showed a specimen of Ossification of the Axillary Artery, following injury in a man, æt. 39. There was no fracture of bone, but loss of sensation in the parts supplied by the median and ulnar nerve, independently, however, of any injury to the brachial flexus; and death occurred twenty-four days after from pneumonia. The axillary artery was much contracted in its second part, and its external wall was the seat of cancellous bony material, as in new formed callus. Mr. Howse said he had not been able to find any record of true ossification of arteries, as distinguished from ossification. The specimen was referred to the Morbid Growth Committee for microscopical examination.

Dr. **Barlow** exhibited a Brain of a Microcephaic infant, who had been brought to the hospital, suffering from congenital jaundice. The bile-ducts, however, were quite pervious. The head was remarkably small, with fontanelles closed, sutures approximated, and of a pyramidal shape. There were no nervous symptoms, and the child could suck, cry, and even smile. No convolutions were present on the convexity of the hemispheres, but there were some symptoms of their having been developed. The corpus callosum and septum lucidum were absent; and the lateral ventricles dilated. The foramen of Monro was only open on the left side. This, said Dr. Barlow, was an instance of hydrocephalus in a microcephalic child, the order of events being probably meningitis, with atrophy of the brain, the closure of the cranium over the atrophied brain, then a compensatory ventricular effusion. The report on the minute structure of the brain, which only weighed half an ounce, was deformed.

Mr. **Pearce Gould** also showed a specimen of spindle-celled sarcoma of the thigh, which, however, we have not space to notice.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 13, 1876.

RELATION OF IMPURE WATER TO PRODUCTION OF CHOLERA.

As the attention of the public is just now much more engrossed with the subject of small-pox than with that of cholera, we must offer some apology for bringing before the notice of our readers a question in which they may not feel much interest. Our apology is the more called for considering that only a few months back we took the opportunity of dwelling somewhat at length upon the conditions of the production and prevention of this pestilence in reference to some important reports that had appeared both in this country and in America. At that time we notice, in the course of our remarks the influence of impure water in the propagation of cholera, but we could then do no more than very briefly refer to the investigations of Dr. Snow and Mr. Simon, and to the fact that the above American reports furnished additional proof of the power of impure water in disseminating the disease. Nevertheless, the little we did say on the subject appeared to some who had themselves given some attention to the question, more than was warranted by the evidence before us, and as they entirely disbelieved that foul water had, under any circumstances, anything at all to do with the production of cholera, they endeavoured to throw ridicule upon the theory.

In the last number, however, of the *Indian Medical Gazette* there is a report by Dr. Arthur J. Payne, Health Officer of Calcutta, the object of which is "to set forth and prove the close practical connection between filthy water and cholera, but without entering upon the controversial topic of germs." At the commencement of this report we are informed that, after some years of marked improvement, cholera is now becoming in Calcutta yearly more and more productive, and that every year, under increase of local production, the probability becomes greater of a widespread epidemic which shall again draw the attention of the world to India as its birthplace. Moreover, Dr. Payne thinks that in the event of cholera again invading Europe the attention of nations will not be given so much to the conditions of its march through that continent as to those eastern places where past inaction shall have enabled the disease to maintain itself. And he goes on to say that, unless there is some more effective exercise of power among the sanitary authorities of Calcutta, this city will be held up to the condemnation of the world as a place where the people and the authorities have been content to maintain "a breeding-place for mortal disease, and have complacently sanctioned its dissemination through Europe." After making due allowance for the great sanitary and social improvements that have been made in Calcutta, Dr. Payne observes that, "vast areas of solid filth and numberless collections of liquid sewage remain untouched, except for baneful use by the people themselves. By clean drinking-water brought within reach of most of the inhabitants, the poison has indeed been deprived of one of its readiest means of access to the body, but the sources continue to exist. Not a week passes without proof in the death-lists of their actual power of local origination. . . . Though the chief thoroughfares are cleansed, the city, in its inward parts, its greatest area, has its soil saturated with excrement. The habits of past generations, which have made it so, continue in their disgusting details as free from interruption as though no thought of public health had ever penetrated here. For a plot of unguarded land about his house, the tenant sees no use but that of a latrine; and when his fluid filth runs or sinks into a hollow, he calls it a tank and washes in it." But with regard to the inflence of an impure water-supply upon the production of cholera, it appears from a table drawn up by Dr. Payne that, from the year 1872, "cholera production," which had fallen after the introduction of the new water-supply from numbers ranging from 5,078 to 3,592, to 1,563 in 1870, the year of the opening of the hydrants, and to 800 in the following year, has again began to increase, having risen from 800 in 1871 to 1,726 in 1875. In April, 1870, Calcutta found itself in possession of 800 hydrants erected along all its public roads and lanes, and supplied with water, the purity of which could bear comparison with that supplied to European cities. As long as there was an abundant and continuous supply of good water in the hydrants there was a "remarkable" fall in the amount of cholera production which was sustained until the continuous supply was interrupted; and was even sustained during the months of greatest normal mortality from the disease, thus showing the salutary influence of a good water-supply in face of seasonal and other conditions favourable to the prevalence of cholera. After stating that this interruption consisted in the flow of pure water being stopped—between 6 p.m. and 5 a.m., owing to a deficient supply of it, and that, consequently, the people were often driven to the use of the filthy stagnant pools of sewage called tanks, Dr. Payne goes on to say, "I am not concerned to advocate or refute the doctrine known as the 'water-theory' of cholera, under which it is contended that the spread of the disease is to be explained by especial contamination of drinking water with germs or other particles passed from the bodies of infected persons, but merely to claim for these ponds the power which no one denies to excremental filth in this form everywhere. . . . and to show on the evidence of facts that their effect on the public health is in strict accord with the forebodings of science concerning them, and with universal experience in other places." There are many other facts and observations in this able and interesting report, to which, did our space permit, we would willingly draw attention. Sufficient, however, has been said to show that even upon the evidence brought forward by Dr. Payne, the influence of impure water upon the production or prevalence of cholera should be by no means made light of, and that those who act at any rate upon the presumption that the prevalence of that disease is aggravated by means of an impure water-supply, will best consult their own interest and that of the public in general.

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IRISH COUNTY INFIRMARIES.

A VERY important decision has recently been given by the Court of Crown Cases Reserved in Dublin, in reference to the salaries of the surgeons of county infirmaries in Ireland. When the Medical Charities Amendment Act became law, on the 7th of August, 1871, the salary payable to the surgeon under the 5th of George III., c. 20, was to cease as soon as the surgeon should die or cease to hold office. The clause is as follows:—

> Where under the provisions of 5, Geo. III., c. 20 (I) any allowance or stipend is now payable to any officer of a county infirmary or other medical institution, such respective allowance or stipend should wholly cease to be payable to or for the use of such infirmary or medical institution under the provisions of the said act, when and as soon as the person holding such office at the time of the passing of this act shall wholly cease to hold the said Office in the said infirmary or medical institution.

The legality of grand jury votes in favour of these institutions had been raised before Baron Deasy, at the presentment assize for the county of Tipperary, by two ratepayers who objected to the share of the grant payable by the south riding, viz., £304 for the infirmary maintenance, and £28 4s. for the surgeon's salary. Baron Deasy had doubts upon the question, and reserved it for the superior court. The Association of Infirmary Surgeons appeared by Mr. Gerald Fitzgibbon, to sustain the vote, and contended that the section of the Medical Charities Act had not repealed sections 85 and 86 of the 6th and 7th William IV., and that both presentments were legal.

After a lengthened argument and deliberation, the judges agreed to *fiat* the presentment, and it may therefore, be concluded that the grand juries are authorised to make the usual annual grant even after the death of the surgeon who held office at the passing of the Medical Charities Act.

We think the occasion one for congratulation to the profession and the Irish poor, for the decision of the highest court of reference has given authority for a continuance of the grant of funds by grand juries for the maintenance of these valuable institutions. It has unfortunately been the policy of ministers who possess little knowledge of the medical wants of the Irish provinces, to abolish the county infirmaries, and transfer their functions to the workhouse hospitals. That policy, which originated in ignorance of the feeling of the better class of the sick poor, has failed because the cotter farmers, constabulary, and petty shop-keepers will not be induced to go into the workhouse, and will rather choose the discomforts and risks of remaining in their own cabins than mix with paupers in the union. Whether this feeling is reasonable or not, it exists, and to such an extent that all the hindrances thrown in the way of the county infirmaries have not done more than embarrass them. It would be greatly for the benefit of the sick poor, if some arrangement could be arrived at to terminate this silent antagonism between the union hospitals and county infirmaries. Each of these institutions has its own important use, and the medical system would be incomplete without both of them. We entirely concur with the following remarks made by the *Cashel Gazette* in reference to this subject:—

"The presentment sessions and the grand jury, who represent the taxpayers of the county, have it twice a year in their power to withhold grants, but as long as the institution is maintained in its traditional state of efficiency, the common sense of the county will not, from any ideas of false economy, refuse its wonted aid. However efficient the officials of workhouse hospitals may be, it is not desirable that all who require gratuitous surgical or medical aid, should be branded as paupers. Although poverty is no disgrace, still there is a proper pride, once inherent in most Irishmen—although nearly stamped out by Poor-law legislation—which should not entirely be ignored and discouraged, and we, therefore, hope to see that as long as the farming class of Ireland—not to say the gentry—retain a self-respect, and a regard for old and valuable institutions, that the county infirmaries will be retained in their full efficiency."

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THE OBSTETRIC ELEMENT IN GENERAL PRACTICE.

We have sometimes ventured to tread lightly on the domain of obstetric medicine, for we believe that this department of medicine is so important, and truly the subject is so interesting to us all socially, physiologically, and practically, that we are again tempted to make it the theme of our observations. Socially, we are interested in the increase of population in our private relations of life. Physiologically, we know of nothing that can interest the true student of medicine more than the occult laws of conception, the development of embryonic life, the process of parturition, and he must wonder and admire the marvellous adjustability of the female economy to the new requirements and demands made upon her.

Enveloped as are the primary phenomena of life in mystery, and though it may not be permitted us to fathom them, yet we can follow the physiologist and comparative anatomist in the researches of which our modern times have been prolific; and notably at the present time we may point out the painstaking work of Professor Turner on the structure and comparative anatomy of that wonderful mass, "the Placenta."

Practically, midwifery enters into the daily life of the practitioner, and is almost the key-stone to the formation of a successful practice. There are, we know, "obstetricians and obstetricians."

We have read of one to whom

"A primrose by a river's brim
A simple primrose was to him,
And nothing more."

And we have heard and read of men to whom "a woman in labour was a woman in labour, and nothing more."

But there are those to whom the parturient state developes a field for the exercise of the highest powers of the mind, and enables them to show patience, forbearance, kindness, tact, and to apply the principles of scientific and mechanical knowledge.

We have had in our pages to record new theories of the mechanism of the process of labour; we have had also to note practical improvements and variations in many of our obstetric operations. We may briefly cite bi-manual version—version as a substitute for craniotomy, the more scientific induction of premature labour, the true use and mechanical action of the forceps, &c., &c. However much has been done in the past there still remains a wide field for progress and scientific research.

We can point out one special accident in labour, viz., *post-partum* hæmorrhage, to which attention should be directed as the pathological conditions are not yet satisfactorily understood, and the treatment as laid down in our text-books does not seem based on sound physiological or common sense principles. *Post-partum* hæmorrhage is one of the most serious accidents that can happen the parturient.

Let us examine the treatment. The student, and even the practitioner, has not one defined general method of procedure to adopt; but has to combine many modes of action. We are told that preventive measures are best, and these mainly consist in the administration of ergot, pressure on the *uterus*, binding in lint. How often are these means unsatisfactory?

When the accident occurs, and the patient lies on the verge of death, we have a variety of means to select from. We are told still to continue the ergot—still to endeavour to excite *uterine* action—to apply cold water, ice, snow—to introduce the hand into the womb—to employ the electric current—to compress the abdominal *aorta*—to inject *per-chloride* of iron, and to resort to transfusion, &c. We are also to allow the patient plenty of fresh air, stimulants, &c. Have we any definite sheet-anchor to save the drifting ship? Is it better to introduce a clean, naked hand into the uterus at once, than to lose valuable time by the application of cold, &c. We know the tolerance of the uterus, and when such an irritating substance as the *per-chloride* of iron can be borne, the introduction of the hand must be of *minor* consequence. Tyler Smith (no mean authority) says in his manual, "I have not the same dread of introducing the clean hand into the uterus as many accoucheurs have in the present day" . . . "more mischief is caused from a kind of fear of the *uterus*, and of interfering with its natural action, than from bold and intelligent efforts to guide and control it." This was written before the age of the *per-chloride* of iron. In actual practice we have the spectacle of a woman in this condition, treated in this rude manner. She has to lie for hours in one position, after being deluged with cold water she must necessarily be uncomfortably depressed. She has been kneaded, ergotised, perchloridised, and it is a wonder that so many recover. Nature has certainly endowed the female economy with great powers of endurance, and a reserve of energy. Have we satisfactory evidence that post-partum hæmorrhage is one of the *sequelæ* of uterine *inertia?* Have we not reason to say that the true physiology of this state is not known? Looking back at the history of obstetrics, its improvements, its triumphs, may we not reasonably hope that some Naegelé, some Simpson, may arise to throw new light on the true causes of *post-partum* hæmorrhage, and that consequently a new treatment, simple and efficacious, will be introduced, and that another *opprobrium* of medicine will be swept away.

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Notes on Current Topics.

Religion and Doctoring.

In reply to our very earnest protest against the malversions of the prerogatives of Irish guardians and dispensary committeemen, (who are advised by the *Tipperary Free Press* and a few other of the extreme journals to select medical officers for their religion, not for their fitness), the said newspaper has responded in its choicest vocabulary. The *Free Press* designates our statement that religion in many instances supersedes professional attainments in the choice of medical officers as an "audacious slander," and proceeds to argue that there can be no forgetfulness of the special competency of competitors because certain qualifications are set down by the Local Government Board, which must be complied with by boards of guardians and dispensary commiteemen. The "audacious slander," we advisedly repeat and reassert—what, indeed, needs no assertion with those who know anything about the system—that in many districts in Ireland the skill or intelligence of candidates is utterly ignored, and their selection determined, if not wholly and solely, at least principally, by the religious stamp which they possess. We are too well versed in the candidature for dispensaries not to be able to speak *ex cathedra* on the subject, and we assert, in face of the rhodomantade of the *Tipperary Free Press* and such like prints, that there are numerous dispensary districts in Ireland within which it would be midsummer madness for any candidate saving him of the religion which dominates in the locality to present himself. There are districts in which the greatest ignoramus who can have scraped through the lowest qualifying examination will be placed in charge of the lives of the sick poor if he has received the ear-mark of the commanding creed, while the smartest, most industrious, highest qualified, and best recommended competitor will not score a vote if he be not "of the right sort." It is, in fact, the regular course for a surgeon who seeks a dispensary in such localities first of all to ascertain the religious bias of the committee before he entertains the question of candidature at all, and if encouraged by a coincidence of their doctrinal views with his own, then to open his canvass by a visit to the ecclesiastical adviser of the committee, failing whose approval he returns to town without going a step further in his canvass, a wiser if a sadder man. We don't in the least apply these statements more to one creed than another, and we believe such abuses are to be found in districts of all religions. Nor do we for a moment suggest that medical competency is disregarded *altogether* in a selection of candidates all of the required creed. It is, in fact, by the bigotry of journals like the *Tipperary Free Press* that such abuses are dictated and fostered, and our critic has, therefore, the less right to pretend ignorance, or to assume virtuous indignation.

As to the existence of a religious bias on our part, we avow that we repudiate and despise the interposition of sectarianism into any matter which involves the health and lives of the sick poor, and we deprecate and protest against the interference of medical men in either spiritual or worldly affairs of their patients. We object to medical clerics, just as we do to medical will makers, and hold that no man can be a good dispensary medical officer who dabbles in such matters. The *Free Press* endeavours to fix us with a sectarian tendency because we objected to a bygone appointment of a Poor-law inspector who happened to be of its own creed. We did not even know the doctrinal views of the gentleman in question at the time of the appointment, and we objected to the selection because it was at the time believed to have been secured by the grossest political jobbery. We are glad now to have the opportunity of saying that the job in question was atoned for by the success and efficiency of the gentleman selected, and that the public service lost nothing by the transaction, but rather gained a good officer.

The Pharmaceutical Society of Ireland.

The monthly meeting of the above society was held at the College of Physicians, Kildare Street, on Wednesday last, Sir Dominic J. Corrigan, President, in the chair. The following members were present:—Dr. Aquilla Smith, Vice-President; Mr. William Allen, Dr. Collins, Dr. Frazer, Mr. J. Goodwin, Mr. W. Hayes, Mr. E. M. Hodgson, Mr. J. T. Holmes, Mr. C. Payne, Belfast; Dr. Ryan, Dr. Emerson Reynolds, and Professor Tichborne. On the motion of Professor Tichborne, it was resolved that the first evening meeting of the members of the Pharmaceutical Society of Ireland for the reading of pharmaceutical papers be held on the 3rd of January, 1877, and that a programme of the papers to be read be sent to the members of the society a week before the meeting. A deputation of pharmaceutical chemists, consisting of Messrs. Mannin, Ferguson, Keatly, and Keogh, waited on the council for the purpose of ascertaining the intention of the council in cases of infringement of the Pharmacy Act. After some discussion, the council informed the deputation that it was not their intention to act as a prosecuting body.

Notice has been given that an examination of candidates for commissions in the medical service of the Royal Navy will be held at the University of London, on Monday, February 12. Notice is also given that an examination of candidates for twenty-seven appointments as surgeon in Her Majesty's Indian Medical Service will be held on the same day.

The Medical Press Defence Fund.

We continue to receive many letters of practical sympathy from our readers in all parts of the United Kingdom. These, together with the meetings held last week in London and Dublin which so many leaders of the profession attended in order to testify their appreciation of the course pursued by us in the late action for libel, are very encouraging in our uphill warfare against charlatanism, quackery, and deception; and our friends may feel assured that so long as we receive these distinguished marks of their approval, we shall continue our course unflinchingly, in the interests of our common profession and those of the public. But many of our correspondents have done more than send us a kind letter of sympathy and subscription towards our legal expenses; they have drawn attention to that want of sympathy which our medical contemporaries have shown, both in regard to the principles involved in the case, and the meeting held in our support. We entirely agree with the views of our correspondents on these points, and much regret that jealousy of a contemporary, and the good opinion of the profession expressed on its behalf, should be allowed to stand in the way of duty, on a question of so much interest to the profession at large. From this category we except *The Student's Journal* and *The Medical Examiner*, the editors of which have spoken out boldly upon the principle involved, and in its special bearing upon our case. Had *The Lancet*, *British Medical Journal*, or *The Medical Times* found themselves called upon to defend an opinion on practices which the profession almost universally condemned, we should have blushed to withhold our support, or to ignore a matter of professional and public interest, because it was more consonant with our personal feelings or interests. Perhaps the blushes of our contemporaries, from motives of self-interest, are only such as might be expected to rise on the face of the man who boasted that he supplied proper medicines to his patients at three farthings a head, and then made a large profit out of each transaction.

The Law of Libel.

The *Cork Constitution*, a leading paper of the South of Ireland, devotes the first place in its editorial columns to a severe and expressive opinion upon the case of Betts *v.* Tindall, and from it we quote a few extracts:—

"There can be (says our contemporary) but one opinion as to the hardships imposed by this verdict on the editor. His criticism was shown and acknowledged at the trial to have been perfectly free from personal animus or prejudice. There was no malice. On being remonstrated with and threatened and an apology demanded, the editor reperused the article complained of and found that as a point of dutv he could not retract nor could he alter his comments. They were made solely in the interests of the public good, as he from long experience as a hospital surgeon considered the advice which would be given for fourpence per head too cheap to be of much value, not allowing for the medicine which accompanied it. To the general public the fearless expression of opinion on the part of a journalist in any profession and the independence of such is of enormous value. These journals are the means by which quacks and charlatans of all grades and classes are kept in check. The watchful guardianship of professional honour and the *esprit de corps* of its members is entrusted to their keeping in a great measure. That this is the case is proved by the constant appeals made to their columns in cases of dispute or difficulty. In this case there was no signalling out of an individual to injure his character or reputation. There was a fair and impartial condemnation of a practice which in the eyes of the vast majority of the profession has been already denounced. Under these circumstances it was manifestly impossible for the editor to apologise. Had he done so he would have compromised the profession and ruined the character of his journal. There was hardly in this case a violation of the standard of literary good taste. This is but one case of many in which the justifiable freedom and function of a public journal in correcting abuses is hampered by imperfect and bungling legislation. The entire law of libel requires amendment. To mulct a journal because "it published a sneer at a man's competency," or because it threw doubts on the feasibility of a certain financial speculation, is, we conceive, with all respect for Baron Huddleston's legal acumen, hardly just. There can be but little doubt that had Dr. Jacob adopted any other course than the one he did he would be unworthy of holding the post of editor of the periodical. The judge himself almost allowed this in his charge. The good, however, which he has indirecly effected is great in drawing attention just at present, when other cases have also occurred, to the deficient state of the law of libel as it affects public journals. We can conceive nothing more disastrous to the interests of society than that the force of public opinion expressed through the press should be suppressed through fear of legal consequences, annoyance, and expense."

The Metropolitan Water Supply.

Major Bolton reports that during the past month of November the Thames water delivered by the Chelsea West Middlesex, Southwark, Grand Junction, and Lambeth Companies has suffered great deterioration by the floods, and the samples drawn were much contaminated with the organic matter held in solution. The West Middlesex was rather less impure than the others, but the water supplied by the Southwark Company was slightly turbid from inefficient filtration, and contained moving organisms. The Lea water supplied by the New River and East London Companies was of much better quality. It can scarcely be expected that Thames water, after the excessive rainfall and the consequent overflow of miles of land from Oxford to the intake of the water companies at West Moulsey and Thames Ditton, the floods bringing with them the excrement, &c., of animals, with tons weight of all kinds of impurities, will by any known method of filtration be made a wholesome potable drinking water. With the unusual high temperature for this season of the year we may look for an outbreak of typhoid fever in any of the towns situated along the Thames valley. Another source of danger to health is especially pointed out by Major Bolton—it is the contamination of water from the gases generated by sewage. Waste pipes from cisterns are frequently found to be in direct communication with the sewers. The gases thus flow back into the cisterns and become absorbed by the water. To prevent this the overflow pipe should be brought outside the house and the end left exposed to the air, instead of being carrried into the drain. The adoption of this plan will get rid of the poisonous effluvia and gases from the drains, which would otherwise ascend through the pipe, and not only be partly absorbed by the water in the cistern but be mixed with the air in the houses, thereby becoming a cause of fever and disease.

The New Medical Knights.

THE distinction which his Grace the Lord Lieutenant of Ireland (last week) conferred on Sir George Owens, Lord Mayor of Dublin, was shared by Sir William Miller, the Mayor of Londonderry, who is also a member of our profession, holding the highest position not only civic and social, but professional, in that city. Respecting Sir William Miller the testimony of his fellow-citizens to his worth is manifested by the fact that he has held office as a town councillor for twelve years, and as mayor for three years in succession. He is also the surgeon to the County Infirmary, and high in the favour of the Londonderry folk as a practitioner. The following short notices of the career of the two new medical knights is taken from the *Irish Times*:—

SIR WILLIAM MILLER, M.D.

Doctor William Miller, yesterday knighted by his Grace, is son of Alderman Joseph Ewing Miller, M.D., J.P., of Derry, who was twice Mayor under the old Corporation, and five times elected to that office under the reformed corporation. Alderman Miller, the father, was married to the daughter of Alderman Scott, whose family had a long association with the Maiden City. Mr. Scott also filled the office of chief magistrate, so that the present Mayor, Sir William, may be said, in a double sense, to have hereditary claims to whatever distinction belongs to the highest civic honours. Sir William is now in his forty-fifth year, is married, and is a Derry man by birth, residence, and connection. He was educated at Foyle College, from which he entered Trinity College, Dublin, where he took the degree of M.B. He is also a licentiate of the Royal College of Surgeons in Ireland. He was a member of the Derry Town Council twelve years ago, and first assumed the office of Mayor in 1875. He is now elected. for the third year in succession, Mayor for 1877. Sir William is following the footsteps of his father as a physician in an aristocratic and lucrative practice in the city and neighbouring counties. He has the charge of the County Infirmary, the medical superintendence of the County Prison, and holds other similar appointment.

SIR GEORGE B. OWENS, M.D.

Sir George B. Owens, M.D., Lord Mayor of Dublin, was born in Limerick. He is the son of the late George Owens, who filled the position of Barrack Master in that city. When sixteen years of age he came to Dublin to pursue the studies necessary to qualify him for his profession, and obtain his diploma in 1832. Dr. Owens, the same year, married a daughter of the late Major Owen, 67th Regiment, and settled at Mountmellick, in the Queen's County. In 1845 he removed to Dublin, and became successor to the late Dr. Ferguson, in Kildare Street, occupying the same house up to a couple of years ago, when he disposed of the premises to the proprietor of Maple's Hotel, and took up his residence in Baggot Street. Ten years have elapsed since he was elected Councillor for the Mansion House Ward, and he has retained that office to the present time without interruption. He has ever supported the conservative party, and always carried out his principles with such moderation as never to give offence to those who differed from him either in politics or religion. Sir George has been for a number of years a leading member of nearly all the medical boards in Dublin, and has on all occasions shown himself to be an earnest advocate of the rights and privileges of the profession to which he belongs. He takes an active interest in the management of the South Dublin Union, of which he is a guardian, and no one can deny that he has discharged the duties of Lord Mayor with urbanity, impartiality, and ability. Sir George has two sons and three daughters.

Spiritualism and Mesmerism.

IN a lecture by Dr. Carpenter at the London Institution last week on spiritual and mesmeric manifestations, we learn that floating in the air dates its origin from Simon Magus, a magician mentioned in the Acts of the Apostles. It is said this individual, having gone to Rome to exhibit his great powers before Nero, was taken up in his car and floated in the air until he was "brought to earth" by the prayers of St. Peter and St. Paul. The investigation of mesmerism and spiritualism requires scientific acumen and a knowlege of human nature was essential, from the extraordinary tendency of many minds to self-deception. Dr. Carpenter contended that scientific men and the public generally were justified in requiring a degree of proof as to the genuineness of spiritual manifestations above that required of the ordinary occurrences of life. He for one was open to admit any new force in nature if properly demonstrated and if proved in as satisfactory a manner as the existence and force of electricity, galvanism, and similar modern discoveries which not many years ago were new to men. What he complained of was the vague and unsatisfactory nature of the proofs they received from mesmerists and spiritualists. The late Mr. Braid, of Manchester, who had the faculty of falling into a reverie, could when in that state be led to say he saw anything, and on one occasion said he saw flames issuing from a magnet. The magnet was quietly, and without his knowledge, slipped into a box, and he then still saw the flames. With regard to mesmerism, Dr. Carpenter remarked that he did not question the reality of mesmeric sleep, during which the subject could be made to converse and describe almost anything suggested to him; but the question was whether that mesmeretic coma could be induced without the knowledge of the subject being operated upon. The fact was the subjects were affected entirely by their own imagination, and much of the result attained could only be done when the subject expected to be operated upon. As an instance of the effect of expectation he would give the results of some experiments made by Dr. Noble in France some years ago. Dr. Noble had a female subject very susceptible to magnetic influence, and being away from her a distance of 100 leagues, resolved to make some experiments. He sent a little magnetised note to be placed upon the patient's stomach, which had the effect of mesmerising her. He sent another note, unmagnetised, but it produced the same effect as the other, and then he got a friend to write a note in writing so like his own, that the girl took it to be his, and that had the same effect as the two others, proving that the result was really produced by the expectation on the part of the subject that mesmerism would follow its application. Mesmer believed in magnetism and the influence of the planets, and when at Paris, where he made a great deal of money by what he thought was a discovery, he challenged the scientific authorities of the period to investigate the matter. The French Academy appointed a commission to report upon mesmerism. They reported —"That on blindfolding those who seemed to be most susceptible to the influence of the magnetic fluid all its ordinary effects were produced when nothing was done to them, they imagining they were magnetised, while none of its effects were produced when they were really magactised but did not know it. Consequently, the effects were actually produced by imagination. These effects, though some cures might have been wrought, were not without danger, since the convulsions were often violent and likely to spread, especially amongst men of weak minds, and almost universally amongst women. So far as scientific men not having investigated these matters, they had examined them over and over again, but, as the results of their investigations had not been made generally public, new forms of the same sort of thing were continually cropping up, and people were induced to believe that there must be something in them. There were always plenty of people with an extraordinary readiness to believe in the marvellous, and, passing by real science, which was, he thought, marvellous enough—they go to these abnormal manifestations of diseased minds.

King Billy's Skeleton.

The *Philadelphia Medical Reporter* says, after the death of King Billy, the last of the native Tasmanians, which event occurred this summer, there was a contest for his skeleton. Two medical gentlemen wished to obtain it for the Royal College of Surgeons, London, and the Royal Society of Tasmania considered that it should remain on the island. The body was in charge of the Government General Hospital, and orders were given for its decent interment without molestation. The Royal College champion, however, surreptitiously secured the head, and put a white man's in its place, and the other party determined to prevent his having the whole skeleton, and so cut of King Billy's hands and feet, and placed them in the museum. The body in this shape was buried, and a strict watch was kept over the grave, but through some inefficiency the coffin was empty next morning.

German Pharmaceutical Statistics.

The *Phar. Zeitung* of the 18th ult., reports, as recorded in the *Pharmaceutical Journal*, that, according to the official statements, 233 pharmaceutical candidates have proved their claims to the title of "*Apotheker*" in the German Empire during the examination year 1875-76. Of this number 114 passed in Prussia, 49 in Bavaria, 22 in Saxony, 11 in Wurtemburg, 9 in Baden, 5 in Hesse, 5 in Mecklenburg, 3 in the duchy of Saxony, 6 in Brunswick, and 9 in Alsace-Lorraine. During the same year 653 medical men, 8 dentists, and 8 veterinary doctors passed. The number of apothekers is much smaller than in the three next previous years, the figures for those years being 347, 453, and 413; whilst on the other hand the number of medical students who have passed shows no falling off. The *Phar. Zeitung* appears to think the falling off in the pharmacists is due to the fact that under the present concession system, by which the number of pharmacies in Germany is strictly limited, it is not possible for so large a number as 400 annually to obtain an independent position. With only about 4,000 concessions in the whole empire this would require that on the average every pharmacy should change hands once in ten years. Judging from the fact that the gaps in the ranks of about 12,000 medical men are filled by 650 recruits yearly, it is thought that an addition of from 200 to 250 young pharmacists yearly should suffice for he wants of one-third of the number of pharmacies.

Another Raid on the Quacks.

At the Sheriff Court at Greenock several individuals were brought up charged with practising as physicians without holding the necessary qualifications. Archibald Chalmers, residing in Gourock, who has been through the medical curriculum, but has not obtained a diploma, was fined £5, with £5 expenses. James Edwards M'Guire, Greenock, was similarly dealt with. The Fiscal stated that M'Guire was simply a quack, who professed to cure everything on the shortest notice and most reasonable terms. M'Guire said he held an American diploma, which, however, he had lost in the course of his travels. A similar penalty was inflicted in the case of Samuel Loudon, known in Greenock as the "old army surgeon." He said that he had been twenty-one years in the Ambulance Department of the Army, and had had a good practice. The sheriff said that experience in nursing did not qualify him to act as a surgeon. The damage that he and others like him did with a community was incalculable.

The Efficacy of Vaccination.

In his return of this week, the Registrar-General brings forward an important argument in support of vaccination. In order, he says, to estimate satisfactorily the protective power of vaccination, it would be necessary to know the numbers of vaccinated and unvaccinated persons exposed to risk from small-pox. This information, as regards the adult population, is unfortunately not available, but recent vaccination reports show that at least 91 per cent. of the children living under five years of age in London are successfully vaccinated. It may thus be estimated that of the 348,441 children living in London in the middle of this year, between the ages of one and five years, 317,081 had been successfully vaccinated, and 31,360 were unvaccinated. At these ages, 50 deaths from small-pox were registered in London between 1st January and 18th November, 1876; of these, 1 was certified to be a vaccinated case, 35 to be unvaccinated, and in 14 cases the medical certificates did not furnish any information as to vaccination. Disregarding the "not stated" cases, it appears that only one death from small-pox occurred among the 317,081 vaccinated children living in London between one and five years of age, whereas 35 deaths from this disease were recorded among the 31,360 unvaccinated children at the same ages. Thus in equal numbers living, 372 deaths from small-pox occurred among unvaccinated, to one death from the same cause among vaccinated children at these ages.

Pycnanthemum Linifolium.

Mr. Charles Mohr stated at the meeting of the American Pharmaceutical Association that this plant is used in Alabama for debilitated and impaired conditions of the digestive organs by the negroes of that section. In attempting a chemical examination the author obtained an acid which by all the tests given appears to be identical with caffeo-tannic acid.

The mortality from typhoid in Paris, although lower than a month ago, is still alarmingly high. It caused 105 deaths last week.

Small-pox is increasing very considerably in Brussels.

A death occurred in the Hampstead Small-pox Hospital last week, from the accidental administration of an ounce of carbolic acid to a patient in mistake for port wine. An inquest was held on Saturday, when death from misadventure was recorded.

A serious epidemic of small-pox prevails in Liverpool, but active steps are being taken to stay its progress. It was announced on Saturday that the inmates of the Children's Infirmary had been attacked, and that the outdoor department of the institution was consequently closed *pro tem.*

A commission of physicians appointed by the Boston (America) Board of Health, reports that 1,500,000 gallons of water were sold in that city in 1874 as milk, for which nearly 500,000 dollars was paid. In one instance thirty-four cases of typhoid fever in twenty-four families were traced to the use of milk mixed with water drawn from a well near a cesspool.

We see no reason why chemists and druggists any more than other tradesmen should be compelled to keep open shop so late at night as is generally the case, and we are glad to observe they are moving for shorter hours. The idea was started about ten days back by chemists at the West End of London, and we hope their action will be backed by the trade throughout the United Kingdom.

Last week the fatal cases of small-pox in London rose to 67 against 43 the previous week. Of these 26 were certified as unvaccinated, and 25 as vaccinated; in the remaining 16 cases the medical certificates did not furnish any information as to vaccination. Of the 67 fatal cases, 34 were registered in the three Metropolitan Asylum Small-pox Hospitals at Homerton, Stockwell, and Hampstead, one in Highgate Small-pox Hospital, 3 in the Poplar Infirmary, and 2 in St. Thomas's Hospital.

The high honour of erecting a marble statue has been paid to Dr. Evan Pierce, coroner for the county of Denbigh, whose name will be remembered in connection with the Abergele Railway catastrophe. This token of the respect in which he is held in the neighbourhood was unveiled last week in the presence of a vast concourse of people. Dr. Pierce acknowledged the honour paid to him personally, and through him to the medical profession, in appropriate terms.

The Academy of Sciences and the Chemists of Paris celebrated on the 15th of November the fiftieth anniversary of the nomination of M. Chevreul as member of the Academy, in compliment to him. M. Chevreul ended his ninetieth year of age in the last week of August, and bears his great age with a wonderful degree of mirthfulness. M. Dumas presided at the banquet, and found himself surrounded, in honour of "the illustrious chief of the students of France," as he called him, by Messieurs Claude Bernard, Wurtz, Peligot, Cahours, Pasteur, Daubree, General Fave, Ferny, Joseph Bertrand, and many other of the most illustrious men of science.

A contemporary hears that the Branch Medical Council for England are likely to have some trouble over their refusal to register the honorary diploma of M.D. recently conferred on Surgeon Eustace, R.N., for his gallant conduct in the Ashantee expedition, by the Queen's University in Ireland. Some indignation is felt, inasmuch as in some notable instances, on a prior occasion, honorary degrees conferred by Trinity College, Dublin were registered without question. In that case, however, the registration was, it is alleged, permitted in error, and in contravention of the law, which gives no power to the Medical Council to register any degrees except after examination.

The *Independence Belge* mentions a speaking machine which is being exhibited at Brussels, Professor Faber being the inventor. The first person who conceived the idea of a speaking machine, according to Molière, who gives all the details of it in the *Bourgeois Gentilhomme*, was a French professor, but he did not succeed in perfecting it. Professor Faber has devoted twenty years to the completion of his machine, and has achieved a wonderful result. It possesses three organs, the lung or bellows which is blown by means of a lever worked by the foot; the larynx, which is constructed of one membrane, while we ourselves have two; and the mouth, which is of enormous size, and with a proportionate tongue. The person who makes the machine speak plays with his fingers on fourteen levers each of which is marked with a letter. By a combination of these levers in pairs the twelve remaining letters are spoken. The special practical use of the machine is to teach the deaf and dumb to speak. They are shown the movements which the tongue makes in pronouncing the several sounds, and are trained to imitate those motions which in consequence of the large size of the organs they can observe with ease.

The President and Fellows of the King and Queen's College of Physicians in Ireland have made arrangements for the delivery in the College Hall of annual courses of lectures on subjects connected with medical sciences. The lectures, six in number, are to be delivered in the months of January and February of each year. The following are the lecturers who have been selected by the College to deliver the series for 1877:—James Emerson Reynolds, M.D. Dub., Professor of Chemistry in the University of Dublin; Alexander Macalister, M.B. Dub., Professor of Zoology in the University of Dublin; and Arthur Wynne Foot, M.D. Dub., F.K.Q.C.P., Senior Physician to the Meath Hospital and County Dublin Infirmary. Dr. Reynolds will give two discourses on the "Influence of Chemical Constitution on Physiological and Therapeutical Action." Dr. Macalister will lecture on (1) "Researches on the Development of the Muscular System in Vertebrates," and (2) "Researches on the Intestinal Canal in Man and in the Higher Animals." Dr. Foot has selected "Tuberculosis" as the subject of the discourses to be delivered by him. The lectures will be open to all licentiates of the College free of charge, while all registered medical practitioners will be admitted on payment of a moderate sum.

MEDICAL WITNESSES.

On Saturday last a deputation, organised by the Council of the Irish Medical Association, waited on the Attorney-General for Ireland, to urge upon him an amendment of the 19th rule in the instructions to Crown Solicitors, which fixes the fee payable to medical witnesses at sessions courts at a guinea a day. We shall next week give fully the statements laid before the Attorney-General, and the memorial presented to him by the deputation, in which are set forth the points of amendment which the Association desires to obtain. The Attorney-General received the deputation with much courtesy, listened with attention to the arguments laid before him, and promised his best consideration of the questions.

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Obituary.

MR. WILLIAM HARVEY.

We regret to have to notice the death of Mr. Wm. Harvey, F.R.C.S., and Surgeon to the Royal Dispensary for Diseases of the Ear.

Diseases of the ear is a legitimate specialty in medicine, and for a long time they have been recognised as such by the profession. And although we cannot say that our knowledge of this class of affections has been advanced very much by the special study that has been devoted to them, yet all honour is due to those who were among the first to draw especial attention to the subject. Mr. Harvey, who was seventy years of age when he died, was for thirty years surgeon to the Dispensary above mentioned, as well as aural surgeon to, and one of the founders of, the Great Northern Hospital. He was also a corresponding member of the Royal Medical Society of Madrid. His publications on the subject with which his name was chiefly associated are numerous, but those best known to the profession are his "Practical Synopsis of the Diseases of the Ear," published in 1847; "Rheumatism, Gout, and Neuralgia, affecting the Head and Ear;" and "The Ear in Health and Disease," published in 1854.

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THE SALE OF METHYLATED SPIRITS FOR DRINKING.

At a Peace Court in Glasgow, last week, Robert Fulton, oil and colour merchant, was charged with a contravention of the Excise regulations, in selling a greater quantity of methylated spirits than was permissible under his license, which only warranted the sale of not more than one gallon; and also on two separate occasions having supplied four gills of methylated spirits to two men for drinking purposes, and as a beverage. For the offence of selling a greater quantity than was allowable the penalty was stated at £50; and for the "beverage" contravention the penalties were put at £200, in all £250. In reply to the Bench,

Mr. Fulton said he sold the spirit regularly as methylated spirit. He had not much in the shop himself, but there was a girl there who sold the spirit daily. He understood that he could not sell more than one gallon at a time, and he believed that his girl followed that rule. As to the matter of the spirit being sold as a beverage, they sold them to a number of persons who came for them. These persons were polishers and hatters, and they were very much annoyed with them. He had turned away as many as eight or ten at a time. He never suspected that the people were drinking the spirit. His conscience would not have allowed him to supply them had he suspected that they did so. He told his employés not to supply the spirit to people who did not appear to be dealing honestly, and they frequently required to call in the aid of the police to put some of the persons out.

Aitken, private detective, spoke to the fact of having received information that a number of people were regularly to be seen drinking some kind of spirit in the closes adjoining the shop entrance. He asked the people whom he found drinking the spirit where they got it, and they told him it was at Fulton's. He went there, asked for a gill, and got it from a young woman, being asked no questions. He also sent in other persons for spirit, and they got it. He asked only for spirit, not methylated spirit.

John Lindsay, tailor, said he knew the defendant's shop, and had been several times there purchasing spirit. He was in the habit of drinking it as a beverage. He knew other people who did the same thing. He had drunk as much as half a gill at a time, and he supposed he took as much as he could get, more or less. He had drunk as much as two half-mutchkins. The price was 3d. the half-mutchkin; the whiskey he used generally cost him one shilling the half-mutchkin.

Mr. Douglas said the case was brought up under the Act 24 and 25 Vic., c. 91, which stipulated that methylated spirit was to be used for art and manufacturing purposes solely, and a special provision was added prohibiting its use as a beverage. The defendant was bound to be satisfied that the spirit was got for no other than manufacturing purposes. He was clearly responsible for seeing that it was not used for other purposes, and if he failed so to satisfy himself then the responsibility of that neglect lay on his own shoulders, and he must take the consequences.

Mr. Fulton said he was not aware that it was illegal to sell any small quantities to people for working purposes, and he had done all he could to see that none who were likely to drink the spirit received a supply.

The Bench inflicted the lowest penalty allowed, which was the fourth of each sum in each count, amounting in all to £62 10s. They had no power to impose a less sum, and the judgment of the Court was for the amount stated.

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Medical News.

University of London.—The following gentlemen passed the recent M.D. examination.

Batterbury, George Henry, King's College.
Benham, Henry James, University College.
Dukes, Clement, B.S., St. Thomas's Hospital.
Duncan, Peter Thomas, B.S. (*Medal*), University College.
Garlick, George, University College.
Harris, Vincent Dormer, St. Bartholomew's Hospital.
Houghton, Walter Benoni, B.S., Univ., & Charing Cross Hospitals.
Hullard, Jean Arthur, B.S., B.Sc., University College.
Leech, Daniel John, Owens College.
Lowe, Walter, George, St. Bartholomew's Hospital.
Verco, Joseph Cooke (*Gold Medal*), St. Bartholomew's Hospital.

B.S. Examination.—Examination for Honours.

First Class.

Pepper, Augustus Joseph (*Scholarship and Gold Medal*), University College.
Duncan, Andrew, M.D. (*Gold Medal*), King's College.

Second Class.

Ottley, Walter, University College.

Vital Statistics.—From the Registrar-General's reports we learn that during last week 5,687 births and 3,755 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 1,932. The mortality from all causes was at the average rate of 24 deaths annually in every 1,000 persons living. The annual death-rate was 18 per 1,000 in Edinburgh, 23 in London, 27 in Glasgow, and 29 in Dublin. In the other large towns the rates were—Brighton 25 Portsmouth 19, Hull 25, Bristol 19, Newcastle-upon-Tyne 21, Nottingham 18, Birmingham 20, Norwich 18, Leeds 28, Plymouth 20, Sunderland 31, Liverpool 29, Leicester 24, Bradford 23, Sheffield 21, Manchester 30, Wolverhampton 20, Oldham 32, and Salford 38. The annual death-rate from the principal zymotic diseases in these averaged 3·4 per 1,000, and ranged from 1·5 and 1·7 in Plymouth and Bristol, to 7·2 and 9·8 in Sunderland and

Salford. Measles caused 12 deaths in Salford, and scarlet-fever 8 in Portsmouth and 7 in Sunderland. Eighty-five deaths were referred to small-pox, against 81 and 65 in the two preceding weeks; 67 occurred in London, 6 in Manchester and Salford, 11 in Liverpool, 1 in Portsmouth, and not one in the other towns.

University of Aberdeen. — The following have been appointed examiners—viz.: Robert W. Reid, M.D., in Anatomy; John Urquhart, M.D., Chemistry and Physiology; James W. H. Traill, M.A., M,D., in Botany and Zoology; T. Maclagan, M.D., in the Practice of Medicine and Pathology; John C. Ogilvie Will, M.D., in Surgery and Materia Medica; and Robert Turner, M.D., in Midwifery and Medical Jurisprudence.

The Mortality of Foreign Cities.—The annual rates of mortality, according to the most recent weekly official returns, were:—In Calcutta 27, Bombay 23, Madras 40, Paris 29, Brussels 21, Amsterdam 28, Rotterdam 28, The Hague 29, Copenhagen 23, Stockholm 25, Christiania 22, Berlin 25, Hamburg 23, Breslau 28, Munich 34, Vienna 26, Buda-Pesth 38, Rome 29, Naples 30, Turin 24, New York 21, and Brooklyn 18. The fatal cases of typhoid fever in Paris were 105, against 171, 150, and 103 in the three preceding weeks. Small-pox caused 14 deaths in Brussels, against 4 in the previous weeks.

Certifying Surgeons under the Factory Acts.—On Monday, a deputation of the certifying medical officers of Great Britain and Ireland had an interview with the Home Secretary as to certain recommendations made by the Royal Commission on the Factory and Workshops Acts. After listening to the various complaints and suggestions from the members of the deputation, the Home Secretary assured them that he was not a friend of what was called paternal legislation, and he was not likely to put anything into an Act of Parliament excepting what was absolutely necessary for the protection of persons who could not help themselves. He would see that so long as they had important duties to perform to the public that they should be reasonably remunerated for the performance of those duties, and he should take care that their suggestions should have due weight given to them.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Medical Defence Fund.—We hope to publish a list of subscriptions to this Fund in our next.

Dr. J. H. Chapman, Hon. Sec. of the Medical Press Defence Fund, requests us to acknowledge the receipt by him of subscriptions from many gentlemen. He will forward formal acknowledgements in due course, and will include the amounts in the first advertised lists.

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VACANCIES.

Carlow Union.—Medical Officer for the Tullow Dispensary District. Salary, £120, exclusive of £20 a year as Sanitary Officer. (See Advt.)

Cancer Hospital, Brompton.—Resident House Surgeon. An honorarium of 100 guineas with board is attached to the office. (See Advt.)

Hospital for Sick Children, Pendlebury, Manchester.—Assistant Physician. Salary, £300 per annum. Applications, with testimonials, should be sent to the Chairman of the Medical Staff, Gartside, Manchester. (See Advt.)

Flintshire Dispensary.—House Surgeon. Salary, £100. Must be conversant with the Welsh language. Address the Hon. Sec., Dispensary, Holywell.

Bournemouth General Dispensary.—Resident Surgeon. Salary, £140. Address the Hon. Sec.

Festiniog, Oakley's Hospital.—Assistant Surgeon and a Dispenser. For particulars address the Medical Staff at the Hospital.

Western Ophthalmic Hospital, Marylebone Road.—House Surgeon. Stipend, £40 per annum. Apply to the Secretary.

Hospital for Sick Children, Great Ormond Street, W.C.—Assistant Physician on the Staff. Honorary. And a Junior House Surgeon. Salary, £50, with board and lodgings. Applicants must address Mr. S. Whitford, at the Hospital.

National Hospital for the Paralysed and Epileptic, Bloomsbury, W.C. —Resident Medical Registrar. Salary, £100, with board and lodgings. Applications to the Secretary.

London Hospital.—Medical and Surgical Registrars for 1877. Salary for each appointment, £100. Applications to the House Committee at the Hospital.

Suffolk County Asylum.—Assistant Medical Officer. Salary commencing at £100, with board and lodgings. Address the Medical Superintendent at Melton.

Preston Royal Infirmary.—Junior House Surgeon. Salary, £100, with board and lodgings. Applications to the House Surgeon.

Whitehaven Infirmary.—Resident House Surgeon. Salary, £150. Address the Hon. Sec. at the Infirmary, Whitehaven, Cumberland.

Northampton General Infirmary.—House Surgeon. Salary, £125, with board and lodgings. Applicants must address the Secretary.

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APPOINTMENTS.

Barron, T. W., B.A., M.B., Lecturer on Materia Medica in the University of Durham College of Medicine, Newcastle-on-Tyne.

Browne, W. J., L.R.C.S.I., L.R.C.P.Ed., Medical Officer, &c., to the Church Hill Dispensary District of the Letterkenny Union, co. Donegal.

Buchanan, A. M., M.A., M.D., Lecturer on Anatomy in Anderson's University, has been appointed an Examiner in Anatomy to the Faculty of Physicians and Surgeons, Glasgow, for three years.

Case, Mr. H., Medical Superintendent of the Metropolitan Asylum, Leavesden.

Drummond, D. D., M A., M.D., Lecturer on Therapeutics at the University of Durham College of Medicine, Newcastle-on-Tyne.

Edwards, E. P., L.R.C.P.Ed., Medical Officer of Health for the Anglesey United Sanitary Districts.

Good, Mr. F. T., Assistant House Surgeon to the Derbyshire General Infirmary, Derby.

Gray, F. A., L.R.C.P.L., M.R.C.S.E., Medical Officer for the Newton-Poppleford District of the St. Thomas Union, Exeter.

McCarthy, Chas., L.A.H., L.M., Resident Apothecary to Dr. Steeven's Hospital, Dublin.

McDonnell, J., L.R.C.P.Ed., L.R.C.S.I., Medical Officer, &c., for the Killashee Dispensary District of the Longford Union.

Miller, A., L.R.C.P.Ed., Out-door Physician-Accoucheur to the Glasgow Lying-in Hospital for the Eastern District of the City.

Moore, J. M., L.R.C.P.Ed., L.R.C.S.Ed., L.M., Medical Officer, &c., to the Dungiven Dispensary District of the Limavady Union, co. Londonderry.

Paul, R., M.R.C.S.E., House Surgeon to the Loughborough Dispensary and Infirmary.

Smith, H. A., M.B., F.R.C.S.E., Medical Officer for No. 3 District of the City of London Union.

Snow, R., L.R.C.S.I., L.M., L.K.Q.C.P.I., Resident Medical Officer to Trinity College, Glenalmond, Perthshire.

Thomas, W. R., M.D., Physician to the Sheffield Public Hospital and Dispensary.

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Marriages.

Aldridge—Cooper.—On the 5th inst., at Whitcombe Church, Dorchester, John Petty Aldridge, M.D., J.P., to Selina, widow of the late A. L. Cooper, both of Dorchester.

Bourke—Beytagh.—On the 29th ult., at Dublin, Martin E. Bourke, Surgeon, R.N., Quinsborough, co. Clare, to Lucie de Brimont, daughter of Edward T. Ffrench Beytagh, Q.C., of Claremont, co. Roscommon.

Cowdell—Pinsent.—On the 6th inst., at the Cathedral, Madras, Arthur S. Cowdell, third son of the late C. Cowdell, of Dorchester, to Mary Victoria, only daughter of the late Thos. Ayling, R.N.

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Deaths.

Arthy.—On Nov. 29, at Fincham, Norfolk, Edward Arthur Arthy, L.S.A.L.

Forrest.—On Nov. 29, at Broomey Hill, Hereford, Dr. Charles Forrest, aged 82.

Forsayeth.—On Nov. 28, at Templemore, co. Tipperary, R. M. Forsayeth, M.D., for many years Medical Officer of Templemore.

Gibson.—On Nov. 19, at Middlesborough, William Gibson, M.R.C.S.E., aged 25.

Harvey.—On Dec. 5, at George Street, Hanover Square, Wm. Harvey, F.R.C.S.E., late of Soho Square.

Little.—On Dec. 5, at Caldwell's Place, Sligo, William Swayne Little, M.D., Surgeon to the Sligo County Infirmary, aged 65.

Little.—On Nov. 25, at Sutton-Benger, Wilts, Edward Moore Little, L.R.C.P.L.

Mannings.—On Nov. 28, at Downton, Wilts, George Mannings, M.R.C.S.E., aged 33.

Mayo.—On Nov. 27, at Winchester, Charles Mayo, F.R.C.S.E., aged 67.

Robinson.—On Nov. 29, at Ditchling, Sussex, Mark Anthony Robinson, M.R.C.S.E., aged 61.

Wroe.—On Dec. 7, at Lower Broughton, Manchester, John Birch Wroe, aged 43.

ONE MILLION STERLING
Has been paid as
COMPENSATION FOR DEATH AND INJURIES
Caused by
ACCIDENTS OF ALL KINDS,
By the
Railway Passengers' Assurance Company,
Hon. A. KINNAIRD, M.P., Chairman.
PAID-UP CAPITAL AND RESERVE FUND, £180,000.
Annual Income, £200,000. Bonus allowed to Insurers of 5 years' standing
Apply to the Clerks at the Railway Stations, the Local Agents, or
64 CORNHILL, and 10 REGENT STREET, LONDON.
WILLIAM J. VIAN, Secretary.

IRISH POOR-LAW INTELLIGENCE.

THE SANITARY ACT IN IRELAND: — AN ENGLISHMAN'S EXPERIENCE OF THE MATTER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Being one of those men whose sole business in life is to mind other people's, and having read somewhat "On the present working of the Sanitary Act in Ireland" in your pages, I determined, notwithstanding the urgent entreaties of my family, to see for myself. Having taken leave of my family and offered up prayers for my safety, and having, moreover, provided myself with a complete suit of quilted armour to protect myself from Fenian bullets, I in due time arrived at Holyhead and took steamer to Dublin. Landing at the North Wall I took a cab, and having narrowly escaped drowning in the mud, I drove to the Great Southern and Western Railway, and as I proceeded debated with myself whether I should go south or west. An accident decided my route. While walking up and down the platform I overheard a conversation between a frieze-coated farmer and a friend, the former of whom stated that at the "Boord" they always "kept down the doctors." Politely inquiring where this enlightened member of the sanitary authority (you see, sir, I had already picked up somewhat on the matter) lived, he, touching his hat (to do them justice, the Irish are always polite), answered at "Knocknaboccaugh." To "Knock down the cripple," therefore, I determined to go. Bye the way, I am not sure whether the translation of it is "Knock down the cripple," or not, but I believe it is as close a translation as I can make of the name. So after many vicissitudes I arrived at my destination, and getting out of the tram I hired the only vehicle available—a jaunting car, and if *jaunting* is the diminutive of *jolting* car, a very bad name it is, for the motion is a combination of being tossed in a blanket, and undergoing a rough sea voyage. However, after no more serious accidents than having my nose brought violently against the opposite panel half a dozen times, and being kept perpetually sliding off the seat and on again, I got to the hotel. "Hotel" painted by a local artist evidently, on a board nailed up at an angle to the lintel. The landlady, fat, fair, and forty, received me courteously, and ushered me to my bed-room, smelling strongly of pigs, accounted for by the evening previous having been the eve of a pig fair, and numerous dealers having slept in the room. Devoting that evening to indigestion in the shape of a very tough fowl, and headache embodied in a tumbler of fiery whisky, I determined next morning to commence inspection and inquiries. Asking next morning for the relieving officer (a term sometimes synonymous with parochial starvation), I was duly introduced to a gentleman, who, however empowered to afford out-door relief, looked very like wanting it badly himself, at least in the matter of clothes, but he was a regular scarecrow—a very embodiment of the laws of ventilation in his own person, and an admirable example of good drainage in his boots, which certainly let the water out as quickly as they let it in. He had nothing else remarkable about him, except a way of twisting his head suddenly from side to side, as if he was in the habit of answering questions to many people at the same time, doubtless contracted from the repeated badgering of my gentlemen of the Board of Guardians. I may say that he had a book which looked like the tickets of a lottery, printed in red ink, sticking out of an aperture which was once a pocket, and which appeared (to judge from the dirt of the cover, and the larger half being torn out) to have been often in requisition. On my asking him to show me the town, he became very civil and obsequious (I afterwards found out that he took me for the Poor-law inspector), and murmuring something about the doctor, led the way. I may say that whatever was wrong, or whenever I expressed my disapprobation of the state sanitary, or otherwise, of any thing or place, I was immediately met with the explanation that the doctor had said this, or done that, and in fact that the doctor appeared to be expected to bear the blame of everything—to be a sort of sanitary scapegoat. Did only an old woman ask what we meant by looking at her pigstye, "the doctor had ordered it to be inspected." "Bad scran to the doctor," was the answer. I pondered deeply on the matter, and after a while concluded that the doctor must be an ass, or if he was not, and had any feeling, that he was certainly a lunatic. In both conjectures I was wrong. I afterwards met him, a tall, middle-aged man, with the patient look on his face that you see with a poor ass, when he turns his head round if you give him a blow of your stick as you pass by. That weary look you see on men's faces who are continually driven and worried. No elasticity in the step, no brightness of the eye, except that heaven-born brightness of the mind, which no red tickets can quench, or no grinding down from boards of guardians can, *thank God*, quite put out.

But to return. Accompanied by my sub-sanitary scarecrow, I left the hotel, and before descending to particulars, in other words, before diving into backyards and mounting garrets, took a bird's-eye view of the place. And, good heavens, what a village, and what a place to build a village! Fancy one long street, with another at right angles, built on the top of a hill, exactly like a sugar-loaf. The backyards are lower than the houses themselves; hence the effect of a shower of rain is to flood them. The water then trickles into the backyards and forms cesspools. The houses themselves of various sizes, reminding one of a militia regiment at muster, some thatched, with little corn-fields on their tops; some slated and aristocratic-looking, a few radiant with whitewash, many weeping green tears, or striped, like the ancient Celts, with green woad.

With an apologetic murmur from my friend about the doctor, we entered No. 1 cabin, and as well as we could see for smoke, saw a horse standing in a sort of railed-off stable, close to the stairs and right under the sleeping apartment. A little child was sleeping in a kind of box close behind him, and the horse staling *actually bespattered the child's face.* The little baby had sore eyes, raw, red, and ulcerated. The smell from the place was sickening. Was anything done about this? Oh, yes, the doctor reported it, it was reported to the sub-sanitary officer, the man was summoned, the doctor was expected to be prosecutor, attorney in fact, everything combined, the R. M. would not hear of such a thing as the doctor prosecuting, and the whole thing fell through. The next time the man was served with a notice he said he would keep the horse there in spite of the devil and the board of guardians. The devil certainly has not troubled himself in the matter; indeed, it is rather in his line; neither have the board of guardians.

As for cesspools, we got perfectly tired of them. In fact, cesspools were the almost universal rule. Cesspools composed of water alone, cesspools composed of water and every conceivable filth and dirt, cesspools that when one stirred them with his stick stank again, cesspools whose owners had been cautioned, and which were thinly covered over with earth, which only wanted a shower to make them as bad as ever. Cesspools which seemed to be alive, and to move with corruption. Cesspools ploughed up by pigs, cesspools covered over with brambles and gorse cuttings. Every now and then my companion dived his hands into a hole in my garment,—I would be afraid to call it a coat, and pulled out a paper. "What's this?" asked the owner. "A summons from the Board," was the reply, "to fill up your cesspool and remove your manure." "Are these orders ever attended to?" I asked. "No," was the answer. "Are they ever summoned?" I queried. The man laughed at the question. "Now," said I, "how much are you paid for your work?" "Two pounds ten shillings per annum," was the answer. "No wonder," said I, "for the place to be in such a state."

Among other places we inspected a lodging-house The outside was not certainly very gorgeous-looking. No one certainly would mistake it for the Charing Cross. Picture to yourself, Sir, a cabin such as you see in any Irish village, of one storey, put the place where the ceiling usually is boarded, and a kind of trap door leading up to the roof. Fancy a hole in which an ordinary-sized man could not stand upright, about fourteen feet long and ten feet wide by four feet high. In that narrow space I saw four beds jammed head to tail and tail to head, and in that room, if one may call it so, I heard for a positive fact from the mouth of the constable of police that *twenty people* slept in those four beds. The fact was reported to the board of guardians, and no action was taken in the matter. The water was dripping through the roof, the beds were moving with insects, and by the time I got out I was half eaten. Truly I ran more danger from the pulex irritans than ever I did from Fenian pebbles and cut wire fencing. Necessaries there were none, at least in the houses of the poor, the usual place for depositing soil seemed to be the hall door, or along the walls of the houses outside. As for the sexes, separation appeared not to be thought of. I saw an old piper and four beggar women, one along with the piper confined to bed through illness, sleeping in the same small room. On expressing my opinion to the sanitary sub-officer that such things should not be, his answer was, "Oh, sure they are all old."

Being sick of inspecting cesspools, cabins, and lodging-houses, I adjourned to the hotel, and inviting the relieving officer to take a glass of punch, he gladly consented, and being warmed by the same his tongue became loose and he volunteered the following history anent the proposed putting up of a pump in the neighbouring village. It appeared that a neighbouring hamlet being badly in want of water, and containing, moreover, a large school-house, the medical officer thought it his duty to report the dearth of water in the usual way, and immediately the sanitary game of battledore and shuttlecock commenced. Now the chairman of the board of guardians was greatly opposed to any reform that cost money, and being a lawyer to boot, was well versed in the law's delays and the most approved methods for driving, and at full gallop too, a coach and four through an Act of Parliament. Being, moreover, a man who had a deep knowledge of men, and knowing that the best way to influence the *genus homo* is through his pocket, he set to work and so settled the matter, that the area of taxation was put on a very small proportion of the townlands, and, moreover, that the townlands *that had the least interest in the matter* should be taxed. This at once brought the matter to a dead-lock. The local committee met time after time, until they were sick of the matter, obstacle after obstacle presented itself; now it was a man claiming compensation for water which he alleged belonged to him, then it was an engineer who found it impossible to convey water under two streams and across a deep glen, or, worse still, against gravity. So the Local Government Board sent message after message, and order after order, to the board of guardians—the board of guardians to the Committee who sent back their resolutions to the Local Government Board, who sent it back again to the board of guardians. The board of guardians could do nothing without the committee, and the committee without the board of guardians. The end was that instead of many hands—or rather heads—making light work, there was no work done at all. Some time before this practical illustration of the present working of the Sanitary Act in Ireland, the village was full of fever of a typhoid type; it was no unusual thing to see six and seven children lying in the same bed. House after house, and cabin after cabin, became a nest of fever, and at last it came to pass that the fever vanished, simply for the reason that nearly all the children either recovered or died of it, and the fire burned out for want of fuel. The medical officer was pooh-poohed, he did not know his business—he was an alarmist. The executive sanitary officer having a higher degree (being an M.D. of St. ——) than the dispensary officer (who was only an M.B. of Trinity College, Dublin), said that some of the cases were not typhoid fever, and that other cases were not fever at all. So the matter stands: the players have thrown aside their battledores, and are refreshing themselves with the lemonade of their good intentions, a few earnest ones, disgusted at their discomfiture, most of them laughing at the game as very good fun, and all jingling in their pockets the extra halfpence they have saved. *O Tempora! O Mores!* A halfpenny or two in the pound saved at the expense of the bowels of their neighbours. Let typhoid fever, diarrhœa, and our old foe the cholera work their wicked will, but above all things, gentlemen of the board of guardians, let us keep down the rates. We must not mind extra expense in keeping the widows for years in the poor-house, and the children possibly for life—that doesn't show you know; but to have a halfpenny in the pound extra for special purposes stuck up on the telegraph posts and posted on blind doors—perish the thought! From "*O Temps*" to "thought" are my reflections, induced by an extra half of the fiery, and not the words of the chairman of any board of guardians. I think it only due to the gentlemen to mention it.

The whisky is finished, my friend the scarecrow has departed, the "good, round, tenpenny mould, four to the pound," is flickering in its socket, and I think it high time to say—Adieu.

And remain, Sir,
Your obedient servant,
A SASSANACH.

P.S.—Though seeing a good deal of Ireland, I cannot say I saw anything of the Fenians. Indeed, after enquiring into the action of guardians and others, I was more inclined to cry out—save me from my friends!

ABUSE OF "RED TICKETS" IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—That instructive and important case "Woods *v.* Crumley" could, I think, be turned to very good account by getting the legal bearings of the case on members of committees printed in hand-bill form, and supplied to each dispensary medical officer for distribution according to his discretion.

A dozen or so of the forms for the information of acting members, present or future, would be an ample supply, and I venture to say that the dispensary medical officers would readily subscribe the necessary expense.

Supplying the hon. secretaries would not be at all sufficient, as "meetings" are, as a rule, but few and badly attended.

An effectual check, would I am convinced, be thus put to the "abuse of red tickets."

Truly yours,
A SUFFERER.

[No doubt the Irish Medical Association would readily undertake to carry our correspondent's suggestion into effect when the case is finally decided. At present the matter is on appeal to a higher court. If Dr. Woods should be defeated on a point of law, it would be judicious for the Council of the Association to try out the first representative case, and thus establish the law already laid down by Judge Fitzgerald.—ED. M. P. & C.]

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DISPENSARY OFFICERS' GRIEVANCES.

TO THE EDITOR.

SIR,—The case of Dr. Scott, of Ballina, published in your Supplement of 29th November, can scarcely fail to alarm the medical officers of Ireland, first on account of the enormous amount of work evidently required by the Local Government Board; and, secondly, from the severity of the punishment inflicted for even a mere oversight.

Dr. Scott clearly (and naturally) considered Mrs. Mullen's case finally disposed of on the occasion of his visit, and surely it would be no hardship on the parties to send for him again if wanted; nevertheless, because he did not continue his attendance without any reason whatever to think it was necessary, he has been called on to resign, which means that he is to be thrown on the world, perhaps for the remainder of his life, disgraced and probably broken-hearted.

It is clear that the Local Government Board requires of us an amount of professional attendance on the sick poor that it is out of our power to give, while our salaries are so low as they are at present, and that Board may rest assured that a proper increase of salary would be a far more effectual remedy than any number of dismissals they could make.

Must it not be *evident* that our miserable salaries are totally insufficient to enable us to perform all the travelling required? If we fall short, the blame rests not with us, but with those who keep from us the means necessary to enable us to discharge our onerous duties.

Why not send a deputation to the Local Government Board pointing out the *justice* and the *absolute necessity* of having that Board issue an order, not for a dismissal of medical officers, but for their proper remuneration, and directing boards of guardians to grant a minimum salary of £150 a year. This should be granted without subjecting the medical officers to the hurtfulness of the local begging process.

As to the sanitary business, it is a decided pecuniary loss, as in large districts most of us have to keep a second horse at an annual cost of £40 at least, in lieu of which we get £15. How long is this miserable state of things to be allowed to last?

Truly yours,
ONE OF THE ILL-PAID.

December 3, 1876.

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SURGEONS TO THE ROYAL IRISH CONSTABULARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—In the proceedings of the Irish Medical Association, as detailed in "The Poor-law Intelligence" of the 8th inst., I was very glad to see that the Association is at last likely to assume the form of a Medical Association in a true sense. I refer to the discussion on the subject of the medical officers of the Royal Irish Constabulary, and I hope that this is the beginning of a more liberal and professional epoch in the history of that valuable Association. It is quite right that the dispensary doctor should have a prior claim over a practitioner living outside his district to the post of constabulary surgeon in such district; but it is too absurd in these days of common sense to hold that because a dispensary committee appoint a doctor to a dispensary district that he is the most suitable of the candidates, and more absurd still to imagine that our wise dispensary committees and Boards of Guardians are better qualified to decide on the relative merits of medical men for a post totally unconnected with the Poor-law than those gentlemen who fill the onerous posts of general and local inspectors of the Royal Irish Constabulary. I trust before long to see the office of police doctor on a proper footing, the R. I. C. surgeon combining in himself the offices of police doctor and medico-legal jurist, and in no way subservient to ignorant local committees. It is ridiculous to imagine a dozen of our typical P. L. G.'s dictating to the Inspector-General of Constabulary as to who he must appoint surgeon to the force in their locality. The days of professional disability are passing away, and to use an Americanism, "One man is as good as another, and far better."

Yours faithfully,
Nov. 13, 1876. ANTI-HUMBUG.

[Our correspondent unfairly ignores the very valuable assistance for many years given by the Irish Medical Association to *all* the interests of the profession, irrespective of departments. The dispensary medical officers greatly outnumber any other class, of provincial practioner and their duties and various associated appointments render them, as experience has conclusively proved, out of all proportion, liable to grievances. The Association is and aims at being representative of all interests, and the remark that "it is *at last likely to assume* the form of a *medical association*" is an unwarrantable assertion, if it be meant to convey the idea that it is not a representative body in the full sense, and we fail to see any other inference to be drawn from it. We are thoroughly conversant with the working of the Association, and until it be shown that complaints made to it have not been dealt with to the utmost of its abilities, it is not fair to cast any imputation upon men who, many of them without the least personal interest, devote most valuable time and ability to the profession The suggestion of previous want of liberality on the part of the Association is equally unfair, and could only emanate from one in ignorance of what is and has been going on. Our correspondent considers himself a man of "common sense" evidently, but appears to think that rare commodity is wanting in the Council of the Irish Medical Association, because they think "the dispensary medical officer being a *district* officer is more suited, and has higher claims to an appointment requiring district visiting than the workhouse medical officer, who is an hospital surgeon; and independently of this consideration, they fear that competition for these appointments might possibly result in a smaller remuneration being offered by the authorities." As to the absurdity alluded to by our correspondent, we wonder his "common sense" did not show him that it actually was the authorities of the Royal Irish Constabulary who selected the dispensary medical officers and excluded the workhouse doctors from the local constabulary medical appointments—the very act of which he complains, and in which the dispensary committees and guardians had no act or part whatever whether by dictation or otherwise.—ED. M. P. & C.]

BOYLE UNION.

THE ABUSE OF RED TICKETS.

THE following letter was read:—

GENTLEMEN—I beg leave to submit a visiting ticket for your investigation on which I have attended. The father has a holding of prime land, a very comfortable house, three cows and three ewes—in fact has no appearance of poverty, his fuel supply consisting of a rick of turf containing at the least three cwt.

May I under such circumstances ask you kindly to have the ticket cancelled in order to prevent compulsion of my further attendance The distance to be travelled is over six miles, and I have to walk through the fields for at least an English mile to the house.

I remain, gentlemen, your very obedient servant,
THOMAS DODSON PALMER.

The Chairman thought the matter should be referred to the Dispensary Committee.

Mr. Powell states the dispensary committee meets only once or twice a year; and the doctor would have to attend for a long time before the ticket might be cancelled.

The Chairman said all they could do with it was to refer it to the dispensary committee.

Captain Robertson thought that a very roundabout way.

Mr. Sharkey thought all the board had to do was to cancel it.

Captain Robertson said if a red ticket is issued to a man, and the doctor goes there and finds him comfortable he questions if the doctor cannot sue him.

Mr. Powell mentioned the case of "Woods v. Crumley" before Mr. Justice Fitzgerald at the Monaghan Assizes.

The Chairman ruled that it be referred to the dispensary committee.

Captain Robertson referred to the Act bearing on it to see whether the guardians had any power in it. Finding they had none he thought to show the doctor they attended to his statements, they should refer the dispensary committee to the Poor-law Act under the head of Medical Relief, sec. 9.

This course was agreed to and a ruling made to that effect.

The Board of Guardians have no cancelling power. The ninth section of the Medical Charities Act is as follows:—

> Every member of such dispensary committee shall have power to afford medical relief by the issue of a ticket addressed to the medical officer of the district, directing him to afford medicine and advice to or attend any poor person resident therein; and it shall be the duty of the medical officer to afford medicine and advice, or to attend such poor person, as thereby directed: Provided always, that if any person who shall obtain a ticket for medical attendance shall, at a meeting *of the committee* after the issue of the ticket be declared *by a majority of the members then present* not to be a fit object for dispensary relief, the ticket shall be cancelled, and the holder thereof disentitled to further relief.

A dispensary medical officer under such circumstances has no course to pursue but to ask for a special meeting of his committee, or else continue his attendance until the next ordinary meeting, which means practically until the case is disposed of. He may then, with or without cancellation of ticket, sue for his reasonable fees for attendance on the case, but his remedy does not lie against the patient but against the grantor of the ticket, and nothing which the said grantor might put on the ticket as to the means of the patient, would protect him against having to pay the doctor for such attendance.

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WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING DEC. 2, 1876.

Total registered deaths in Dublin and suburbs* ...	175	
Ten years average of same week	159	
Excess of mortality above average	16	
Ratio of deaths, suburb of Rathmines ...	38·9	per 1,000
" " " Donnybrook†	14·0	"
" " " Blackrock ...	21·7	"
" " " Kingstown ...	14·0	"
" " Entire Dublin district ...	28·9	"
COMPARATIVE RATIOS—London	23·6	"
" " Glasgow... ...	27·1	"
" " Edinburgh ...	17·6	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

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TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, December 2nd,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, DECEMBER 2ND, 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	29	179	175	24	45	2	4	4	...	2	5	6	4	5	61
BELFAST . . .	20,687	182,082	24	115	85	15	15	...	...	5	1	4	6	4	...	...	12
CORK . . .	13,816	91,965	24	46	43	4	9	...	...	...	...	...	...	1	1	1	10
LIMERICK . . .	8,509	44,209	22	17	19	5	5	...	...	1	...	...	1	...	...	1	8
LONDONDERRY . .	21,865	30,884	42	16	25	9	2	...	...	...	...	1	1	...	..	...	13
WATERFORD . .	17,209	30,626	12	15	7	3	3	...	...	...	...	...	...	...	1	1	2
GALWAY . .	21,358	19,692	18	3	7	1	3	...	...	...	...	...	...	1	...	..	5
SLIGO . .	30,835	17,285	27	6	9	...	5	...	...	...	...	..	...	...	1	...	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 20, 1876.

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EYE DISEASES AND INJURIES.

A Course of Lectures

DELIVERED IN THE

CITY OF DUBLIN HOSPITAL.

By Archibald Hamilton Jacob, A.M. and M D. Dub. Univ., F.R.C.S.I.,

Surgeon to the Dublin Eye and Ear Infirmary, and formerly Ophthalmic Surgeon to the City of Dublin Hospital.

(*Continued from page* 378, *Vol. XIII.*)

In my last lecture I brought to a conclusion my observations on the injuries in the neighbourhood of the eye—to the lids and lacrymal sac, to the walls of the orbit, and, finally, dealt with penetrating wounds of the orbit, involving, in some instances, the brain, and ending fatally. I now proceed to consider those injuries which are more especially the province of the ophthalmic surgeon, inasmuch as they involve the eye-ball itself. It will be profitable to you if I repeat what I said in an earlier lecture as to the means which the hand of Nature has provided for the protection of the organ which is of supreme importance in the animal economy, but which is peculiarly vulnerable in the nature of its structure.

Nature's Protection to the Eye. The provision made by Nature for the protection of the eye from injury is of so perfect a character that it is not as much subject to serious lesions as might be expected; and when we consider how vulnerable to attack, how easily destroyed by slight injuries, and how vitally essential to the efficient working of the human machine the eye is, our admiration of the means provided for its protection is enhanced. Though the eye must necessarily be presented to all attacks, and used directly in all manual processes, and is thus, under all circumstances, placed in the most likely position for injury, it is relatively but seldom that it sustains a destructive injury, and it enjoys comparative immunity from the extensive lesions which every day present themselves as the result of blows about the face. The lightning speed of this warning from the eye to the brain and back again to the lid-muscles is almost inconceivable.

You must have observed this fact for yourselves, for in the daily run of hospital injuries all parts of the face and head seem to suffer more than the eye, though it is usually the object selected for attack.

Let us consider what it is which affords so sure a guard to the eye.

In the first place, the strong orbital ridges of the frontal, malar, and maxillary bones, effectually bear off blows from any body larger than the eye itself; while the eye keeps guard, and by giving the signal for a rapid jerk of the head, and the involuntary and spasmodic closure of the lids, protects the globe from the access of smaller bodies. A remarkable instance of this has been recently noted in the medical journals. A chemist was examining a small bottle of explosive liquid between his eye and the light, at half arm's length. By a shake the liquid exploded, and the fragments of the bottle and its contents were violently scattered. On recovering from the shock of the explosion, which was so violent as to blow him off his feet, the chemist at once felt that his face and lids were severely burned. To his great relief, he found, however, that his eyes were perfectly safe, the small fraction of a second which the contents of the bottle occupied in traversing the distance from hand to eyes, had sufficed for the retina to receive its impression, to transmit the signal to the brain, and for the brain to issue its order to the orbicularis palpebrarum, which closed tightly in compliance. That this latter protection is of great importance is proved by the frequent occurrence of accidents to one eye, when the other has been previously lost.

With lightning speed the retina transmits to the brain its warning of danger. By an instantaneous, almost convulsive, and involuntary movement the head is removed from the direction of danger, and the eye is tightly covered by the lid; even if the blow or missile take effect in the exact direction of the eye, the whole force is sustained by the anterior arches of the orbit, if it be too large to penetrate within the cavity, and if sufficiently small to enter, it meets with nothing on which to expend its force, except a hard, tight slippery globe, resting on a cushion of fat, and free to escape in any direction from the pressure.

The lashes, also, acting as a sort of grating or sieve, entrap all sorts of minute objects, which, should they, in spite of all these protections, obtain an entrance, are met by an instantaneous deluge of tears, which carries them away before they can inflict any injury.

In addition to these extrinsic protective provisions, the eye derives its greatest security from its own perfect mobility, and the elasticity of the cushion of adipose and cellular tissue on which it rests, and from the extreme strength of the sclerotic; so that while the body of the eye itself will bear almost any amount of violence from a blunt or rounded missile, the structures on which it rests will receive without injury the greater part of any shock which may be communicated to it. The every day proof of this fact is, that amongst the thousand black eyes given and received, rupture of the eyeball is a rare accident.

Ecchymosis beneath the Conjunctiva. Proceeding now to the injuries of the eye-ball itself, and to some of the consequences therefrom, I present to you, firstly, an illustration of an ecchymosis beneath the conjunctiva (Fig. 1), with the appearance of which it is necessary that you should be familiar, as you may easily be deceived respecting the gravity of the accident by the very alarming appearance which the eye presents. Sub-conjunctival ecchymoses are more usually caused by a slight scratch than by a heavy blow, and are very commonly the result of great straining on the part of the patient, either in coughing or retching, especially those who are in the anæmic condition which encourages small hæmorrhages under the skin, and in such cases there need be no injury at all. In this way ecchymoses are frequently observed in cases of purpura, and occasionally in Asiatic cholera. The effusion of blood beneath the conjunctiva may be distinguished from any other form of vascularity—

a. By its brilliant uniform scarlet velvety surface, when recent, which completely hides the sclerotic.

b. By the absence of any visible blood-vessels.

c. By the irregular ragged edge.

It may be so large as to occupy the whole sub-conjunctival cellular tissue, and to raise up the conjunctiva into folds, or it may amount to no more than a small scarlet spot on the sclerotic. It never invades the corneal conjunctiva, because the attachments of the conjunctiva to the anterior elastic cornea are much closer than those which connect it with the sclerotic.

Treatment.—Surgical interference for sub-conjunctival hæmorrhage is neither necessary not effective. If the patient will wait, the ecchymoses are best let alone, and they will go through the sequences of colour usual in the case of a black eye, until they finally disappear in eight or ten days. If the effusion be excessive in any one spot, the conjunctiva may, without fear of mischief, be divided, and the blood squeezed out; and if a patient be impatient for restoration of good looks, a lotion may be prescribed to aid absorption.

The following is the formula which I have used, but I do not claim for it any very decided effect:—

℞ Potass. iodid., ʒ2;
Tr. Arnic. montan., ʒjss.;
Aq. rosami, ad., ℥6;
p. lotio.

The following collyrium, though inelegant, is more effective:—

℞ Ol. jecor asel., ℥j.;
Pot. iodid., gr. 5;
Iodinii., gr. j.
p. collyr.

Compression is a very useful procedure, when it is desired to effect absorption, and a compress of lint soaked in an unirritating lotion of iodide of potassium, and bandaged tightly on the eye will be suitable in the treatment of persons who can adopt it.

Lacerations of the Conjunctiva. Conjunctival lacerations are very common, and usually quite unimportant in their effects. The eye is watery looking, and the secretion of tears increased; the conjunctiva may also be slightly injected, the patient complaining of feeling as if a grain of sand was under the lid, or a hair turned in upon the eye. There is usually some difficulty in finding the situation of the laceration, on account of the transparency of the conjunctival fold.

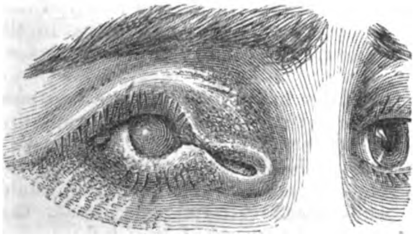
Treatment.—If the laceration be small it will be sufficient to keep the lid closed, and apply a cooling lotion externally. If very large, it will be necessary to place the edges of the wound as nearly as possible in apposition and introduce a couple of the finest silk sutures, closing and bandaging the eye afterwards to prevent motion.

Burns of the Conjunctiva. The conjunctiva may be the subject of extensive destruction by burns—the most common forms of the injury being from gunpowder, from quicklime, and from sulphuric acid in cases of vitrol-throwing. Of these, the burn by lime is that which more especially affects the conjunctiva, while the injuries by gunpowder and vitriol usually involve the whole eye, and frequently end in its destruction. I have also seen eschars of the conjunctiva from a splash of whisky thrown in the face, and such burns have seemed to me much more severe than the strength of the spirit would seem to account for, whence I conclude that the cheap fiery liquids sold in low public houses must contain something—perhaps capsicum—more irritating than pure spirit.

Injury of the Eye by Lime. This form of injury, which is beautifully depicted by the late Mr. Wardrop in his work on the eye, from which I have copied the illustration, is common amongst bricklayer's labourers, in consequence of the ebullitions which take place in the hasty slacking of lime, and which are sometimes strong enough to splash the lime into the eye. However happening, the injury is very dangerous, and the more so because the effect of the caustic alkali is rapid, and the patient is seldom seen until much mischief is done. The first effect of pure lime is to disintegrate or burn the entire conjunctiva wherever it lodges, and even to destroy the corneal surface in the same way. If the lime only lodges in spots, those parts of the conjunctiva will suffer and the remainder escape, because the lime being insoluble does not spread to any serious extent, and, moreover, the process of slacking absorbs all the tear-water, and the deposit is, therefore, not washed away. Commonly, even when the lime is in the form of mortar, the conjunctiva is removed from the entire cornea, which then appears as a dull opal-coloured surface surrounded by the chemosed conjunctiva, and appearing as if buried in a pit in the surrounding vascular tissues, as illustrated in the Figure (6). Vision is almost *nil*, the pain violent, but of a smarting rather than an aching character, and the flow of tears excessive. If the conjunctiva be burned off only in patches these places will appear as shallow depressions usually with the cake of lime adherent to their bottoms.

Treatment.—The first indication is to remove the lime very thoroughly, which, in consequence of the closeness of its adhesion, is a troublesome and painful proceeding. The eye-lids should be fully everted, all that can be removed by a camel's hair-brush taken off, and all that cannot, picked away by forceps or even dug out if necessary with the needle or Walton's gouge. The deepest part of the conjunctival fold often contains a quantity of the lime, which may be overlooked if not searched for. When the large portions are removed, the surface should be syringed with weak vinegar and water, which will form with the remaining small particles an innocuous acetate of lime. The removal of the lime having been completely effected, a drop of atropine should be instilled, and then a couple of drops of fine oil or sweet glycerine and the lids closed. Astringents, such as weak nitrate of silver solution and sulphate of zinc are sometimes recommended, but I have found them very irritating in such cases and worse than useless. Acetate of lead lotions must be specially avoided as they will deposit a coating of insoluble-chloride-carbonate and albuminate of lead in the ulcerated surface, which will heal in and remain as a permanent stain. According to the extent of the injury, the subsequent treatment must be directed to allay inflammation. Cooling lotions externally will be suitable in slight cases, those more severe, will require leeching to the temple, and poulticing.

Effects.—If burns of the conjunctiva be superficial and not involving the whole thickness of the membrane, the damage will be quickly repaired by the reproduction of epithelium, and no perceptible scar will remain. Mr. Lawson in his work on "Injuries of the Eye" says :—"If the injury extends deeper than the epithelium, so as to include the connective tissue in which it rests, the whole thickness of the mucous membrane will be destroyed and a slough will form, which will slowly separate before any attempt is made to repair the gap. When such complete destruction of the part ensues, the space is not filled up by a growth of new tissue, but the wound is gradually closed by a drawing together of its sides and a contracted cicatrix is formed." This statement is accurate when applied to extreme cases, but it must not be assumed that contraction and adhesion of the lids will occur in all cases in which the conjunctiva is totally destroyed, for I have seen more than one case of lime-burn in which the cornea seemed absolutely bare, and which, nevertheless, received a fresh conjunctival covering after a few weeks. The special danger of deep burns of the conjunctiva—especially those which involve the palpebral as well as the ocular conjunctiva—is the occurrence of symblepharon or adhesion of the ulcerated surfaces in the act of cicatrisation. This symblepharon is well illustrated in the figure (3) which I have borrowed from Dalrymples "Atlas of Plates." Frequently, the adhesions are more extensive and irremediable than those depicted in the plates, and the attention of the surgeon must be devoted as much to prevent them as to allay inflammation or restore sight. In these cases of lime-burn—especially when the lime has been but partially slacked before it enters the eye—it is unfortunately but seldom that the injury is restricted to the conjunctiva. Very frequently the cornea is burned, sometimes even to the greater part of its thickness, and a slough is the result, with partial or entire destruction of the eye. In treating these cases, the lids must be separated each day, in order to prevent adhesions of the conjunctiva to the ocular globe, and the greatest injury is commonly done by uneducated people, who bandage up the eye and leave it so until the pain and discharge abate. I have just now under treatment a case of symblepharon which was caused by this error, and of which I give an illustration.



It will be observed that the edges of the upper and lower lid are attached together so as to leave but a small central opening for vision. At the external canthus also the lid is adherent to the eye-ball. This condition was caused by the retention of a bandage and compress on the eye for ten days after the accident. When the eye is opened, the sloughs if there be any, should be lifted off, and the surface cleaned with a syringe, and if there seem to be a tendency towards adhesion and contraction,—which is most commonly found in the sinus of the lower lid—a small slip of lint may be placed so as to separate the approximated parts. Local applications introduced between the lids must be emollient, such as sweet oil or fresh glycerine. If astringents be admissible, I think vin. opii. is the most advantageous. It will be readily understood that, inasmuch as the slough must be cast off, it is better to aid their elimination in every way, and there will be no use in depleting the patient to avert inflammation which will be more properly dealt with as it arises.

(*To be continued.*)

THE CONTAGIOUS DISEASES OF ANIMALS.

By George Fleming, F.R.G.S.

(*Continued from page* 481.)

With regard to the influence of the contagious diseases of animals upon the health of the nation, I am sorry I can say but very little indeed. The sanitary science of man is only in its infancy, while the sanitary science of animals scarcely exists ; and until these two most important branches of medicine have attained a greater development than they can at present boast of, we shall not be in a position to estimate the amount of injury to health we suffer from in our dealings or our contact (external or internal) with animals.

The money loss from the more prevalent and serious of the diseases which attack cattle, sheep, and pigs must, to a certain extent, affect the public health, and especially that of the poorer classes, as it has a tendency to heighten the price of food, and to place that of good quality beyond their reach. What is originally an individual loss—a loss to the breeder or feeder of animals—becomes in this way a public loss, which increases as it extends outwards: from the cow-shed or pasture to the lowly dwelling in the close, foul alley, because it is made a pretext for higher prices than the occasion really requires.

But the poorer classes suffer still more, perhaps, from the low-priced flesh of unhealthy animals, which they are compelled to buy. There cannot be the least hesitation in asserting that a regular traffic in diseased animals is carried out on a large scale in town and country ; and if the flesh from them is not absolutely hurtful, it is at the very least less nutritious than that of healthy, properly-conditioned animals.

But there is every reason to fear that much of this flesh must be credited with increasing the bills of mortality to an extent that we cannot at present imagine. It is only now and again, and by mere chance, as it were, that instances of the traffic we have mentioned are lighted upon, and that we hear of the poisonous flesh of animals which have died or been killed in consequence of a fatal malady, being seized by an inspector. It is still more rare to hear of poor people actually suffering from consuming this kind of flesh. Yet, comparatively speaking, very few cattle, sheep, or pigs which die from, or are slaughtered for disease, find their way to the knacker, or are buried. It is, we fear, not at all unusual to kill and dispose of the flesh of these creatures after they have been medically treated, and made to swallow drugs which will act as poisons on those persons who are so unfortunate as to consume this flesh ; and when the animals are suddenly seized with a fatal malady, it is the custom to call in the butcher to kill them, and dress their carcases for the market.

The flesh of the ox, sheep, pig, and goat may be injurious, nay, absolutely poisonous, from disease ; or it may be most pernicious from the presence of parasites, which will infest the bodies of the people who consume it.

Recent researches have shown, in the clearest manner, that scrofula or tuberculosis—a contagious disease—is very common in cattle, and especially in dairy cows—and that not only will the flesh of these produce consumption in other animals fed upon it—and particularly young animals—but that their milk also will infect. We dare not experiment upon human beings, to ascertain whether such a terrible result is possible with them, but judging from analogy, we cannot venture to doubt it. The flesh and the milk of scrofulous cattle enter regularly into the diet of probably thousands of people every year. That contamination may take place from the milk is, perhaps, the most serious reflection, as this is rarely boiled; for it has been proved that a high temperature will destroy the infective property, and hence the flesh, if thoroughly cooked, may be rendered inert.

When we remember that milk is the staple diet of young children, and that infantile diarrhœa and glandular affections of a scrofulous nature annually carry off large numbers, while phthisis in young people and adults is a wide-spread and fatal malady, we are brought face to face with the serious question as to the share the flesh and milk of diseased cattle may have in the production of this mortality.

Not only this, but some other diseases or local conditions infect the milk, so much used as an article of diet. Evidence in abundance goes to prove that in "foot-and-mouth" disease the milk is positively injurious; it will kill young animals, and it affects children, and even adults, who partake of it.

There cannot be a doubt that the manner in which cows are kept has a great influence, not only on their own health, but also on that of those who consume their produce. Insanitary conditions may render such secretions as the milk very hurtful, and poisons may even be conveyed through the medium of that fluid, without the animals themselves exhibiting much, if any, disturbance. We are only on the threshold of our inquiries into these alarming but, nevertheless, necessary to be recognised facts in sanitary science.

We have now to consider what, under the circumstances, we require to protect the wealth and preserve the health of the country, in so far as the contagious diseases of animals are concerned.

The prime essential of such a protection is a sanitary organisation that will meet both requirements. At present this does not exist, and has never existed in this country. And yet in no part of the world has the necessity for it been more evident or more urgent during very many years. Though two of the destructive diseases we have more particularly alluded to, and which are now always with us, invaded the country some thirty-five years ago, I cannot discover that any steps were taken up to 1865 to check their ravages, limit their extension, or properly ascertain their nature and mode of diffusion.

Had the sanitary science or medicine of the lower animals been what it might and should have been in 1839, the country would have been spared the invasion of these diseases, as they were well known on the Continent, and had been recognised as serious contagious years before they were introduced to us. Our insular position should have insured our exemption from them had veterinary science been on a proper footing, and competent to afford advice as to the measures necessary for their exclusion from our shores, or extinction when they did appear. As it was, they were not recognised, and were permitted to spread with all the rapidity and virulence that marks the course of newly-introduced contagions of this description. Up to 1865 the two diseases were allowed to exist and to be carried about evidently without let or hindrance. In that year, however, the introduction of the cattle-plague caused a great panic, which, in 1866, led to suppressive measures being adopted for the extinction of that malady; and these measures also had the effect of pretty well extinguishing the "foot-and-mouth" disease and "lung-plague." The sharp lesson taught by the "cattle-plague" directed attention to the damage wrought by the other diseases, which began to prevail again as soon as the restrictions were removed, and fresh importations of contagion allowed. A veterinary department of the Privy Council was formed during the cattle-plague panic, and this undertook the control, more or less, of these maladies. For various reasons, which are not far to seek, however, neither the prevalence nor the virulence of contagious diseases appear to have been modified to any appreciable extent; indeed, since 1866, the country has been more severely scourged than before that year. The attempts made to limit the destruction of these diseases have failed, simply because it was impossible they could succeed; while the endeavour to carry them out has been attended with serious inconvenience to the country and heavy expense.

Any one possessing the slightest acquaintance with these contagious diseases, of sanitary science, of the traffic in animals, and of the character of many of those who own or deal in them (for conscientious scruples appear to be abolished when such maladies prevail), could have foretold that the attempts would not only have been utterly futile, but that they would also prove onerous and unsatisfactory in every way.

In the first place, those most concerned were not informed as to the nature and more important features of the diseases to be combated; in the next place, the carrying out of the measures was left to the local authorities, who, perhaps energetic in the extreme in one county, may have been as supine and negligent in another; and, thirdly, there were very few competent men employed to carry out the necessary sanitary operations.

The latter was, perhaps, the most serious omission; for instead of the authorities entrusting such important duties as the tracing and controlling outbreaks of disease, and guarding against its extension by every means which science and intelligence can alone suggest, this was left chiefly to policemen, who, when in doubt as to the nature of the malady an animal was suffering from, called in a veterinary surgeon or "cow-leech" (for qualifications are not essential) merely to settle that point. The members of the veterinary profession must, as a body, disclaim all responsibility for the enormous losses the country has sustained for so many years. Indeed, if they could lift up their voice, they would complain bitterly of the neglect with which their science and their services have been treated by the country during all this time of national loss and embarrassment,

Veterinary science has been allowed to struggle into existence, or perish in the attempt to maintain itself, in Britain, as if it was of no value or consideration. And in 1865 and 1866, during the reign of the cattle-plague, its graduates were exposed to the grossest abuse and indignity to which a profession has ever had to submit in any land, merely because they spoke truthfully, and, declining to pander to the mistaken notions of those who ought to have known better, they pointed out the real nature of the malady. And yet they had at last to be called in to extinguish that pestilence, when physicians, amateurs, empirics, policemen, and local authorities had failed to cure or check its spread. No sooner had they done so than they were once more placed in the background, where they will remain, in all probability, until the same heterogeneous forces have broken down in their futile endeavours to rid the country of the scourges which now afflict it.

It only remains to say that the measures now in force, and the machinery at work in carrying them into operation, will never effect the object with which, we presume, they were devised—the suppression of contagious diseases, until an efficient sanitary organisation is established, in which well-trained veterinarians, under Government direction, and independent of local influences, shall play the chief part, and be held responsible for the sanitary condition of their districts: advising the local authorities on important questions, watching the movements of cattle, keeping a careful eye on fairs and markets, superintending personally the more essential operations needed for the extinction of a contagion when it suddenly manifests itself, and directing the police while carrying out instructions in sanitary affairs, instead of being directed by these functionaries. Until this is done, which is not now done, we shall never rid ourselves of these scourges, nor save ourselves from loss and embarrassment. On the contrary, we may expect to see them yearly on the increase, and have perpetually exemplified the painful results of a "penny wise and pound foolish" policy.

It is a grave mistake to suppose that the exclusion of foreign animals alone would rid the country of its contagious maladies. Foreign countries suffer less from them than we do, as these diseases are not so prevalent in them, and are more energetically dealt with. If our importations from the Continent were stopped to-morrow, we should scarcely be better off; because, for want of proper measures and proper means, we cannot extinguish the disease germs, which are either active or latent in every county, every district, and nearly every cowshed and pasture throughout the land. If we had to export to the Continent, I fear our neighbours across the Channel would find us indeed dangerous importers in the matter of contagious diseases.

What we require in the sanitary service I have mentioned; and this, besides rendering other benefits of a most important character than those pertaining to contagious diseases, would scarcely cost us a fraction of the money loss we now suffer. In addition to this, we require a more energetic, responsible, enlightened, and efficient central administration. There should be no permissive legislation for the control of contagious diseases by local authorities, who often have no interest in their exclusion and suppression; but more frequently have every inducement to wink at their existence, in order that they may obtain credit for keeping down county rates. Whatever measures may be necessary should be universally applied throughout Great Britain and Ireland, and if possible with more rigour to those parts which export.

It is a grave mistake to omit any part of the country from the operation of laws which may be deemed necessary for the suppression of contagious diseases, and especially if that part is much infected. Such an omission must not only be fatal to success, but will prove a serious hardship to other parts where the measures are attempted to be rigidly carried out.

Information as to the prevalence of disease among animals is urgently required, and this could be obtained by the organisation I have described, and would be found much more exact, interesting, valuable, and reliable than that procured by uneducated policemen.

While extinguishing contagious diseases within our own shores, care must be exercised that they are not introduced from without. With this object in view, animals which are imported for fattening, or other purposes that require their admission into the interior of the country alive, should be drawn, whenever possible, from uninfected regions; or if this cannot be done, then they should certainly undergo a period of quarantine. Animals fit for immediate slaughter should, if they must be carried alive to our shores, be killed at the port of debarkation. There need be little difficulty in this. No country in the world is better situated for the carrying out of such a proposal. With numerous excellent ports studded in most favourable situations all round our coasts, and railways traversing the country in every direction, there is no reason whatever why the present inconvenient, and only too often very cruel system of conveying ship-exhausted, and perhaps diseased cattle long distances in railway trucks all over the land, and at great risk to home stock, should be continued. To abolish it should tend to cheapen flesh from foreign sources, diminish the chances of introducing fresh supplies of contagion, and would certainly prove most humane and economical.

I have no faith in port inspection for the detection of contagious diseases, and am convinced that this is a fallacy. It is impossible for any inspector to detect disease in a latent form, or to discover if apparently healthy animals have herded with those which were sick; and unless he can do this, in very many instances his services must be worse than useless.

The details which are absolutely necessary to be observed in the suppression or prevention of contagious diseases, I cannot touch upon here. Suffice it to say that they are not observed in the country at present, and they can only be carried into effective operation by the sanitary organisation I have indicated.

With regard to the preservation of the public health, so far as its relation to animal diseases is concerned, this also must be left to the management of such an organisation. None but the best-trained veterinarians can protect the public in this direction; and until the inspection of meat and milk, dairy, stable, kennel, and pasture, slaughter-house and butcher's stall, are placed under their supervision, the public must incur risk and suffer loss. Here one of the first essentials is the establishing of public slaughter-houses in every town and city. The majority of private slaughter-houses are simply an abomination, and a disgrace to the age we live in. They are a fertile source of contagious diseases among animals; from their situation, and the way in which they are kept, they are nothing less than a public nuisance, and it is in them that animals diseased, or otherwise unfit for food, are prepared for the market.

In public slaughter-houses animals can be inspected before and after they are killed; and if found to be suffering from a contagious disease their origin can be traced, and perhaps foci of contagion be in this way discovered and extinguished. The abolition of private slaughter-houses would spare unfortunate animals an amount of torture of which the public has no idea

Such are the remarks which I have ventured to bring before you on one of the most important subjects connected with the sanitary science and the welfare of our country. I have endeavoured to do so without blaming unjustly either governments, professions, or individuals. Governments are swayed in such matters as this by their advisers, and these, doubtless, advise to the best of their knowledge. In direct proportion as their knowledge is exact, and as their advice is adopted by governments, so does the public benefit. But conflicting interests may often baffle statesmen, and render them hesitating and inclined to adopt temporising or half-measures. In the presence of such contagious diseases as have scourged this country during this century, half-measures are worse than useless, and incline the public to lose faith in sanitary science altogether. The stern fact must be looked in the face, that for ten years imperfect attempts, whose only recommendation was that they were cheap, have not only failed to diminish the prevalence of these maladies, which have rather increased, but they have been a source of great embarrassment to trade, and have materially tended to increase the price of food. We appear to avoid looking at things as they really are, and to shut our ears to the truth. Political, class, or party considerations should have no place in such a question as this. The loss and embarrassment may first fall upon, and be most severely felt by, the breeders, feeders, and owners of animals, but these are quickly shared by the whole nation, and the result becomes a public calamity.

No country in Europe has, possibly, sustained greater loss during the last thirty-five years than our own; yet no country, perhaps, should have suffered less. With the finest breed of horses, and the most magnificent herds and flocks in the world, and a teeming population, whose health and wealth are largely centred in these, we have almost entirely neglected to protect them from the ravages of diseases of home and foreign origin, by forgetting to foster and encourage that science which alone can accomplish this. That neglect has cost Britain and her colonies untold millions. Until it is acknowledged, the omission repaired, and veterinary science placed in its proper position, so that it can yield its benefits to the full, we must be prepared to record annually the heavy damages to health and wealth inflicted upon us through the influence of the contagious diseases of animals.

At one time the British army suffered the greatest losses from disease among its horses. Through the enlightened influence of those who commanded it, veterinary science was allowed to come into play; and now disease is scarcely known, while the efficiency and durability of the animals are vastly increased. This is merely because there is an organisation of trained men, and a competent central authority to guide and direct them. What holds good in the one case must hold good in the other. Let us trust that the public may be led to recognise this incontrovertible fact. If in the army we acted in regard to this matter as in civil life, our troop stables would soon be converted into hospitals, and the knackers would drive a flourishing trade. It only requires a patriotic resolution, enlightened views, and a well-organised service to preserve the wealth and protect the health of the country, so far as the domesticated animals are concerned. Surely these can be forthcoming!

Clinical Records.

JERVIS STREET HOSPITAL.

Operation Cases under the care of Dr. Meldon.

Large Mulberry Calculus—Lithotomy—Recovery.

(Reported by Richard J. L. Hughes, Resident.)

Patrick Breen, a delicate looking boy of sixteen years of age, was admitted into Jervis Street Hospital on the 16th of January, under the care of Dr. Meldon. He was born and lives at Glin, Co. Limerick; his parents are quite healthy, and he enjoyed good health until about two years previous to his admission. At this time he noticed that he had to void his urine oftener than usual. To this, however, but little attention was paid until some months later, when the passing of the water caused him to suffer uneasiness in the passage followed by pain at the meatus. During two months which followed the occurrence of this symptom, he pursued his usual avocations; but as the pain had considerably increased, his friends brought him to Dr. Macdonnell, of Glin, who diagnosed stone in the bladder, and as the friends would not consent to any operation, prescribed palliatives, which gave him immediate relief.

Early in December the symptoms returned, and about Christmas an abscess formed, and opened in the scrotum, through which urine shortly after passed, with relief to the symptoms. On admission into hospital he was weak, had little or no appetite, slept badly, and was constantly bathed in perspiration. The urine was discharged through a fistula in the scrotum—the site of the former abscess—he suffered much pain during micturition; his pulse was 120 and very weak, the temperature was 100°, and the urine was albuminous. Dr. Meldon ordered rest, tonics, and opiates, with good nutritious diet, hot baths, &c. Two days after his admission, an attempt was made to pass a catheter, but even No. 1 would not pass beyond the membranous portion of the urethra. At the end of a fortnight an instrument (No ½) was got into the bladder, and as it passed over the obstruction in the urethra, it conveyed the sensation of passing over a roughened surface. From this date a considerable portion of the urine was passed through the natural passage, and by the daily use of larger instruments, the passage was made to admit a fair-sized sound. The patient was now sounded under chloroform, and a stone immediately felt. He was examined on several occasions subsequently, when the stone was always found in the same position.

On the 25th of March, after the usual preliminary treatment, Dr. Meldon performed lithotomy by the lateral incisions. It was found impossible to keep any urine in the bladder, as it escaped immediately through the fistula. On entering the bladder, Dr. Meldon found that the stone, which was more than two inches in length, was lying across the wound. A little manipulation, however, enabled him to grasp it in its long diameter, but considerable force had to be used in removing it, owing to its size and the fact that it was adherent to the lining membrane of the bladder, a portion of which remained attached to the stone after it was removed. The scoop and syringe subsequently brought away several fragments. From this date he recovered rapidly, sleeping well, and suffering no pain. On the 3rd of April water came through the urethra, and next day some passed through the fistula. On the 30th of April the wound had almost healed, and little or no water passed through the wound. On the 20th of May he returned home.

In his remarks to the students, Dr. Meldon drew their attention to a similar case to the present one, which he operated on sometime previously in this hospital, and which is reported on the 1st of December, in the Medical Press, and mentioned that he expected in the present instance to have found two distinct stones, one small one and impacted in the urethra, and the other, a large one, in the bladder. Instead of that, the calculus, which weighed six drachms, seemed to have been made up of two fair-sized stones united together. In neither of these cases were the calculi encysted.

CASES IN PRACTICE.

Reported by John W. Martin, M.D.,
The Grange, Dronfield, near Sheffield,
Late Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw, Ireland.

Case XVIII.—*Cardiac Dulness Enlarged—Pericardiac Friction Murmur—Weakening of the first sound of the Heart—Heart's Action Excited; Impulse increased in Strength—Headache—Dyspnœa—Pungent Heat of Skin—Tubular Respiration—Increased Distinctness in the Voice Sounds—Flattening of the Percussion Note at the outset, followed by marked Dulness in the Clavicular and Subclavicular, the Scapular and Inter-scapular Regions—Treatment—Recovery.*

M. B——, æt. 17, previously a strong healthy girl, a factory operative, came under my observation, March 15th, 1876. On Sunday, February 27th, in the course of a long walk to visit some relations, she was exposed to cold, and received a severe wetting. The following Wednesday, March 1st, she was attacked with a violent headache and severe cough, unattended by expectoration, and during the ensuing night had well-marked rigors, accompanied by severe febrile disturbances. These symptoms abated towards morning, allowing her to continue at work. Next day felt a pain in the region of the heart, and found great difficulty in going up or down stairs, the exertion producing dyspnœa. She neglected seeking advice until the date of these notes. At my first visit complained chiefly of the violence of the headache, and of the pain in the region of the heart. Surface of body hot, dry, and pungent to the touch. Face flushed. Bowels constipated; her tongue presenting a foul appearance, being thickly coated with a heavy white fur. There was no tenderness over the cardiac region. Heart's action excited; its impulse greatly increased in strength, and accompanied by strong fremissement. The area of dulness measured 3 × 3 inches from the upper border of the fourth rib on the left side, and from the middle of the sternum, opposite the fifth intercostal space, over towards the left mammæ. No special tenderness over the præcordium. Both sounds of the heart present, but altered in character. They were equalised in length, *the first* being indistinct and masked by a loud systolic friction bruit, which was widely diffused over the whole area of the heart's surface from the apex to the base; *the second*, short and greatly accentuated. A careful examination of the chest demonstrated a flattening of the percussion note throughout, but no absolute dulness. Respiratory sounds were roughened and tubular, there were no râles. She was troubled with a hard cough, unattended by expectoration. Pulse 120, full and hard. Urine abundant, clear, and high coloured. She has never suffered from illness, with the exception of attacks of rheumatism, to which she is very susceptible. The medical history of her family good. I ordered hot turpentine stupes to be applied over the chest, to be followed up with linseed poultices frequently repeated.

℞ Potass. bicarb, ʒiij. ;
Tr. aconiti, ʒj. ;
Syrupi, ℥j. ;
Aqua ad, ℥viij. ♏

Two tablespoonfuls to be taken every fourth hour.

March 16.—Slight improvement in her general condition; special symptoms much as before. Removed to hospital. Treatment continued.

March 17.—Skin cool; free from pain or cough; slept well. Temperature, 98·3; pulse, 112, and firmer. General condition much improved. The area of cardiac dulness unchanged; heart's action stronger; *first sound* gaining strength; the *second*, strongly accentuated; friction bruit very loud and distinct over the whole surface of the heart, specially towards the apex. The physical signs of consolidation or congestion—viz., dulness, tubular respiration, loss of the vesicular murmur, and increased distinctness in the enunciation of the voice sounds present in the clavicular and sub-clavicular, the scapular, and inter-scapular regions. Urine passed in abundance, clear, and high coloured. Bowels regular.

Turpentine stupes and hot linseed-poultices ordered to the back of her chest.

℞ Potass. iodide, ʒj. ;
Tr. digitalis, ʒij. ;
Tr. cinchonæ, ℥js. ;
Sp. am. aromat., ʒij. ;
Infusi cinchonæ ad, ℥viij. ♏

Two tablespoonfuls to be taken three times a day.

March 20.—Improving; *crepetus redux* heard in the affected portions of the lungs. Heart symptoms improving. Able to get out of bed. Changed the turpentine stupes and poultices for frictions with a stimulating liniment. Mixture continued.

March 23.—Tongue furred; bowels confined; urine depositing lithates freely; appetite variable; heart and lung symptoms much improved. Pulse 96, full and firm. Directed a dose of castor-oil to be given, and changed the mixture.

℞ Sp. am. aromat., ℥js. ;
Potass. bicarb., ʒij. ;
Infusi gentianæ, ad ℥viij. ♏

Two tablespoonfuls three times a day.

March 31.—Convalescent. Area of heart dulness measured 2 × 2 inches in diameter; heart's action regular; impulse strong; both sounds normal; no trace of the friction murmur present. Lungs healthy; respiratory murmur restored to its proper vesicular character; percussion note everywhere resonant; voice sounds normal. Appetite healthy. Treatment continued.

April 1.—Discharged cured. Able to resume work.

In conclusion, I think the concurrence of accentuated second sound of the heart and the first appearance of the physical signs of complete consolidation in the affected portions of the lungs worthy of especial note as a clinical fact in the foregoing case.

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the meeting of this Society, held on the 12th inst., two interesting papers were read, one by Dr. Wickham Legg, and the other by Mr. Spencer Watson. Mr. Legg's paper was on a "Case of Hæmophilia complicated with Multiple Nævi." The patient was 65 years of age, suffered from epistaxis, to which he had been subject since boyhood, and he had always shown a tendency to bleed from traumatic causes. His mother had died from "loss of blood and dropsy," and one of his sisters and two of his own children suffered from epistaxis. There were also numerous small nævi over the face and various parts of the trunk, which were first noticed twenty-four years ago. He had also suffered for many years from occasional and painful swelling of the joints, especially the great toe, and his attacks of epistaxis were frequently brought on by outbursts of violent temper, to which, from his passionate disposition, he was liable. When seen by Mr. Legg he had been daily suffering from bleeding for a period of six weeks, but had been benefited by the administration of perchloride of iron. The author of the paper said it was difficult to account for the articular affection; but he thought that the coincidence of nævi with the hæmorrhagic tendency confirmed his theory that the complaint was due to a congenital weakness of the vessels, which probably remained permanently in a stage of early formation.

Mr. **Sedgwick** supported Dr. Legg's view of the pathology of hæmophilia. He also referred to cases due to separation of the umbilical cord. Such cases were especially prevalent in America, and most of the infants affected were males. Many cases of hereditary epistaxis showed no disposition to bleed in any other part of the body.

Mr. **Birkett** said he had never met with a case of nævus associated with the hæmorrhagic diathesis, but he thought that the term "nævus" was used rather loosely. Nævus was, in his opinion, essentially a dense fibrous structure, resembling that of the corpora cavernosa and spongiosum, its greater or less vascularity depending upon its blood supply being arterial or venous. He did not consider small nævoid points to come under the head of nævi.

Dr. **Legg**, in reply, said that the cases of umbilical hæmorrhage referred to by Mr. Sedgwick should not be classed with those of hæmophilia. Nor could he agree with Mr. Birkett's definition of nævi, many of which were entirely composed of a congeries of vessels.

The paper of Mr. W. Spencer Watson was on a "Case of Spasmodic Contraction of the Muscles of the Forearm and Hand, treated by Excision of a portion of the Median and Ulnar Nerves." A young lady, æt. 19, had been subject to infantile paralysis, when nine months old, since which her right arm and ankle had been contracted at the wrist and ankle. Recently the hand and arm had been the seat of violent spasmodic movement; while want of sleep and exhaustion had given rise to paroxysms of hysteria. As various other remedies, including division of some of the flexor tendons, failed to give any permanent relief, a portion of the median nerve of the elbow was excised, with the view of more completely quelling the irritability of the flexors. The operation was successful, and was attended by a reduction in the temperature of the limb. As, however, the deep abductors of the hand and the deep flexors in the forearm kept the wrist permanently contracted, Mr. Watson excised a portion of the ulnar nerve, behind the inner condyle of the humerus. By this means the defective muscles were so perfectly released that the position of the wrist and flexors assumed their natural appearance. This last operation was performed twelve months ago, since which pain and spasmodic movement of the arm and shoulder have been the chief symptoms complained of. The author observed that these operations had been performed on the hypothesis that, although the original lesion was central, the affection had been aggravated by peripheral irritation, Mr. Nunn said he would have preferred simple divsion, rather than excision of a portion of the nerve, in the hope that the irritation causing the spasm might be removed, without permanently disabling the limb. Mr. Hulke alluded to the effect of stretching a nerve, as practised in Germany, and by Mr. Callender, as a means of destroying the conductility of a nerve; and Mr. Barwell had found this stretching of the nerve very successful in a severe case of epilepsy, caused by a neuromatous growth in a stump, following amputation of the shoulder-joint. But Mr. Barwell and Mr. T. Smith seemed to think that less severe measures might have been successful, and that the hysterical symptoms might have been taken into consideration. Sir James Paget defended the view that had been taken of the case by Mr.

Watson, as well as the treatment adopted. He had seen the case, and it was evidently one of infantile paralysis, followed by contraction and wasting of the limb, and after a time, by absolute distortions and shortening. Dr. Adair Mitchell had in some cases adopted the same measures, but, judging from his own experience, he feared the cure in Mr. Watson's case would not be permanent. In reply, Mr. Watson said that his case could not be regarded as one of hysteria; for, among other reasons which he specified, the temperature of the affected limb was as much as 2° F. higher than its fellow, a circumstance which showed considerable expenditure of nerve energy.

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MEDICAL SOCIETY OF DUBLIN.

The second meeting of the session of this Society was held on Wednesday, December 6th, in the College of Physicians.

Dr. **Fitzpatrick** was called upon to preside, in the absence of the President. After he had thanked the meeting for the compliment paid him in asking him to take the chair, he said the London meetings were attended by men of the highest position and largest practice; but in Dublin it was a rare thing to see one of their leading men attending to countenance and support the Society by his presence. He regretted that such apathy was shown by the leading members of the profession in Dublin to support the Society, and hoped it would not continue, for if it did, it would be very injurious to its interests. He thought the present state of things showed that they had not in Dublin the same energy that was exercised by the profession in London. (Hear, hear.)

Dr. J. W. **Moore** read notes of six cases of acute rheumatism, in the treatment of which he had used salicylic acid. 180 grains was the total quantity administered in the first case, but the patient on leaving the hospital caught a cold and had a relapse. During the second case, 116 grains were administered, and the patient was discharged well on the 18th day. In the third case, that of a woman, aged 33 years, after three days' treatment by the acid, she expressed herself quite well; 250 grains were given in that case. 400 grains were given in the fourth case, and on the 22nd day of her illness the patient left the hospital well. The patient in the fifth case only remained in hospital a few days, during which 150 grains were administered. There was rapid convalescence in the sixth case, in which 160 grains were administered. In order to estimate the value of a salicylic acid, it would be necessary to compare the cases treated by it with those treated by the old forms of treatment. He would therefore take the cases of ten patients, which were under treatment during a given time in the wards of the Meath Hospital, over which he had charge. The first case was 22 days in hospital; the second 41 days; the third (a mild attack), the patient the subject of mitral valve disease, admitted the 15th day of her illness, 8 days; the fourth, 42 days in hospital (the patient still feverish when he left); the fifth, 26 days; sixth, 34 days; seventh, 42 days; and eighth, 15 days only; the 9th, a fortnight; and the 10th a very mild attack of acute rheumatic fever, yet the patient was in hospital for three weeks. It would therefore be seen that these ten patients spent an average term of 26·6 days in hospital under treatment, while the seven cases (if the relapse in the first was to be regarded as a second case) treated by the salicylic acid, remained in hospital an average time of 12·4 days. Making every allowance in favour of the older methods of treatment, as against the salicylic acid, the mean duration of the stay in hospital was now only one-half of what it used to be. An examination of the clinical charts in the cases he had referred to, showed that under the ordinary methods the average number of days when pyrexia set in was 19·3, while under the salicylic acid it was 4·6 days, so that the symptom of feverishness was one-fourth as persistent in the last-named series of cases as in the first. The striking effect of the salicylic acid was the very speedy relief it afforded to the patient's sufferings; and not only was pain relieved, but the redness and swelling quickly disappeared from the affected joints. With regard to the administration of the acid and the dose, he would give 5-grain doses every hour, and at longer intervals by night. That comparatively small dose, frequently repeated, acted satisfactorily, never disagreed with the patients, and was not objected to by them. The total quantity usually given in the twenty-four hours was 80 grains. No tocsic symptoms were noticed, except a slight singing in the ear in one case. In a case of scarlatina the salicylic acid acted very beneficially on the sore throat; the patient expressed himself better, and became speedily well. As to the form in which the medicine was given:—The powder originally employed in Germany was not given for obvious reasons. The formula adopted for the most part was this: 80 grains of the salicylic acid, 1 ounce glycerine, and 7 ounces of warm water. Of that mixture, containing 10 grains to the ounce, one tablespoonful was given every hour. The formula recommended by Dr. Duffey had also been adopted with success. Salicylic acid and milk was tried, but it sickened the stomach. All the cases he had referred to were cases of acute rheumatism. Dr. Moore said the conclusions to which his limited experience of salicylic acid had led him were that the acid appeared to be a valuable—almost a specific remedy in the treatment of acute rheumatism; that with the administration of moderate doses, 5 grains given every hour, a marked amelioration of the symptoms usually occurs; the temperature and pulse fall, the pain and swelling subside, and the patient sleeps. Doses of 5 grains each were sufficient to produce an impression on the disease. If the acid was pushed too far, it sometimes caused singing in the ears, &c. Under these circumstances, its administration should be temporarily suspended. To prevent relapse the acid should be given in small doses, at gradually lengthening periods. He would conclude his paper in the words of the paper recently published by Dr. Coates, of Belfast: "There can be no doubt that a medicine which cuts short the disease, as I believe no doubt it does, must render the liability to these complications less."

The **President** had no experience of the use of salicylic acid, but of all the varieties of treatment it appeared to him to be the most efficacious; it was the alkaline, of course, after looking to the cardiac complications.

Dr. **McKay** had treated a third attack of acute rheumatism with salicin. The effect was certainly marvellous. He gave half drachm doses four times a day, and while the previous attacks lasted about six weeks, this last attack was quite cured in a fortnight. He used nothing but salicin. There was in the case no cardiac complication.

Dr. **Grimshaw** had prepared abstracts of sixteen cases of acute rheumatism, fourteen of which had been treated by salicylic acid and two by salicin. There were about six other cases of which he had notes, and he was glad to say his experience confirmed altogether that which Dr. Moore had detailed in his paper. His (Dr. Grimshaw's) observations confirmed altogether Dr. Moore's, and there was no doubt of the rapidity of the action of the remedy, and he found in most of the instances that all the febrile symptoms and pain were gone in five or six days, and in other cases before that time. In only one case did he find salicylic fail to act. That case, however, ran six weeks, and the patient recovered very slowly. He usually administered 10-grain doses every two hours, in the same form as Dr. Moore. There was some doubt as to whether the acid was of as much value in cases of cardiac complication. He had also used the acid in enteric fever, and found it beneficial.

Dr. **Henry Kennedy** called attention to the two papers recently published by Sir Wm. Gull and Dr. Sutton, in which by the mint water treatment convalescence was restored in eleven days. There could be no doubt of the accuracy of the details of those papers. He also referred to a paper published by Sir Dominic Corrigan, in which he advocated the use of opium in these cases, and where the cures are as quick as some of the cases that Dr. Moore had detailed. Besides that, there had been a case brought forward in London where there had been untoward effects from the use of salicylic acid, and when the acid was withheld the bad symptoms disappeared. The evidence in favour of the acid was certainly strong, but with such facts as he had mentioned, they must, he thought, be slow in coming to conclusions about the specific effects of salicylic acid as a remedy.

Dr. Duffey observed that the case of poisoning commented on by Dr. Kennedy had been proved to be due to the use of impure salicylic acid. The acid used in the case was found to contain a quantity of carbolic acid.

Dr. Moore, in reply, observed that there was no special examination of the urine in the cases, except to see the colouring action of the ferric chloride solution, where the acid was not used. The perspiration disappeared rapidly. With the subsidence of every symptom of feverishness and swelling of the joints—coincidentally with that there was a decided increase of urinary secretion. With regard to the mint water and opium forms of treatment, he would say that by the use of the salicylic acid, the duration of the treatment was one-third shorter than the opium, and twice as short as the mint-water treatment. He would also say that he was not a believer in the thoroughly specific action of the acid remedy in acute rheumatism; but he thought it was his duty to try that remedy, and he accordingly had done so, and had placed the results as honestly as he could before the Society in the paper he had read. (Applause.)

Dr. J. Magee Finney read the notes of some cases of chorea—which, although not complicated, were markedly typical—where he had successfully employed the treatment recommended by Hammond—strychnia and ether spray. The remedy administered in that way was a most useful one, and it was not difficult to get the patient to take it, as its bitterness could be got over by the use of the various syrups. There was a brief discussion, in which nothing of importance was elicited.

The Society then adjourned.

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CLINICAL SOCIETY OF LONDON.

Friday, November 24th, 1876.

Sir William Jenner, Bart, M.D., D.C.L., F.R.S., President, in the Chair.

A CASE OF LEUKÆMIA.

Dr. Goodhart read notes of the following case:—A married woman, æt. 45, at present under the care of Dr. Pavy in Guy's Hospital, came under notice first early in June this year. She had never been pregnant, and menstruation ceased two years ago. Her family history showed no weak strain, neither cancer, rheumatism, gout, or bleeding being known. When about seventeen years old, she had three attacks of rheumatic fever, and since then had been troubled with rheumatic pains and weakness at her heart. Of late she had been weakly, and six years ago had inflammation of the kidneys without dropsy. Her habits appeared to have been strictly temperate. Twenty months before admission she had a boil on her thigh, which bled freely on being opened, and she had lost much blood, and ever since then she had been weakly and pale. After that she had fistula *in ano*, was operated upon and recovered. Then the glands in the neck and axillæ enlarged, and then she had a long attack of "dropsy," which had never quite subsided. The glands had since then gone down again. When admitted she had general anasarca, great pallor, and a distended abdomen, the latter due in great part to a large liver, possibly to some enlargement of the spleen, which, however, did not come below the ribs; and some indefinite lumps in the abdomen, probably due to glandular enlargement in other parts. At first there was no definite glandular enlargement elsewhere. The urine was normal. Temperature normal, and pulse 128. A loud mitral *bruit* was heard at the apex of the heart. The blood was watery-looking, and contained a large excess of colourless corpuscles—sixty colourless to one hundred red. The latter quite normal, but the colourless very small; most of them one-half to one-third smaller than the red globules and granular. She was ordered one-thirtieth of a grain of phosphorus, in the form of a pill, three times a day within a day or two of admission, and she continued this for about three months. During this time the condition of the blood varied much; sometimes the colourless corpuscles were not out of proportion to the red; at others they were ten, twenty, thirty per cent. and more of all the corpuscles in the microscopic field. The colourless globules were sometimes of normal large size; at others, and much more frequently, very small. The blood always remained watery and poor. Notwithstanding the want of improvement in the blood, the patient's general health improved, and this, too, even as the glands in the neck and axillæ enlarged. But the glandular enlargement, though evident on palpation, had never been a marked feature in the case, and was not so now. Latterly the patient has had pericarditis, pneumonia, and epistaxis, but got round from all these attacks, and still remained in better general health than she was. The abdominal enlargement remained much as it was; the liver being very large, the spleen by no means so evidently. Dr. Goodhart remarked that, inasmuch as the case was fortunately still incomplete, the patient being still alive, the exact state of affairs must yet be doubtful—whether Hodgkin's disease alone existed, or splenic leukæmia alone, or both together. The amount of visible glandular enlargement was not great, and the spleen might ultimately prove to be larger than could be diagnosed from the present conditions. But, on the whole, the case seems more probably one of lymphatic leukæmia, and particularly so from the state of the blood, which showed an excess of very small colourless corpuscles, such as had been described by Virchow as occurring in the lymphatic variety of leukæmia. It differed from the typical Hodgkin's disease in the large number of these corpuscles. He had said that the patient had been treated by phosphorus for four months and without any apparent influence on the course of the disease; but he did not bring it forward so much to pit it against other cases treated in like manner as to lay stress upon the variations in the blood found in leukæmia, and to raise the question what clinical significance had white-celled blood. The cases before the Society showed how variable was the condition of the blood, and if one took a still wider range, it would be found that in some cases large white cells were in excess. In some, small white cells, in others the red corpuscles were also of variable shape, and free nuclei were to be found; in others, again, the serum was crowded with granules, and leucocytes were not to be found in excess at all. The importance of this variation in the constituents of the blood was likely to be lost sight of, because the blood was a fluid tissue; but, if the whole blood were imagined as crowded into the space of a single organ, such as the liver, then we might recognise that there was enough difference in the changes classed under a common term (leukæmia) to constitute several separate diseases; and it seemed that, till we were quite sure that leukæmia was only *one* disease, the discussion of the treatment of leukæmic cases by any given remedy might be an attempt to compare likenesses when we should be contrasting differences. It was in special reference to leukæmia in general, not to this or that variety, that these remarks were made, and they bore upon a class of cases which those who saw much of the diseases of children were, doubtless, familiar with—viz., leukæmia in association with splenic enlargement in children, which, under any treatment, got well. He had seen in the last two years six such cases. The average extent of leukæmia being from forty to sixty leucocytes in a field where there should be but four or five; all in children under two years old; and they had all improved under treatment; some with phosphorus, some with iodide of iron, &c. Then, as if to show the close relationship there is between a curable and an incurable leukæmia, another child, ten months old, was seen in an apparently similar state to the others as to its spleen, but without any leukæmia; nothing, in fact, to indicate that it would not do as well as the others had done. The leukæmia subsequently became developed, and it died with purpura and the usual characteristic changes in the liver, spleen, kidneys, &c. From cases such as these it was concluded that leukæmia is either a disease of several stages, of which, perhaps, anæmia of some kind, rather than leukæmia, is the first, and then curable; and such cases as had been narrated in the course of the evening were the more advanced, and, in many cases, incurable, or else, as had been suggested, several distinct conditions had become mixed under a common symptom.

SPLENIC LEUCOCYTHÆMIA.

Sir **William Jenner** read short notes of three cases of this disease treated with phosphorus. The first case was that of a lady, a patient of Mr Fielden, of Shildon, who was first seen by Sir W. Jenner early in June last; she had well marked splenic leucocythæmia. Her morning temperature was natural; the evening temperature was about 100 deg. Fahr. There was frequent epistaxis, and once there was bleeding from the gums. For two years previously there had been chronic follicular ulceration of the pharynx, which had also disappeared, and then recurred. On July 15th, phosphorus in capsules, containing one-thirtieth of a grain of the drug, began to be administered regularly twice or three times a day, the patient having taken *Pil Phosphori* for about six weeks previously. On November 8th, Mr. Fielden reported that the phosphorus capsules had been taken repeatedly for four months, but that the benefit to the patient was inappreciable. The spleen continued to enlarge; the epistaxis still occurred, though at rarer intervals; the night perspirations, though for a time apparently checked, had returned, and the patient had complained of extreme giddiness on movement. The temperature did not vary much, and had never been above 101 deg. During Sir William's absence from town in the autumn, the patient had consulted Dr. Broadbent, who could not speak hopefully of the issue of the case, but had advised steady perseverance in the treatment by phosphorus. Dr. Broadbent had estimated the proportion of the white to the red corpuscles as one to five; but Mr. Fielden had frequently examined the blood and thought the white as numerous as the red corpuscles. The patient had suffered from bilious disorder from time to time, and symptoms of this kind Dr. Broadbent had remarked had "ushered in improvement in his case." For this reason, the phosphorus had sometimes to be temporarily discontinued. More than two doses daily could not usually be tolerated, the patient complaining much of the disagreeable eructation produced by the remedy. The second patient was a barrister, æt. 71; he also had splenic leucocythæmia. On July 1st, 1875, the spleen reached two fingers' breadth below the umbilicus; the notch was at the level of the umbilicus, and the extreme anterior border of the spleen was one fingers' breadth to the right of the umbilicus. The white corpuscles in his blood were extremely numerous. His temperature was 100 deg. On November 2nd, 1876, the spleen was four finger's breadth below, and two inside the level of, the umbilicus. The white corpuscles were as numerous as the red; his breathlessness was extreme; his temperature 100 deg. He had been taking pil. phosphori, gr. iij. three times a day, except for the last week, during which he had taken it only twice daily. He was decidedly worse as to his spleen, number of his white corpuscles, and breathlessness; was losing flesh, looked pale, and was worse. The third case was that of a single lady, æt. 38, whom Sir William Jenner had seen with Mr. John Croft, on May 8th, 1876. This was a well-marked case of splenic leucocythæmia; the enlargement of the spleen having been first observed in the beginning of this year. The symptoms were those usually present in the disease; epistaxis, loss of flesh, sense of breathlessness, languour, weakness, and night perspirations. Her temperature was 99 deg. The blood showed a great excess of white corpuscles. Pil. phosphori, gr. iij. *ter die sumend*, was ordered. The patient, however, continued to grow weaker. Her temperature ranged from 97½ to 101 deg. Having taken the phosphorus pills steadily for more than two months, she died on July 26th, 1876.

DUBLIN OBSTETRICAL SOCIETY.

The second meeting of the session was held on Saturday, December 9th, 1876, the President, Dr. **Darby**, being in the Chair.

Dr. **Lombe Atthill** exhibited a specimen of a Myxomatous Tumour which he had removed from a patient in the Rotundo Lying-in Hospital. Before operating, the tumour, which was attached to the left labium, appeared to be the size of a hen's egg. The patient was a healthy young married woman, and the tumour appeared twelvemonths before admission to hospital, at which time she was pregnant, and before delivery it had grown to the size of a walnut. After labour, the tumour seemed to disappear, but the subsequent history of the case showed that it only partially disappeared. It again increased, this time greatly in size, and completely overlapped the orifice of the vagina. The tumour was smooth, firm, and elastic, and communicated an indistinct sense of fluctuation; so much so that he deemed it advisable to puncture it, but no fluid escaped. At this time he thought he had to deal with a tumour about the size of a hen's egg, but when he began to remove it he had to cut deeper and deeper, and he thought that from the superior surface he had had to go down four or five inches. The depth was so great—so far beyond his sight—that he felt considerable anxiety lest he would cut an artery. He enucleated the tumour with his fingers and the handle of the knife, and not the blade. She had very moderate hæmorrhage at the time of the operation, but on the third day subsequently there was smart secondary hæmorrhage, which necessitated his applying several pluggets of cotton, saturated with chloride of iron. The tumour, when removed, filled his two hands, and he plugged the cavity left by it with cotton. The patient made a good recovery. The left labium was still the size of a walnut, and there was a probability that one day she might have to return to the hospital to have it amputated. The tumour had been submitted to examination under the microscope, and it proved to be one of the myxomatous type of the most gentle kind. The specimen was an unusual one. There was no pedicle to it, and the capsule was very indistinct.

Dr. **Lombe Atthill** exhibited a specimen of a huge mass of epithelioma, after the operation for the removal for which the patient died. The mass projected into the vagina, and he deemed it his duty to amputate the cervix. The operation was an exceedingly difficult one, but he thought, after considerable trouble, that he had got a tolerable healthy structure, and that there would be a probability of prolonging the woman's life for a few weeks. Owing, however, to the cancerous mass growing upwards as well as downwards (was, in fact, mushroom shaped), he found that the wire had caught in one of the folds, and that he had opened the cavity of the peritoneum. There was no hæmorrhage, and no great collapse. He thought it was his duty to leave the patient alone, as such cases were not necessarily fatal. The patient, however, died in about 48 hours. He thought of performing the operation of Marion Sims, but the mass was so large that he never would have succeeded by the operation, and even if it had been performed successfully the woman's life could not have been prolonged to any material extent. The case illustrated the danger of the possibility of opening the peritoneum in endeavouring to amputate the cervix.

The Society then adjourned.

Vital Statistics.—From the Registrar-General's reports we learn that during last week 5,833 births and 3,579 deaths were registered in London and twenty-two other large towns of the United Kingdom. The natural increase of population was 2,254. The mortality from all causes was at the average rate of 23 deaths annually in every 1,000 persons living. The annual death-rate was 24 per 1,000 in Edinburgh, 22 in London, 23 in Glasgow, and 24 in Dublin. In the other large towns the rates were—Brighton 19, Portsmouth 24, Hull 27, Bristol 22, Newcastle-upon-Tyne 19, Nottingham 25, Birmingham 21, Norwich 27, Leeds 26, Plymouth 25, Sunderland 24, Liverpool 27, Leicester 28, Bradford 22, Sheffield 21, Manchester 30, Wolverhampton 26, Oldham 42, and Salford 34. The annual death-rate from the principal zymotic diseases in these averaged 3·5 per 1,000, and ranged from 1·1 in Sheffield, Hull, and Nottingham, to 6·7 and 8·7 in Sunderland and Salford. Measles and scarlet fever were both fatally prevalent in Portsmouth, and the death-rate from scarlet fever was excessive in Brighton, Wolverhampton, Sunderland, and Leicester. Seventy-eight deaths were referred to small-pox, against 65 and 85 in the two preceding weeks; 50 occurred in London, 12 in Salford, 15 in Liverpool, 1 in Brighton, and not one in the other towns.

The Mortality of Foreign Cities.—The annual rates of mortality, according to the most recent weekly official returns, were:—In Calcutta 30, Bombay 28, Madras 35, Paris 26, Brussels 24, Amsterdam 29, Rotterdam 26, The Hague 26, Copenhagen 22, Stockholm 23, Christiania 20, Berlin 26, Hamburg 26, Breslau 25, Munich 33, Vienna 25, Buda-Pesth 39, Rome 28, Naples 28, Turin 23, New York 20, and Brooklyn 18. The fatal cases of typhoid fever in Paris were 86, against 103, and 105 in the two preceding weeks. Typhus caused 18 deaths in Buda-Pesth.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 20, 1876.

ALCOHOL AND THE LATE ARCTIC EXPEDITION.

Although the late Arctic Expedition has not given that unqualified satisfaction which was reasonably expected, it has at all events furnished fresh and important evidence with regard to a question on which many still entertain some doubt, and in which most medical men have taken great interest. That the use of alcoholic stimulants was of no use, but was actually prejudicial, during exposure to severe and prolonged cold, had been in a great measure proved by the experience of former Arctic voyagers, as well as by experiment, and the teachings of physiology. It is well known that the amount of combustion going on, and therefore of heat generated, in the body, is pretty accurately gauged by the amount of carbonic acid gas exhaled by the lungs. But it has been shown that, instead of increasing the amount of this gas by pulmonary exhalation, the administration of alcohol in large quantities actually diminishes it; while the experiments of other investigators with the clinical thermometer, also showed that alcohol, in tolerably full doses, lowers the temperature of the body. Besides, physiology has long taught us, and the public know from personal experience, that the action of alcohol on the system is essentially that of a stimulus, increasing for a time the vital activity of the body, but being followed by a depression of power and a loss of resistance to cold, which are in proportion to the amount of the previous stimulation.

Hence, if the body has, during this reactionary stage, to endure unusual exertion, or is exposed to great and prolonged cold, the evils resulting from the previous stimulation will very soon show themselves. This fact is a matter of common experience, and is well illustrated by the following experiment. Dr. Richardson placed a warm-blooded animal, insensibly asleep in the third stage of alcoholic narcotism, in a chamber, the air of which was reduced in temperature to ten degrees below freezing point, along with another animal, which had received no alcohol. He found that both slept under these circumstances, but the alcoholised animal slept to die. The former awakens cold and uninjured, in a warmer air, even if the degree of cold be carried lower, and be continued for a long time.

But the large amount of testimony that has been already accumulated, especially ftom the experience of whalers and former Arctic voyagers, is of still greater value than conclusions drawn from experiments, and is in itself sufficient to show the fallacy of relying upon stimulants as a means of withstanding the intense cold experienced in the Arctic regions and other Northern latitudes. The guides of Chamouni and the Oberland discard as hurtful the use of spirits when out on their winter expeditions amid the Alpine snows. Capt. Chadwick, in his evidence before an Admiralty committee, deposed that among the American whaling fleet there was not one in twenty in which spirits were allowed. According to Dr. Parkes, the Russian army on their march in very cold weather, not only use no spirits, but no man who has taken any is allowed to march owing to his great liability to frost-bite; and, according to the same authority, the Canadian lumbermen, who spend the whole winter in the backwoods employed upon the hardest labour and exposed to the most intense cold, are allowed no spirits, but have an unlimited quantity of tea. The evidence of our most celebrated Arctic voyagers is of a similar character. Both Capt. Parry and Sir John Franklin opposed the use of ardent spirits during their expeditions; and as far back as 1832, Dr. King, who acted as surgeon during the expedition under Capt. Ross, testified to the superiority of tea and coffee over alcoholic stimulants. Capt. Parry's opinion on the subject was very decided. Spirits, he said, are certainly not necessary; they let the cold in instead of keeping the cold out, and they do sailors harm. There may be cases, he adds, of exhaustion, where spirits are needed as medicine, but as an article of diet they do ten thousand times more harm than good. Similar testimony is furnished by Capt. McClure, who explored the North West Passage; by Capt. Kennedy, who conducted one of the relief expeditions sent out in search of Sir John Franklin; by Dr. Hayes, the surgeon of Kane's expedition; by Sir John Richardson, who, in 1847, undertook an overland journey through Rupert's Land and the Arctic seas; and by the veteran Dr. Rae, who very recently addressed a letter to one of our medical contemporaries respecting the injurious effects of alcohol in cold climates.

We have, as briefly as possible, run over the more important evidence of former Arctic explorers with the view of showing that the case against alcohol is not merely supported by the testimony of a few teetotallers attached to the late expedition under Sir George Nares, or even by that of a few prejudiced leaders of former expeditions, but by the unanimous opinion of all those who have had to endure the cold and hardships incidental to an Arctic winter, and whose character and position entitle their testimony to be received with unreserved confidence. The cold, however, that was experienced during the late expedition was greater than ever before registered, and therefore the evidence of those total-abstainers who accompanied this expedition may be considered as clenching all that which had been formerly obtained on the subject. The lowest degrees of cold hitherto noticed have been 45 deg. below zero, by Captain M'Clure in 1852; 50 deg. below zero, by Captain Ross in 1820; and 63 deg. by Sir E. Belcher in 1853: whereas the extremest degree of cold experienced under Sir George Nares, was 104 deg. of frost, or 72 deg. below zero. Moreover, not only was the cold the severest that has ever been known, but the sledging expeditions, during which the climax of cold weather was reached, were conducted under circumstances of great hardship, over ground which rendered progress almost impossible, and with a scarcity of medical comforts, which rendered it almost unbearable. Nevertheless, the total abstainers, who formed a part of these expeditions, underwent the ordeal imposed upon them with a success which was truly remarkable, and which must finally set at rest the question of the utility or not of alcoholic stimulants as a means of resisting extreme and protracted cold. It appears that the total abstainers, who went out with the last expedition, were six in number, viz.: William Malley, Adam Ayles, William Gore, Joiner, and Self, of the ship *Alert*, and Henry Petty of the *Discovery*. Now it is said that the only men who did any sledge-travelling worth speaking of, and who, it is further stated, enjoyed a perfect immunity from scurvy, were Malley, Ayles, Joiner, and Self; but,—and this a point we shall hereafter allude to—two of these men took to drinking during the toilsome sledge-journeys. On the termination of the sledging duties, the abstainers found that they had surpassed the other portion of the crew in the number of days sledging performed. On this occasion Ayles had been out 110 days, and Malley 98, and according to the evidence of the latter neither of these men were attacked by scurvy, but enjoyed good health, and were only weakened by their arduous duties in sledging work. Ayles and Lieutenant Aldritch were among the party of nine men which, during a sledging excursion, was so attacked by scurvy that all except Ayles and Aldritch were in a helpless condition. The latter officer was not a total abstainer, but he is described as being next to one, and as having diluted his rum more than any other member of the expedition. Henry Petty, captain's steward on board the *Discovery*, was the only total abstainer on board that ship. He was sledging sixty days in all, and his work was such that he was more exposed to the cold than any man in the ship. He nevertheless enjoyed good health, and both slept and ate well during the whole of the expedition.

When Dr. Colan's official report appears we may see reason to supplement or slightly modify the above statement, but on the whole we do not for a moment question the trustworthiness of the information that has as yet reached us, especially as it, as we have seen, agrees with the evidence which has been furnished on the subject by former Artic explorers. It may, then be considered as settled that indulgence in alcoholic stimulants during prolonged exposure of the body to intense cold is unnecessary and actually injurious. This is the legitimate conclusion that may be drawn from such facts as those to which we have just drawn attention. Other questions, however, have been raised, and other conclusions have been drawn in connection with this subject, that require more careful consideration, and of these we hope to take some notice on a future occasion.

MR. KNOX ON FOREIGN DIPLOMAS.

The judgment which Mr. Knox gave a few days ago in the case of the East London Medical Defence Association *v.* John Hamilton, of 404 Oxford Street, is so remarkable as to call for the serious attention of all who are interested in the suppression of irregular practitioners.

The defendant was summoned by Dr. R. Spencer Carpenter, on behalf of the above Association, for unlawfully pretending to be, and using the name and title of, doctor of medicine. The case against him was shortly this:—Medicine was proved to have been purchased at the defendant's shop. The name of Dr. Hamilton was about his premises, and he called himself Dr. Hamilton. His name was not on the "Medical Register," but he exhibited a diploma in his window, representing himself as a graduate of the Metropolitan College of New York. Neither, however was this diploma shown to be genuine, nor did it appear that the defendant had received any regular medical education. For his defence, Mr. Besley urged that his client had obtained the diploma as above mentioned, and that as long as Dr. Hamilton stated what he was, there could be no intention to deceive the public. His defence, however, was better secured by the construction which Mr. Knox put upon the Medical Act, as the following quotation will show:—

> Mr. Knox observed "that, according to his judgment, a good deal of misconception appeared to exist as to the Medical Act of 1858. The meaning of that Act for present purposes was, not only that a man should not wilfully and falsely pretend to be what he was not—that was not sufficient; a man must not pretend to have a right to any of the titles and qualifications recited in the 40th section of the Act. Such pretence apart, any private person might, without peril from the Act, prescribe for and treat any person who might be so unwise as to trust his health and life to such untrained minds and unskilled hands.
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> The whole scope and meaning of the 55 sections of the Act were the protection of the medical profession here, and therefore, the protection of the British public, by distinguishing qualified from unqualified practitioners, and by a carefully-devised system of guarantees, conceived on British forms only. That being so, from the preamble to the schedule only British arrangements are discussed. It was hard to think that when a man holds himself out as a graduate of a foreign university, and trumpeted the fact forth to the world, he could in reason be said to offend against the 40th section. If there was nothing illegal so far as this was concerned in the use of a foreign medical title, what right had the magistrate to inquire whether it was a genuine one, or whether it had been obtained by the merest trickery and imposture? It might be worn by a man who was an ornament to his noble profession, or by the most pitiful quack, whose name was entitled to registration only in the annals of the criminal courts. Such an one might escape free under the Act, but he might be reached by the law of manslaughter or false pretences. That was one of the cases in which he might say he had strained such faculties as he possessed to see his way clear to a conviction, but he could not. The defendant had called himself a New York Doctor, and nothing else. The summons must be dismissed." Nor was the summons merely dismissed, as he would not give Mr. Besley permission to bring the case before a superior court.

We cannot look upon this judgment in any other light than as a complete *exposé* of the weak points of the Medical Act of 1858, and which, unfortunately, will for a long time serve no other purpose than that of increasing the number of unqualified practitioners in this metropolis. We can not find fault with the construction which Mr. Knox has put upon the meaning of the Medical Act, but it is evident that he ruled according to the letter rather than according to the spirit of the law, and that he had under his consideration the actual meaning of that Act rather than the objects for which it was framed. For several reasons, which we cannot now mention, prosecutions under this Act have always been "few and far between," but in future, unless Mr. Knox's judgment be reversed by a superior court, few prosecutors will be found to have anything to to do with these cases. Now the ignorant and credulous masses must, for aught the law can do, be at the mercy of any man who puts the symbol of "Dr." before his name, sports a chemist's shop, sets up a red lamp, and thrusts into his window a foreign diploma, which he may, perhaps, have purchased for a few guineas. He may not have passed any examination, and he may not have received any medical education, but provided he does not pretend to practise on the strength of any British license or qualification and merely makes use of some foreign medical title, he is at perfect liberty, as far as the Act can touch him, to do just as he likes. He "calls himself" a New York doctor, or a Giessen doctor, and so forth, "and nothing else." He may have obtained his diploma "by the merest trickery and imposture," but the Act does not provide against any such contingency, and he is not likely to be summoned for "false pretences," for he will take care, as far as a possible prosecutor is concerned, to pretend to be no better than he is.

It is quite evident that as far as the interest of the British public is concerned, the Medical Act of 1858 is in a great measure a failure, as it neither enables them to distinguish the qualified from the unqualified practitioner, nor can it punish those who are clever enough to evade its provisions.

Nor can we help remarking the contrast between the actual working of this Act and the action taken by the medical profession itself. While the latter are, by projecting a conjoint board, and by raising the standard of medical examination, endeavouring to supply the public with a more highly educated class of practitioners than that now in practice, our judges and interpreters of the law allow that men may practise medicine who have no other guarantee of their professional qualifications than that presented by some foreign and often worthless diploma.

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Notes on Current Topics.

The Anti-Vivisectionists in Dublin.

It will be recollected that a wicked attempt was made by the anti-vivisection fanatics of Dublin to check the flow of public charity towards the Hospital Sunday Fund, by printing and posting throughout the city a large placard, in rhyme, which falsely stated that vivisection was practised in Dublin hospitals. This statement having been proved to be absolutely untrue, and it having been stated that the committee of the Anti-Vivisection Society knew it to be so when the placard was issued, and an official of the Society for the Prevention of Cruelty to Animals having written to the papers to repudiate any connection on the part of that Society with the anti-vivisectionists—the committee found it necessary to eat their own words and admit that the statement in their doggrel placard was false. About the same time the hon. sec. of the society issued a circular to the members of the medical profession in Dublin, in which it was requested that the recipient would state whether he did or did not desire the abolition of vivisection. Such an inquiry was reasonable, though it could hardly have been expected that any considerable number of doctors would express an opinion on the subject, or reply to it at all. But to force from the profession an answer *pro* or *con.*, the letter wound up with a statement that it was intended to publish the names of those who expressed themselves favourable to the views of the anti-vivisectionists, and that *every one omitting to reply* would be noted as a vivisectionist, and, therefore, in the eyes of the abolitionists, a villain of the deepest dye. This piece of impertinence evoked, as might be anticipated, a great deal of indignation in the profession, and we suspect that Miss Swifte's correspondence of the next few days was not of a suave or complimentary nature. The following week the committee held a meeting and published a report of its proceedings in *Saunder's Newsletter*, which report contained the statement that "several of the leading physicians wrote in answer to the circulars, expressing themselves strongly opposed to vivisection."

Feeling some doubts, derived from intercourse with the profession in Dublin, as to the correctness of this statement, the Editor of the Medical Press addressed to Miss Swifte the following letter :—

"Medical Press and Circular,
"23 Ely Place, Dec. 4, 1876.

"The Editor presents his compliments to Miss Swifte. Having observed in *Saunder's Newsletter*, of the 3rd inst., report of meeting of Committee of Society for Abolition of Vivisection, in which it is stated that 'several of the leading physicians wrote in answer to circulars, expressing themselves strongly opposed to vivisection,' the Editor will feel obliged if Miss Swifte will be good enough to inform him of the names of the gentlemen who have so expressed themselves. The Editor would be specially anxious to know the exact terms in which these gentlemen conveyed 'strongly' their views, and—if it be not overtaxing Miss Swifte's kindness—would feel much obliged if she could state

"*a.* The number of circulars issued to the medical profession on the subject ;

"*b.* The number of those who expressed themselves as in favour of the abolition of vivisection ;

"*c.* The number of those who either returned no reply, or else declined to state their views.

"The Editor trusts that he may be excused trespassing on Miss Swifte's time, but thinks it right to observe that if Miss Swifte declines or omits to furnish the information which he asks, he will consider himself entitled to assume that no 'leading physicians' have expressed themselves in favour of abolition of vivisection."

In reply to this letter, Miss Swifte wrote that she could not afford the information asked for without consulting the committee, which would meet on the 13th inst. We have since received the following letter :—

Whitechurch Lodge, Rathfarnham,
Dec. 14th, 1876.

The Hon. Sec. of the Irish Society for Abolition of Vivisection presents her compliments to the Editor of the Medical Press and Circular and begs to enclose a resolution passed by the committee of that Society yesterday.

Resolution.—In reply to a letter from the Editor of the MEDICAL PRESS AND CIRCULAR, the committee of the Irish Society for Abolition of Vivisection, resolve—"That, inasmuch as several gentlemen of the city had, in their replies to a letter sent them from this Society, intimated the probability of persecution (*sic*) as the result of the publicity of their names, the committee are not prepared to put their friends in this position.—Dec. 13th, 1876."

We beg to point out that the information which we requested could not possibly have involved the committee in any legal responsibility, because we only wanted the names and the expressions used by those gentlemen—if such there might be—who were stated to have expressed themselves "strongly" in favour of Miss Swifte's views. Surely no action would lie for the publication of such names, or of the statistics of Miss Swifte's canvass. The resolution is plainly a lame excuse for not answering questions to which, probably, no answer can be given, except one which would prove the falsity of the published statements of the committee. To be plain, we don't believe that any number of leading physicians in Dublin expressed themselves as they are represented, but, on the contrary, we believe that the reply of the profession to Miss Swifte's circular was a unanimously indignant refusal of information.

The Goverment and the Anti-Vivisectionists.

THE irrepressible and sensational Jesse is once more in the field, and announces, with a flourish of trumpets, his Phœnix-like resuscitation from the ashes of a society the Vice-Chancellor was called upon to suppress. Once more he advertises himself as the treasurer and secretary of a society for the "total abolition and utter suppression of vivisection, or putting animals to death by torture under any pretence whatever," but "which has no connection with any other." He announces that "the Government has inoculated society with the virus of a moral ulcer, and that ulcer, unless extirpated, must necessarily spread from hospital to hospital, college to college, and school to school, over the length and breadth of the land." In short, that he alone holds the Magna Charta of animals' rights, and without his will and pleasure it shall not be lawful to kick any jackass in the land. This inflated maligner of a humane and honourable profession has had the audacity to interrogate the Home Secretary on the question of licences. He wished to know how many licences had been granted by Her Majesty's Government since the passing of the "Cruelty to Animals Act ;" and he desired to be made acquainted with the names of persons to whom licences had been granted, and whether they would be pilloried in the *London Gazette* or elsewhere. The following reply was sent in answer to this impertinent inquiry :—

"Whitehall, Nov. 28, 1876.

"Sir,—I am directed by the Secretary of State to acknowledge the receipt of your letter of the 23rd inst., and to acquaint you in reply, for the information of the society on behalf of whom you write, that he must decline to furnish the statement requested as to the carrying out of the Act 39 and 40 Victoria, chap. 77, to private applicants. I am to add that the names of holders of licences under the Act will not be published in the *London Gazette*.

"I am, &c.,
"A. F. O. LIDDELL."

The Scurvy and Lime-juice Controversy.

THE "scurvy" dispute on the limejuice question which has raged since the return of the Arctic Expedition will be staggered by the clear and decisive letter from the pen of the intrepid Arctic traveller, Admiral Richards, in the *Times* of Saturday last, and which we commend to the notice of the freshwater scribblers who are struggling to keep up an unprofitable discussion on this question. Fleet-Surgeon R. C. Scott as positively states that :—"In the autumn of 1852, Sir L. M'Clintock and himself were absent, travelling 38 days, and accomplished 222 miles, the temperature ranging from + 28 to + 35 degrees, and they took no lime-juice, and all returned in the best of health. In 1853, Sir L. M'Clintock was away 106 days, and travelled 1,200 miles without a supply of lime-juice, and all returned in the best of health ; while those who had not been away, and who had taken their daily supply of lime-juice, showed less vigour of health. Again, in 1854, Mr. Keabbe was absent 71 days, travelling 863 miles, and took no lime-juice, and no symptom of scurvy appeared among his party. Without in any way desiring to prejudice the value of this agent, it is quite clear then that to something more than the want of lime-juice we must attribute the outbreak of scurvy. The cause was far more likely to be the exceptionally bad weather, the snow and slush, which depressed the vital powers.

Metropolitan Hospital Sunday Fund.

THE annual general meeting of the Hospital Sunday Fund took place on Wednesday last, in the Egyptian Hall of the Mansion House, under the presidency of the Lord Mayor. The meeting was numerously attended by the clergy and supporters of the fund, the chief business being the election of Council, confirmation of alterations in the rules, and fixing the day for Hospital Sunday in the ensuing year. The Lord Mayor, in opening the proceedings, expressed his warm sympathy with the object, and his sincere desire to promote it and serve it to the best of his abilities, and hoped that in the next year it might prove more successful than on any previous occasion. The Rev. Canon Miller moved the adoption of the laws, as revised by the Council, and explained that amongst the chief alterations were, that those hospitals and dispensaries only which were managed by a committee duly constituted, and which produce their printed reports, with balance-sheets duly audited for the last three years, should be allowed to participate in the fund. That the Council should be authorised to recommend, through their secretary, on the application of the contributing ministers and others,, in-patients and out-patients to the several hospitals and dispensaries sharing in the "Hospital Sunday" collection ; but their recommendations should be equal to half the number only of what might be claimed by annual subscribers whose contributions in the the aggregate should represent a sum similar in the award made out of the "Hospital Sunday Fund" to the respective hospital or dispensary. The necessity for some modification of this rule became obvious, as the increased demand for letters must have swamped certain hospitals ; those, for instance, for the treatment of consumption, like Brompton and Victoria Park, where the demand fo admission, as a rule, exceeds the accommodation, and cannot by any possibility engage to receive an unlimited number of letters from any source. The re-election of the Council, with the substitution of three names for those who had been removed by death or other causes, was moved by Mr. S. Morley, M.P., and in so doing he eulogised the work of the Council, and recommended the meeting to request it to continue its services. Bishop Claughton, on moving the next resolution, expressed himself satisfied with the work done, and gratified to find that the fund had taken a firm hold on the public mind. The Bishop of London (he said) after a careful consideration of the convenience of the clergy, had fixed the 17th of June, the third Sunday after Trinity, for the collection of 1877, and the Chief Rabbi believed that the 16th of June would in every way suit the Jewish congregation, and that every effort would be made amongst them on behalf of the medical charities of the metropolis. We were not a little amused last week to find a medical contemporary apparently awaking from a slumber over the Report of the Distribution Committee, given in our columns some months ago, but which it appears has only just attracted the notice of the editor, and who in a tone of injured innocence asks his readers to join in a condemnation of the treasurer for having "only now authorised a distribution of the fund," and proceeds to say, "*some of the amounts have not yet been received.*" As our readers have been made aware, the fund was duly distributed early in the month of August, and it is therefore unlikely that any institution can have complained of not having received its accredited share of the Hospital Sunday Fund.

Erasures from the Medical Register.

In consequence of the magisterial decision on the legality of foreign diplomas, in the case of the quack "Dr." Hamilton, about which we have expressed our opinion in another column, we understand that the General Medical Council intend to erase the names of Henry Pointer Kirk, Old Bradford, Notts; Thomas Richardson, Millom, Cumberland; and Caleb Henry Yemans, of Bermondsey, from the *Medical Register*. These gentlemen, by some unexplained means, obtained admission to the columns of the *Register*, and were in consequence a source of strength to Hamilton in his defence. The Metropolitan College of New York has long since ceased to exist in consequence of corrupt practices, and this case having caused attention to be drawn to the names before mentioned, they will be struck off in future editions of the work.

The New Registrar of the Medical Council.

Before the publication of our next, the new Registrar of the General Medical Council will have entered upon his official duties, and we wish him every success. It is true they are not of a particularly arduous nature, and we have no doubt that if he be a man whose habits are of an industrious turn, it will be some time before he is able to accustom himself to his new sphere. Still, halving one's labour, and increasing one's pay, is not a matter which usually leads to qualms of conscience, and we have no doubt that Mr. Miller will, under the circumstances, be able to transfer his thoughts from school duties to the Registration of Diplomas without very much difficulty. A good deal of noise has been made about the appointment being given to a non-medical man on the retirement of Dr. Hawkins. On this point it is too late for protestation, and we are not inclined to join in the cry; still, we much regret that none of the medical candidates for the post were considered equal to those of the gentleman appointed. The decision having been delegated by the whole Council to Drs. Acland, Quain, Aquilla Smith, Andrew Wood, Pitman, Humphry, and Simon, comprising the Executive Committee, we are not justified in questioning the verdict of such a body of gentlemen, but are content to leave it where it is.

Treatment of Phthisis.

In looking through the very excellent work which Dr. Austin Flint has written on phthisis, and which is based on a history of 670 cases, we were struck with the propriety of one or two of the therapeutic agents which Dr. Flint strongly recommends in the treatment of this disease, and which are by no means so much appreciated as they ought to be. We allude to active out-door exercise and a liberal allowance of stimulants. Change of habits, he observes, from the in-door and sedentary to out-door and active, is more favourable than any other hygienic measure. He has also seen many cases in which alcohol in large quantities seemed to do good, and he says he has seen no instances of bad moral effects from the habitual use of stimulants in phthisis. He has seen cases where as much as a pint of whisky has been taken with benefit daily by a girl of eighteen. Dr. Flint is not very partial to medicinal treatment, an opinion which is shared by Dr. H. Bennet and other English writers; and he observes that in many of the instances in which the arrest of the disease, partial or complete, took place, there was no medicinal treatment worth mentioning. He is also of opinion that the benefits derived in a large proportion of cases from change of residence are due more to incidental circumstances than to any climatic agency. The great efficacy of active out-door exercise, when it can be taken, is too well known to require any comment from us; but the propriety or not, of giving stimulants is another question, especially at a time when total abstinence is so thrust upon our attention both in health and disease. We certainly should not like to administer whisky, even to a Scotchman, in the heroic doses above mentioned, but the evidence in favour of a liberal allowance of some spirit, or of some malt liquor—such as Guinness's stout—in some forms or stages of phthisis is too strong to be easily disposed of. We can call to mind several instances in which the free administration of alcoholic stimulants has had a marked effect in retarding the progress of phthisis, and no doubt there are many practitioners whose experience has led them to form a similar favourable opinion of them. *Apropos* of this question of the utility or not of spirituous or malt liquors in phthisis, it has been supposed that publicans are peculiarly exempt from this disease. Many years ago, Dr. Atkinson, physician to the Wakefield Dispensary, published some observations on the "Comparative Exemption of Publicans from Phthisis," in which he showed a general mortality in the above town among adults, from phthisis, of rather less than 1 in 3, and in publicans 1 in 12½. "Now," he says, "allowing great latitude for mistakes, still the mortality by phthisis in publicans is comparatively small. What a more extensive investigation would prove it would be difficult to say, but there is here sufficient to demand further inquiries." It is, moreover, well known that the heroic treatment of consumption recommended by Sydenham consisted chiefly in horse exercise, while a more recent writer, Dr. Robert Hull, strongly relied upon a liberal diet, consisting of beef-steaks and porter, and discarded all medicinal means.

Infants' Feeding Bottles.

In the *Boston Medical Journal*, Dr. Emerson draws attention to the mischievous consequences often arising from this method of feeding infants. "There is a point," he says, "which I wish to allude to, namely, the great habit among the rich and the poor of using the nursing-bottle with the flexible tube. It is an invention of which Herod might have been proud. It is always in the baby-waggon and the crib, in hot sun or close air. The child falls asleep with the nipple in its mouth. The mouth is usually never washed; the bottle and tube are, 'with scalding water and soda,' so the mothers say, if you ask. Smell it, and see what you think." There are few of our readers engaged in general practice who will not be able to endorse these remarks, and also have not frequently suspected that many of the ailments they have been called upon to treat in this class of patients have been caused or aggravated by the abuse of these bottles. In some respects, the principle of their construction—especially of the nipple and elastic tube—is good. But the chief objections to their use consist in their leading parents to habits of uncleanliness, and into the temptation of giving infants, of perhaps only a few months old, a larger quantity, or a coarser kind of food, than they are able to digest or assimilate. The bottles often get into a filthy condition, and their contents become acrid and rancid; and this circumstance is alone sufficient to give rise to indigestion, acidity of the stomach, flatulency, colic, diarrhœa, and various other complaints, the real cause of which not only continues from day to day, and from week to week, but, unfortunately, often escapes the notice of the medical attendant, who goes on prescribing drug after drug, and all to no effect, when a little attention to the preparation of its food would be alone sufficient both to cure the little patient's ailments, and prevent a future attack. Then, again, it is to be remembered how constantly the child is plied with food, whether it wants it or not, "just to keep it quiet," and allowed to suck at the empty bottle, and fill its stomach with wind, until its cries and sufferings, or its own instinctive aversion to the bottle, at last stops the officious and injurious treatment of its mother or nurse. From a close observation we have given to this subject, we are convinced that half the infants brought up by hand, even among the better classes of society, fall victims to improper feeding, although from the apparent attention that is given to the child, and owing to the tricks of nurses, the attention of the mother, and even of the practitioner, himself, is often diverted from the original cause of their premature death. We have dwelt upon this subject, because we think the family doctor is frequently not so watchful as he ought to be with regard to the manner in which his little patients are fed, the regularity with which they are fed, the quality and the quantity of food that is provided for them, and the kind and condition of the utensils from which the food is taken.

The Colorado Beetle.

The Board of Customs has just issued an order to the custom officers of the several ports in reference to the Colorado beetle. The order is accompanied by a sketch and description of the insect. A previous order of the Board had directed the examination of all potatoes brought from North America, with a view to prevent the introduction of the beetle into this country, and the present order instructs the officers of customs that, in addition to the precautions to be taken under the order referred to, "they are, especially during the months of August and September, to look for and destroy any beetle answering the description given, which they may find on board vessels or on wharves, quays, sheds, or on packages landed from vessels, and they are to encourage other persons to do the same." The insect is thus described:—"The colour is yellow, with black spots on the fore-part, and ten black stripe, five on each of the wing covers. It is somewhat like a large ladybird, but is rather longer in shape, and is also striped, which no species of the ladybird is."

The Originator of the Banting System.

In our last we gave a short obituary notice of the late Mr. Wm. Harvey, F.R.C.S., with a hasty sketch of his researches on, and additions to, our knowledge of aural pathology. In justice to the memory of the deceased, we ought to add that he initiated the Banting system of treatment for corpulence, although, from the fact of Mr. Banting's name being associated with it, and not our late *confrère's*, credit is often erroneously given for the discovery—if we may so term it—to the patient instead of the doctor; and as a correspondent has drawn our attention to the omission, we are anxious that the real facts should be known.

Sanitation v. Explosion.

The proceedings of the Castlebar Guardians, reported in a local paper, supply us with a rich illustration of the relative value at which an Irish Board of Guardians assesses sanitation, and the pleasure of a little quiet arrangement of their own. The Explosives Act has just come into operation, having been passed in 1875, for the protection of the public against such a catastrophe as the Regents Canal explosion. It puts restrictions on the carriage and storage of dynamite and large quantities of gunpowder, and is an excellent piece of legislation in its way. It is, however, not particularly suitable to the town of Castlebar, where a few canisters of fowling powder in the local mart is probably the sum total of the explosives, an amount of material scarcely requiring the surveillance of an inspector. The Board of Guardians, however, includes amongst its members two gentlemen named Larminie, and, by way of coincidence, it happens that a Mr. H. C. Larminie was, with great alacrity, appointed inspector of explosives for the City of Castlebar, at a salary of £20 a year; but the Local Government Board are obtuse enough not to be able to discover the functions to be discharged by that officer, or any authority in the Act for his appointment. Our only concern with the matter is to observe that the Castlebar Guardians—whose anxiety lest Castlebar might suffer a volcanic fate is so praiseworthy—can only afford for its sanitary officers half the salary of its explosive inspector. No wonder that such caution animates the Board, for we observe that on the day to which our report refers there were present six guardians, of whom two were Larminies.

Dr. Winslow's "Spiritualistic Madness."

It is not generally known that "spiritualism" is one of the principal causes of the increase of insanity "both in England and America," and especially of that desponding and melancholic type known as "religious insanity." If such be the case, Dr. Winslow's interesting pamphlet has not been published before it is wanted, as the public cannot be too soon apprised of the risk they incur in allowing themselves to be led astray by this great delusion of the nineteenth century. So prevalent is spiritualism, and so baneful has been its influence in America, that we are informed that nearly ten thousand persons having gone insane on the subject, are confined in the lunatic asylums of the United States. This seems to us almost incredible, and we think there must be some mistake in the reports from which Dr. Winslow has derived his information. A large portion of the pamphlet is devoted to an account of the various forms of fanaticism, religious epidemics, demonomaniacs, &c., which prevailed centuries ago; and although all that is pretty familiar to the profession, the general reader also will see in the pages before us, that this spiritualistic mania is no new thing. "The possession of our tables by unseen spirits, and our slates by invisible writing are simply resuscitations, under another form, of the beliefs which prevailed epidemically in the Middle Ages."

With regard to the relation of spiritualism to insanity, the upholders of that belief maintain that their doctrine is unable to produce mental alienation, but on the other hand is a preservative against it. This is of course an opinion in which no medical man would join, at the same time we doubt whether it can be truly said that spiritualism is one of the principal causes of the increase of insanity. In most of the cases where people have gone mad on spiritualism, there must have been a strong disposition to that disease hereditary or acquired, and we feel confident that unless this predisposition exists, all the spiritualism in the world will not lead to insanity. We feel quite certain that were Dr. Johnson now alive he might be a believer in spiritualism, but that he would never have become insame. We know that Mr. Serjeant Cox, and several other eminent men are more or less believers in spiritualism, but we feel equally certain that neither Mr. Cox, nor Mr. Wallace, nor Mr. Crookes will, on that account become inmates of a lunatic asylum. A strong pre-occupation, however, of the mind with such questions as spiritualism, gives the direction which the insanity may take, or may act as an exciting cause, in the development of a disease to which the individual is already strongly disposed. All the inflammable materials are ready at hand, and spiritualism may be the spark which makes them burst out into an open flame. It is a well-known fact, says Dr. Winslow, that in America the mediums become haggard idiots, mad, or stupid; and it is stated in an American journal, that "not a week passes in which we do not hear that some of these unfortunates destroy themselves by suicide, or are removed to a lunatic asylum. The mediums often manifest signs of an abnormal condition of their mental faculties, and among certain of them are found unequivocal indications for a true demoniacal possession." We should say, however, that these mediums do not merely manifest signs of abnormal mental action, but that an abnormal condition of their mental faculties and an extreme nervous excitability lie at the very foundation of the phenomena with which they are said to be gifted. Nevertheless, view it in any light we please, as a cause or simply as a manifestation of insanity, there can be only one opinion as to the baneful influence which a belief in this absurd creed will have upon society if it is allowed to go unchecked, and therefore we think that the wide circulation of such a pamphlet as this will go a great way towards stemming the tide of superstition, by which a portion of society is at present overtaken.

Anæsthetics.

With a view of collecting precise data relative to the effects of chloroform and ether, the Surgeon-General of the United States Army has issued a circular directing medical officers to record, during the year 1877, the cases in which recourse is had to anæsthetics, noting the following particulars:—Name and age of subject, nature of the anæsthetic, the quantity used in maintaining anæsthesia, the time required to induce complete insensibility, the time the anæsthetic influence was maintained, the mode of administration, and whether vomiting, excitement, or great prostration was observed during or after the administration.

Camphor in Ill-conditioned Wounds.

Under the name "phenicated camphor," Dr. Saulez describes (*Bull. de Therap.*) a combination of carbolic acid and camphor, which exerts a remarkable influence on wounds of an unhealthy character, as proved by him in the Romarantin Hospital. The acid will take up a large quantity of camphor, but Dr. Saulez ordinarily employs a solution of two grammes and a half of the powder in one of the acid (9 grammes to one of alcohol), which produces a pale yellow oleaginous liquid, in which the disagreeable odour of the acid is no longer to be recognised. It is not miscible with water or glycerine, and in employing it we have first to emulsify it by the addition of a twentieth part of the phenicated camphor either to olive oil or infusion of saponaria.

Smoking Belladonna in Asthma.

Dr. Reeves states, in the *Melbourne Med. Record*, that smoke derived from the leaves of belladonna possesses much more power in cutting short an attack of asthma than that from stramonium. A long pipe is the best means of smoking them, the patient being instructed to draw the smoke deep into the chest. If, when the attack is at its height, he has not the power of doing this, the leaves may be placed in a saucer containing lighted charcoal or wood-ashes, which should be placed on a chair in front of the patient—this chair, as well as his own, being covered with a large sheet, so as to confine the fumes before the leaves are put on the hot charcoal. From two and a half to five grains of the leaves are sufficient when smoked, and from five to twenty grains when burned. If the smoke is drawn deeply into the chest, the relief is immediate, expectoration of phlegm taking place. It is in the spasmodic form of asthma, where there is little or no expectoration, that the greatest relief is obtained, for when the tubes are loaded with mucus the smoke cannot get access to their muscular tissue. The relief is most marked when the remedy is used after the paroxysm has commenced, before the spasm prevents access of air to the smaller tubes and air-cells. Tobacco-smokers do not receive the same amount of relief as others. Temporary headache of a throbbing character may be produced if the leaves are used too freely.

Adulteration in Japan.

In the early part of the year we called the attention of Her Majesty's Government to the serious risk to health, and even life, to which Europeans and natives alike in Japan were subjected on account of the frauds practised there by a set of unprincipled rascals, who made a flourishing trade by copying the labels of all the best known articles of food, medicine, &c., exported from Great Britain, and selling under them, as genuine, dangerous and filthy compounds of their own manufacture. The victims of these frauds, believing they were getting what they paid for, consumed the purchased article, to find, in the majority of instances, that they had simply been cheated by outward appearance. In other cases, however, grave results ensned, and poisioning was not an infrequent occurrence. We are glad to find that our Government took immediate action in the matter by drawing the attention of the Japanese authorities to these practices, which are fraught with so much danger, and as a result the guilty parties were discovered and arrested. Their trial, however, proceeded but slowly, and it was not until the 14th of September that Sir H. Parkes was informed that sentence had that day been pronounced against the forgerers of Dr. Collis Browne's labels and the manufacture of spurious chlorodyne, 40 days' penal servitude having been adjudged to the manufacturers of the compound, end 60 and 50 days respectively to the engraver and the printer of the labels, the profits of the fraud and the stock of counterfeit chlorodyne on hand having also been forfeited, as well as the money received for the engraving and printing.

Sir H. Parkes, through Loid Tenterden, adds that within a month after he had made his complaint, certain "Regulations for the issue of Licenses for Medicine" were published by the Japanese authorities, containing proivsions for the analysis of all prepared medicines, manufactured in Japan, and for the issue of license stamps to be attached to them, and these regulations, he trusts, coupled with the deterrent effect likely to be produced by the penalties imposed in the present case, will go far to prevent the repetition of offences of this class in the future.

The Small-pox Epidemic in London.

The Local Government Board has addressed a letter to to the various boards of Guardians in the metropolis, stating that the increase of small-pox within the last few weeks had rendered the accomodation at the disposal of the managers of the Metaopolitan Asylums District inadequate to meet the requirements, and that it was necessary to specially draw the attention of boards of guardians to the subject. Referring to the action of the guardians of the Westminster Union in opposing the use by the Asylums Board of their hospitrl at Battersea, tne Board thought it right to avert to the fact that on the occasion of tne small-pox epidemic of 1890-71, many of the boards of guardians in the metropolis rendered very valuable service in supplementing the efforts of the managers. They, therefore, deemed it desiragle that guardians should take the matter into srrious consideration, with the view of deciding what provisions they could at once make for the for the treatment of their own cases in some separate buildiug, pending the completion of further arrangements by the managers. In consequence of all the small-pox hospitals of the Metropolitan Asylums District Board being full, the Kensington guardians have ordered an iron house at May Place, Notting Hill, to be fitted up so as to accomodate seventeen patients. This temporary hospital will be ready for use early in next week. Thirty-three cases are reported to have occuured in Kensington during the past four weeks. The Wandfworth guardians have deecided to erect a temporary hospstal in the stone-yard of the workhouse, at an estimated cost of £1000. The building will be completed in a month, and will hold thirty beds. At Fulham it is proposed erect six additional pavilions, which would provide accomodation for about 390 patients, and at deptford to erect sevnn, to provide accomodation for 390 patients. The extra expense is estimated at £16.705, anp at Deptford £25,000. In the Stockwell small-pox hospital 58 patients have been received during the the past fortnight; 13 have died, and 38 have been discharged, leaving 142 treatment. The report from Homerton states that there has been a large increase in typhoid fever. Since the 8th, 151 patients had been received, 5 had died, and 146 remained. During the fortnight 73 small-pox patients had been recieved, 80 had besn discharged recovered, and 14 had died, leaving 143 under treatment. At Hampstead 133 patients have been received during the fortnight, 63 have been discharged, 35 have died, and there remain under treatment 272.

Typhoid seems to be gradually subsiding in Paris, the deaths in each of the last three weeks have shown a gradual decline.

A renal calculus, recently passed by a patient of M. Laborde, was found, on chemical examination, to contain 75 per cent. of peroxide of iron. This singular fact is stated in *Les Mondes* to be quite authentic.

The zymotic rate of mortality was somewhat less in London last week than in the preceding.

"**The Visiting List**" for 1877 (John Smith & Co., Long Acre).—This indispensable Visiting List makes now its thirty-first annual appearance. The lengthened experience of its publishers has brought it as near perfection as possible; and in size, workmanship, and arrangement, it leaves nothing to be desired. It is not less useful to the physician and surgeon, than to the general practitioner, enabling each more effectually to fulfil his engagements with order, method, and punctuality.

A deputation, representing Margate, Ramsgate, and St. Lawrence, three separate unions, waited on Tuesday last upon the President of the Local Government Board, to ask that the Board would grant a provisional order, sanctioning the erection of a hospital on a piece of ground purchased by the three unions for the reception of patients suffering from small-pox. Mr. Sclater-Booth intimated that he would do all he could, by framing a measure, to meet the requirements of the case.

Raw meat is now used to a considerable extent as an agent of hygiene and therapeutics. The following directions with regard to it, from the *Journal de Pharmacie*, may not be without interest. Beef is preferable to mutton. The fat should be removed (one reason being that it may contain crysticercus). The best part is the *room steak* (*sic*). The fibres are here best suited for rasping (*râpage*) in longitudinal direction. This is the best mode of division. Chopping removes from the meat most of its juice, and does not give such good division. The rasping is done with a sharp knife-blade—the sharper the better. The piece of meat should be pretty thick, and of lozenge shape; the rasping can be done on all the facings, in the natural direction of the muscular fibre. The piece should rest, held by one end, on a resistant and slightly inclined plane. The meat is generally reduced to the form of a pill or bolus, which is rolled in powdered sugar or crumb of bread. If it cannot be taken thus, it may be given under the mask of bouillon, which should be cold. One of the best methods is to prepare a thin porridge of tapioca; let it cool till it cannot cook the meat in the least. Then the meat, finely rasped, is introduced into a small quantity of cold soup till the mixture is complete. This mixture has the aspect and consistence of a fine soup of tomatoes. Next the tapioca porridge is gradually poured on this soup, the mixture being constantly stirred. Thus a homogeneous porridge is obtained, in which the meat is so well concealed that no one would detect it unless previously advised of its presence.

Obituary.

DR. LITTLE, OF SLIGO.

We have to record the demise of Dr. William Swayne Little, M.D., which melancholy event took place at his residence on Tuesday week last. When the sad news of his demise became fully known in Sligo, on Wednesday morning, it created the most painful feelings of regret amongst all classes, and the entire town showed signs of universal mourning, and shutters were put up on every shop window, and the blinds pulled down on every private dwelling-house. For two generations the family was connected with Sligo town and county by ties of such a nature as make up the best associations in any community. His father, whom many in Sligo recollect as an able professional man, a genial friend, and an honourable citizen, held the appointment of surgeon to the county infirmary and jail for a period of seventeen years, having been appointed in the memorable year of 1832. His name is still cherished in Sligo, and a tribute to his memory is placed in the hall of the County Infirmary, the scene of his many victories over disease of all kinds. In 1849 the late Dr. Little succeeded his father as surgeon to those two county institutions, having had considerable practice previously as a dispensary doctor in Athlone and Headford, county Galway. During his connection with the County Infirmary, his skill as a surgeon was acknowledged to be of no mean order. Besides the post of surgeon to the County Infirmary and jail (both appointments being joined by Act of Parliament) the late Dr. Little held the office of consulting and visiting physician to the District Lunatic Asylum. How he discharged the duties connected with this important post can be inferred from the fact that at a meeting of the governors, held on Wednesday last, the following resolution was adopted:—"The governors of the asylum, having heard with great regret the death of Dr. Little, who for upwards of twenty-nine years faithfully discharged the duties of consulting visiting physician to this institution, they beg to offer to his bereaved widow and family their sincerest sympathies in the irreparable loss they have sustained, and they trust that an all-wise Providence may strengthen them in their heavy affliction." Dr. Little enjoyed a very large private practice, and even during the late years of his life, when a debilitated frame made him resign a great deal of it, he was consulted extensively, and his professional brethren were always glad to have his assistance and opinion in all critical cases. Dr. Little possessed a cultured mind and remarkable conversational powers. He was a careful and diligent reader, and all matters relating to or having any connection with his profession he studied with deep interest. In all the pursuits or recreations of life requiring deep thought or a careful exercise of the mind he was proficient, and he had a very wide-spread and judicious acquaintance with modern literature in all its branches. As a member of the medical profession, he was very careful to protect its interests, and he took a pride in defending the county institution he was placed in charge of. He on several occasions reduced to writing and published his opinions respecting many important questions. His pamphlet on the water supply of Sligo was a masterpiece, and he in no small way contributed towards the carrying of the Sligo Improvement Bill.—*Sligo Independent*, Dec. 9, 1876.

Medical News.

Royal College of Surgeons of England.—The following gentlemen were admitted Fellows of this College on the 14th inst.:—

Appleyard, John, M.B., L.R.C.P. Lond., Bradford.
Davies, Francis Joseph, Newport, Monmouthshire.
Deakin, Charles W. S., L.S.A., H.M. Bengal Army.
Fisher, Frederick Richard, L.S.A., Grosvenor Street.
Jackson, George, L.R.C.P. Lond., Plymouth.
Macready, Jonathan F. C. H., Cheltenham.
Odell, William, L.S.A., Hertford.
Tyson, William Joseph, L.R.C.P. Lond., Folkestone.
Verdon, Henry W., L.S.A., Eccles, near Manchester.
Whittle, Edward George, M.B. Lond., Brighton.

One candidate passed in Surgery, and when qualified in Medicine will be admitted a Fellow; and four failed to satisfy the Court of Examiners, and were referred to twelve months' further professional study.

University of London.—H. Franklin Parsons, M.D. (*Gold Medal*), St. Mary's Hospital, has passed the examination in subjects relating to Public Health.

A School of Homœopathy.—Our friends of the homœopathic persuasion having resolved that a school in which their peculiar views may be taught is necessary, held a meeting in London last week for the purpose of propounding the scheme, and inviting subscriptions towards the establishment of both hospital and school. Lord Ebury occupied the Chair, and the Hon. Sec. stated that a sum of £20,000 was needed for the buildings, and £700 as annual income. Towards this, £1,200 in donations, and about £400 a year had been promised.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

NOTICE TO OUR READERS.—As Christmas day intervenes before the publication of our next, and we are anxious that the compositors should not be at work on our behalf on that day, the publication of the journal will be delayed until Thursday. The half-yearly Index will be given in the following number, January 3rd, 1877.

MILITIA SURGEONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to remind those surgeons who have not sent in their returns that it will be impossible for the committee to make out a correct statement' to lay before the Secretary for War, should they not comply with the resolution passed at the general meeting. At present only one-half the number of forms have been returned, and it must be obvious that, unless we are *all* of one mind in assisting in getting up as complete a case as possible, our cause will fail in obtaining that outside support to which it is entitled. We have many promises from M.P.'s, and I trust, with a good case to lay before them, the support of very many more. Isolated attacks upon the authorities have hitherto only led to slaughter in detail; therefore, in this, which is probably our last advance, "let us move forward, shoulder to shoulder."

I am, Sir,
Your obedient servant.
MEMBER OF COMMITTEE, M.S.S.

OMNIA SANITAS condemns himself by his own statement. The fact that only one child was "poisoned by vaccine virus," as he politely terms it, out of 317,081 children vaccinated, is the rare exception which proves the rule.

DR. GOODCHILD, Leamington.—Your letter arrived last week as we were at press—too late for insertion.

THE SURGEONS' WORK IN VOICE-PRODUCTION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. George Dawson, one of England's most popular lecturers, having been prematurely, as it seems, cut off in life by rupture of the aorta, I venture to inquire of medical men whether this gentleman's intensely bad voice-production—necessitating the maximum diaphragmatic pressure—may not have been a primary cause of the local weakness? If it be so, another, and a forcible, proof is afforded that voice-production is the surgeon's work. The tonicity of voice balances diaphragmatic pressure and laryngeal resistance.

I shall be glad of opinions.

Yours truly,
CHAS. LUNN.

MR. COOKSON.—Thanks for the information, we shall doubtless find it useful at some future time.

DR. M.—We will send a representative.

ANXIETY.—We are not in possession of the author's name of the Satire, "Medical Men and Manners of the Nineteenth Century," just issued.

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VACANCIES.

Middlesex Third County Lunatic Asylum, Banstead.—Three Assistant Medical Officers. The salaries attached are—£200, £150, and £120, advancing to £250, £200, and £150 respectively, each with apartments and board. Forms of application may be had of the Clerk. (See Advt.)

Carlow Union.—Medical Officer for the Tullow Dispensary District. Salary, £120, exclusive of £20 a year as Sanitary Officer. (See Advt.)

Cancer Hospital, Brompton.—Resident House Surgeon. An honorarium of 100 guineas with board is attached to the office. (See Advt.)

Hospital for Sick Children, Pendlebury, Manchester.—Assistant Physician. Salary, £300 per annum. Applications, with testimonials, should be sent to the Chairman of the Medical Staff, Gartside, Manchester. (See Advt.)

Naas Union, Clane Dispensary District.—Medical Officer. Salary, £125 per annum, exclusive of fees. (See Advt.)

Sussex County Hospital, Brighton.—Surgeon and Assistant Surgeon. Both are honorary appointments. Testimonials to the Secretary.

APPOINTMENTS.

- JOULE, Mr. J. S., a Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.
- BENNETT, W. H., Surgical Registrar and Administrator of Anæsthetics at St. George's Hospital.
- BOYS, A. H., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for No 8 Sub-district of the Bedminster Rural Sanitary District.
- CARTER, A. H., M.D., M.R.C.P.L., Physician to the Queen's Hospital, Birmingham.
- LAUTON, H. A., L.R.C.P.L., M.R.C.S.E., Medical Officer and Public Vaccinator for the Third District of the Poole Union.
- LEESON, J. R., M.B., &c., House Physician to St. Thomas's Hospital.
- MORRISH, R. A., M.R.C.S.E., Medical Officer and Public Vaccinator for the Castor District of the Peterborough Union.
- MOXON, W., M.R.C.S.E., House Surgeon to the Birmingham and Midland Free Hospital for Sick Children.
- QUICKE, W. J., L.S.A., Resident Obstetric Assistant to the Westminster Hospital.
- RAYE, J. J. A., L.K.Q.C.P.I., L.R.C.S.I., L.S.A.L., Medical Officer to the Lincoln United Friendly Societies' Dispensary.
- ROBERTS, J. L., M.B., C.M., Medical Officer of Health for the Ruthin Urban Sanitary District.
- THURSFIELD, W. N., M.D., Medical Officer of Health for the Brosely Urban Sanitary District.
- WILLIAMS, R., L.R.C.P.Ed., Medical Officer and Public Vaccinator for the No. 4 or Llaurug District of the Carnarvon Union.

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Deaths.

- GAIRDNER.—On Dec. 12, at Northumberland Street, Edinburgh, John Gairdner, M.D., F.R.C.S.E., aged 86.
- MARCHANT.—On Dec. 13, at Tanshelf, Pontefract, Mary Anne, widow of Francis Marchant, M.D., of Hemsworth, Yorkshire, aged 76.
- PLUMBE.—On Dec. 6, at Maidenhead, Samuel Alderson Plumbe, M.D., aged 52.
- PORTEOUS.—On Dec. 8, at Sutton-at-Hone, Surgeon-General H. W. Porteous, Madras Medical Department (Retired List), aged 63.
- SANDERSON.—On Dec. 3, at Musselburgh, Henry Sanderson, Surgeon R.N., aged 83.
- SWAYNE.—On Dec. 9, at Belgrave Road, Dublin, Edward Crawford Swayne, L.K.Q.C.P.I., aged 55.

MIDDLESEX THIRD COUNTY LUNATIC ASYLUM, BANSTEAD DOWNS, Near SUTTON.

The Committe appointed to provide the above-named Asylum, are prepared to receive applications for the undermentioned appointments.

A Senior Assistant Medical Officer.
A Second Assistant Medical Officer.
A Junor Assistant Medical Officer who will also act as Dispenser.

The Salary of the Senior Assistant will commence at £200 per annum, increasing annually by £10 to £250.

The Salary of the Second Assistant will commence at £150. per annum, increasing annually by £10 to £200.

The Salary of the Junior assistant will commence at £120 per annum, increasing annually by £10 to £150 and they will each be entitled to furnished Apartments, Rations, Washing and Attendance. Candidates must be unmarried, be between 24 and 35 years of age, and be duly registered as Surgeons and Apothecaries, and they will have to act under the direction and control of the Superintendents.

All these appointments will be held subject to such Rules and Regulations as the Committe may from time to time determine, and be determinable, by either party, on one calendar months notice.

Printed forms, on which applications MUST be made, may be obtained on written application to the Clerk of the Committee at the Asylum, and the said Form must be returned; duly filled up, together with COPIES of Testimonials, on or before Tuesday, January 18th 1877, and notice will be given thereafter to such selected Candidates as the Committee may desire to see.

All canvassing in person is strictly prohibited, and will disqualify Candidates, and no Travelling Expenses will be allowed.

The successful Candidates will be required to enter upon their duties on Monday, February 19th 1877, or on such subsequent day as the Committee may decide.

By order of the Committee.

Dec. 16. 1876.

THE DENTAL HOSPITAL of DUBLIN.—For the Treatment of Diseases of the Teeth and Deformities of the Mouth, BERESFORD PLACE.

There is now established in Dublin an Hospital solely devoted to the Treatment of these Diseases, which will afford Gratuitous Relief to the Suffering Poor. Open daily from 9 till 10 a.m.

CONSULTING PHYSICIANS.

Thomas Hayden, Esq., Fellow and Vice-President of the King and Queen's College of Physicians in Ireland, and Physician to the Mater Misericordiæ Hospital.
George F. Duffey, Esq., M.D., F.K.Q.C.P.I., Physician to Mercer's Hospital.

CONSULTING SURGEONS.

Edward D. Mapother, Esq., M.D., Surgeon to St. Vincent's Hospital.
Henry Gray Croly, Esq., F.R.C.S.I., Senior Surgeon to the City of Dublin Hospital, Member of the Court of Surgical Examiners, Royal College of Surgeons.

DENTAL SURGEONS.

Mark J. Bloom, Esq.
Francis M'Clean, Esq., L.F.P. and S. Glasg.
John O'Duffy, Esq., M.O.S. Gt. Brit.
J. H. Longford, Esq., M.O.S., Gt. Brit.
Henry Sherlock, Esq., L.R.C.S.I.

As the maintenance of this Institution depends solely upon voluntary contributions, the public are earnestly requested to consider its importance.

Subecriptions and Donations will be received by any member of the Staff, or may be lodged to the credit of J. H. Longford, Esq., Hon. Treasurer, in the Royal Bank, or any of its Branches. Hon. Secretary—John O'Duffy, Esq.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 27, 1876.

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CASE OF MITRAL INSUFFICIENCY, ANASARCA, SOME ASCITES AND HYDROTHORAX, WITH SCANTY AND ALBUMINOUS URINE.—ILLUSTRATIVE TRACINGS.

By C. Handfield Jones, M.B. Cantab., F.R.S.,
Physician to St. Mary's Hospital.

E. P. F——, æt. 19, admitted October 18th, 1875. Had rheumatic fever four years ago; ill on and off the last three years. Her legs were swollen in November, 1874, and are considerably swollen now. Her breath is short; she has orthopnœa. Heart's impulse marked in epigastrium, and also as far as three inches below the nipple. A loud prolonged systolic murmur is heard at fifth space in nipple line, also at xiphoid, and at midsternum, but is very feeble at second right cartilage. This murmur is heard in both backs, is distinctly synchronous with the cardiac impulse at left side of epigastrium. Cardiac dulness is increased to left side and upwards. Pulse weak, small, not quite regular, about 140. Air entering lungs posteriorly pretty freely; small crepitations are heard in left lower back, but there is no decided dulness. Lower depending part of abdomen rather dull. Urine scanty, thick with lithates, contains much albumen. Ordered diet.

Pot. bitart., ʒiij.;
Liq. taraxaci, ʒix. ♏
Capiet cochl, j., minim, *bis die.*

Ammon. carb., gr. iv.;
Tr. digitalis, ♏x.;
Inf. cascarill., ℥j. *ter die.*

Oct. 23rd.—Not much cough, no expectoration. Dulness in middle and lower left back, breathing almost null at lower third of left back; in mid-third inspiration very harsh, and no vesicular breathing; in upper third breathing tolerably good. Fremitus absent in middle of left back, distinct in right. In upper right back breathing fairly good, in lower rather weak, and attended with moist râles. Vocal resonance rather œgophonic. Bowels much confined. Pil. hyd. c. coloc., gr. viij., *h. m.*

25th.—Looks much better; urine pale and clear, not albuminous; quantity, about 30 ozs. Air enters left lung more freely at posterior part, inspiration much less harsh.

27th.—Legs almost quite free from anasarca. Breathing quite full and good in both backs. Pulse 84, regular, jerky. Pt. c. mist., *bis die*, et c. elect. *semel.*

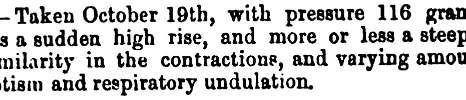
29th.—No dyspnœa in sitting posture, can lie down much better. Pulse 88, small, weak, and regular.

Ferri ammon. citrat., gr. viij.;
Ammon. carb., gr. iv.;
Tr. nucis vomic., ♏x.;
Tr. calumb., ♏.x.;
Aq., ℥j. *ter die.*

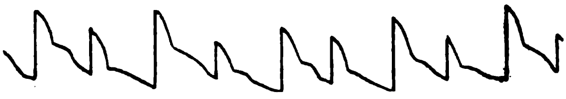
Nov. 3rd.—Murmur persists. Pulmonary second sound at second left costal cartilage is markedly intensified.

6th.—Pulse 87; left radial compressed by 206 grammes both before and after exertion—walking up and down the ward—but the second observation was too long delayed. Tracings taken before and after the exertion were almost the same in form, but a pressure of 60 grammes gave the best tracing before, and one of 84 after. No tracing could be got with 120 grammes. Lips were of good colour, she seemed well. Went out soon after.

Description of Tracings.

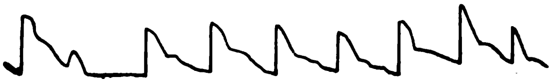


I.—Taken October 19th, with pressure 116 grammes, shows a sudden high rise, and more or less a steep fall, dissimilarity in the contractions, and varying amount of dicrotism and respiratory undulation.

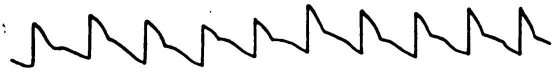


II.—Taken October 27th, when tr. digitalis, ♏.x., *ter die* had been administered nine days, with pressure 112.

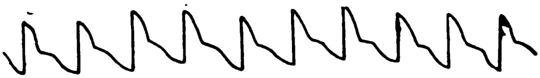
The height of the primary rise is greatly increased, the dicrotism is lessened, the dissimilarity is less, but a weak beat succeeds each stronger in an orderly alternation.



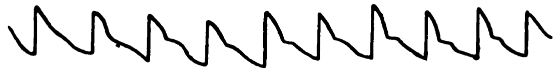
III.—Taken October 29th, with pressure 115, shows notable irregularity and inequality at the beginning and end of the tracing, while the middle part is very orderly and uniform. The rise is much less considerable, probably from the arteries having acquired more tone.



IV.—Taken November 2nd, with pressure 120, shows a much greater degree of uniformity, slight dicrotism, and a slight respiratory curve. Digitalis omitted Oct. 29th.



V.—Taken with pressure 60, while at rest, and



VI.—Taken with 84, after some exertion, shows no notable difference; only the rise in VI. is higher than in V., probably from the heart being a little excited. The rate of the pulse is about the same.

Remarks.—The amount of lesion to the mitral valve in this case must have been serious to have produced so much dropsy as existed on admission. Yet it is certain that it was not simply the regurgitation of blood which occasioned the *remove* of the circulation and serous effusion, but this *plus* debility of the nervous and muscular apparatus of the heart. The organic lesion was irreparable, but not so the functional defect. Under the influence of digitalis, iron, and ammonia, the latter was greatly amended. Examination of the pulse and its tracings will show us how this came to be. The rate of the pulse was at first about 140, it fell in nine days to 84. Now, as Chauveau shows that in acceleration of the pulse the diastole is specially abbreviated, he denies, in fact, that the systole is at all; it results that the ventricles had at first much less time to receive blood from the systemic and pulmonic veins than was the case subsequently. By measuring the width of the eight first periods from the left in I. we find the total space equals 2·7 inches, while in II. the corresponding space equals 3·7 inches. In I. the space occupied by the eight first systoles is 1·1 inch, in II. the corresponding space is 1·35 inch. The eight first diastoles in I. must equal 1·6 inch, and in II. 2·2 inches. In IV. the width of eight periods equals 3·5 inches, that of the eight systoles equals 1·3 inches; therefore, the diastoles must be 2·2 inches. There is, therefore, distinct proof of lengthening of the systoles and diastoles, though the latter are more lengthened than the former. This implies that the ventricles had time to receive an ampler charge of blood, and contracted somewhat more deliberately. No doubt can exist that steady, sustained contraction must impel the mass of blood more efficiently than a hurried brief jerk. The one has hardly started the mass of blood before it ceases to act, the other continues to propel the blood after the onward movement has commenced. In the present instance, and in many others of mitral regurgitation, the prolonged character of the murmur affords considerable evidence that the systole is of good length. Brevity of diastole seems to be in certain cases a sufficient cause of great retardation of the flow of blood from the veins. Sir F. Watson has recorded a case of very rapid action of the heart in which anasarca and hepatic enlargement were produced by the paroxysm. These phenomena imply great venous distension, resulting, it would seem, from the heart's cavities not remaining relaxed long enough to admit a due amount of blood. Another ill result of brevity of diastole is a very serious one—viz., that the heart's period of repose is shortened, so that the power of the organ fails rapidly for lack of time to recruit itself. This is well insisted on by Dr. Fothergill (*vide* p. 4 of his work on the heart). The improvement which ensued in regularity and uniformity of action is well exhibited by the tracings. In II. every other beat is small, the intervening ones being ample. In III. four consecutive beats are quite similar, but the preceding and succeeding show considerable variation. In IV., V., and VI. there is almost perfect uniformity and regularity. Comparison of V. and VI. shows that exertion produced no deterioration of the form of the tracing—a very favourable sign. The circumstance that when the last two tracings were taken the pressure found suitable to develope their form well was materially less than that employed for the first, appears at first sight to imply a lessening of the heart's efficiency. This, however, is not really the case. For a distinction must be made between the *reserve* force of the heart and its *acting*. If the former be increased, though the latter be diminished, the change is favourable. A heart which is acting leisurely and easily may exert much less actual force than one which is struggling against difficulties, but it is in much less danger of being over-fatigued and failing altogether. In some instances of death from asphyxia, the pulse is of very fair force up to within a short time of its final cessation. The height of the rise in eight systoles of I. equals 2·25 inches, in II. equals 3·55 inches. The large excess of 1·3 inch is, I believe, in some good degree a measure of the increased force of the contractions of the left ventricle. For though increased height *may* be produced by sudden impulse, jerking the lever off the knife-edge, and not by true expansion, yet, where there is no other manifestation of the tidal wave than that afforded by the primary rise, it seems to me most probable that the latter does really indicate the amount of expansion. This, if the arterial tension has not lessened, which certainly was not the case here, must depends on the cardiac force. In proof of this, the dicrotism may be appealed to. It is much more considerable in I. than in any of the other tracings. This implies that in the latter the tonic contraction of the arteries was greater than in the first, and, consequently, that the increased height of the rise cannot be due to increased yielding of the arterial wall. This conclusion, however, does not apply to tracings V. and VI. At the date when II. was taken the signs of improvement in the general condition were very marked. In IV., taken six days later than II., the eight first rises equal 2·9 inches, showing a reduction of acting force after the omission of the digitalis, but yet a considerable increase above the original figure in I.

The above results are quite in accordance with modern notions of the action of digitalis, and the history altogether affords a fair illustration of the approved treatment of one of our most common forms of cardiac trouble. I can hardly conceive that measures of a different kind can ever be advisable, even when the action of the heart may appear to be over-excited and excessive. In such instances the heart is almost always labouring under difficulties, either inherent in its own structure, the arterioles, the capillaries, or the veins; and, being overtaxed, has made heavy demands on its fund of reserve force. I should be most reluctant to sanction the employment of aconite in cases of hypertrophy and cardiac uneasiness, whatever the cause of the hypertrophy might be. The local application of ice, and subcutaneous morphia, or belladonna ointment, would be far preferable.

The albuminuria in this case undoubtedly depended on venous congestion, which produced serous effusion in the kidney, just as it did in the areolar tissue and pleura. It will be admitted that it must have been considerable to have had these effects. Its origin in debility, and rapidity of the heart's action, have been already noticed.

In conclusion, I would make the following the moral of the above story: Let rapid and jerky action of the heart be heedfully distinguished from quiet and effective. The one comes of debility and increases it, the other tells of strength and to spare. The one has a show of power only, the latter has it really.

◆

EXCISION OF THE ELBOW (*a*).

By Henry J. Tyrrell, F.R.C.S.I., &c.

Surgeon to the Mater Misericordiæ Hospital, Dublin, and Professor of Surgery in the Catholic University.

I have performed the operation of excision of the elbow eight times, and always with success; but it is not my intention to trouble the Society with a detailed account of my first six cases. I shall dismiss them by saying that in all I made a single straight incision; did not look for or see the ulnar nerve, and put them in a gutta-percha or poroplastic splint, moulded to the back of the arm and forearm.

With my sixth case I had more trouble than usual—erysipelas attacked the wound, delaying the healing of it, and rendering frequent dressing necessary.

On consideration, I thought the splint would be just as efficacious if applied on the front of the limb, leaving the wound exposed; and in future I determined to apply the splint to the front, and not to the back of the limb, as is usually recommended. I also determined to place the limb straight, extended; the bones well asunder, as in that position the wound was most favourably disposed for healing quickly, and that when the skin was healed, or nearly so, I could easily bend the splint and forearm to any angle required, or place the arm, without a splint, in a sling.

Last summer I had two opportunities of putting my views into practice.

Last June, John Harrington, a farm labourer from Croom, co. Limerick, was admitted into the Mater Misericordiæ Hospital, under my care, recommended by my friend Dr. Hartigan. He had caries of the bones of the right elbow, and six sinuses, leading to dead bone, discharging pus copiously, opened on the back and sides of the arm and forearm. The joint was much swollen, painful, and the forearm and hand powerless. His health was satisfactory.

He stated that the disease commenced about eighteen months ago, without any apparent cause.

I excised the bones, and you have the portions removed on the table. A straight incision, five inches long, was made; the ulnar nerve was not seen nor looked for. There was considerable oozing after the operation. A drainage tube was placed in the wound, one end hanging out (the lower). The wound was stitched with carbolised gut; and the forearm and arm, bandaged with a flannel roller (except where the wound was), was placed in a straight anterior poro-plastic splint, extending from a little below the axilla to the fingers. The splint was comfortably padded with cotton wool. The wound was dressed with muslin and tenax, and a few turns of a roller kept both the splint steady and the dressing in its place.

Six hours after the operation smart hæmorrhage came on. The blood came from the upper part of the wound. I removed the dressing, opened the wound, and stuffed it with a ribbon of lint saturated with the tincture of the pernitrate of iron. The bleeding did not recur. After forty-eight hours I removed the ribbon of lint. No other complication took place. On the twenty-second day after the operation the wound was almost healed. I removed the splint, bent it to a right angle, and, without the slightest pain, adjusted the arm in it. Passive motion, &c., was used, and he returned home August 15th quite well.

In this case the mode of dressing was very convenient, for I was able to deal with the hæmorrhage without taking off the splint or disturbing the bones.

Frederick Fokes, aged fifteen, an English lad, was admitted, June the 19th, into the Mater Misericordiæ Hospital, under my care. He stated that he was discharged from another Dublin hospital a few days since. Why, I did not inquire, as I place no reliance on the statements made by patients who leave or are discharged from one hospital and gain admission into another.

On examination, I found the left elbow much swollen and tender to the touch, but not discoloured. On bending the forearm on the arm, crepitus could be felt, but not heard. The pain on flexion was very severe. He said the disease commenced a year ago, and originated in a fall on the elbow.

I diagnosed chronic thickening of the synovial membrane and ulceration of the cartilages of the bones.

I advised resection, and performed the operation on July 17th by a single straight incision, and carefully avoided looking for the ulnar nerve. I was much surprised to find the bones as much diseased as they were. The specimens are on the table.

There was scarcely any hæmorrhage; no vessel required ligatures. Two or three were twisted. The wound was dressed, and a splint applied, as in Harrington's case. The drainage-tube was taken out on the second day without taking off the dressing. On the fourth day after the operation I removed the tenax and muslin, and had the satisfaction to find the wound almost all healed by the first intention.

On the fourteenth day after the operation I removed the straight splint, bent it in the middle, and adjusted the arm to it. In a few days afterwards the patient removed the splint himself, and kept his arm in a sling. He left the hospital August 17th, the wound long since healed, and the forearm rapidly gaining strength and motion. No medicine of any kind was given to this patient, and from the time of the operation he had no pain.

Now, I venture to think that the splint and mode of dressing I advocate is efficient, simple, inexpensive, satisfactory in its results, and most comfortable to the patient.

In conclusion, I would remark that the best way to avoid injuring the ulnar nerve is not to look for it.

◆

ON SYPHILITIC PHTHISIS.

A CONTRIBUTION TO THE DEBATE IN THE MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

By Chas. R. Drysdale, M.D., M.R.C.P. Lond., F.R.C.S. Eng.,

Senior Physician to the Metropolitan Free Hospital of London; Physician to the North London Consumption Hospital, and to the Bolsover Street Lock Hospital.

The case of syphilitic phthisis recently brought before the Medical Society of the College of Physicians of Ireland by Dr. MacSwiney, and which excited such a very important debate, has tempted me also to write a short essay on this subject. There has always been a disposition on the part of medical writers to speak of phthisis as being sometimes a product of syphilis; but it must be confessed that, before the time of Ricord no very accurate description of the disease was given, so that even now there are many who altogether deny the existence of such a disease; whilst, again, many observers seem to confuse common phthisis with the special lesion of the lungs which alone deserves the name of syphilitic consumption Examples of both opinions occurred in the debate. Ancient authors, even in the 18th and early part of the 19th century, were far too credulous as to the causation of phthisis by venereal disease; for instance, we hear of pneumonia produced by suppression of a discharge, or venereal phthisis produced by the disappearance of gonorrhœal discharges.

(*a*) Read before the Surgical Society of Ireland. The discussion will be found at page 522.

This over-credulity of our forefathers has led, by reaching to an almost complete disbelief on the part of most medical men as to the existence of any kind of phthisis produced by venereal contagion; and hence, it is to be feared that many cases of true syphilitic phthisis are allowed to pass untreated altogether, because of a prejudice which has grown up as to the absolute non-existence of such a disease. Syphilis, however, may produce, I am convinced from experience, special lesions in the lungs, or it may produce ordinary tubercular disease of these organs by its action on the nutrition. No one who has seen much of syphilis can doubt the action of the disease in the occasional production of tuberculosis in persons who are entirely without any hereditary predisposition, and who would, had they not contracted syphilis, never have been attacked with pulmonary tuberculosis. Syphilis, in such a case, acts as a depressing and anæmiating agent, just as want, misery, and alcoholic fluids act. The consumption which is produced in such cases as these in no way differs from ordinary phthisis pulmonales; it therefore is not amenable to any special treatment, and is not the kind of phthisis that would be spoken of with any useful purpose as *syphilitic* in this place.

From my own observation, as physician to a special hospital for consumption, syphilitic phthisis is certainly a rare disease, although it probably is more frequent than it appears to be, because it is doubtless unrecognised in practice. There is no doubt that many of the cases of syphilitic phthisis which have been from time to time reported, have only been recognised in the post-mortem room; and it must be remembered that it is not in the early period of syphilis that such a disease is to be dreaded, but rather far on in the tertiary period, at a time when patients and others have almost forgotten that syphilis had pre-existed five, ten, or even more years after the occurrence of the primary or secondary symptoms. Lancereaux reports a case where a woman, æt. 41, died of syphilitic phthisis, when there was merely a history of hereditary syphilis.

Syphilis produces, in its tertiary period, two species of lung disease—gummy deposits and sclerosis. The sclerosis of the lungs produced by syphilis resembles syphilitic cirrhosis of the liver, and consists in a proliferation of the connective tissue of the lungs, which causes the cells of the alveoli to degenerate. This new tissue soon becomes organised into fibroid masses of interstitial pneumonia. This kind of lesion, caused by syphilis, is not peculiar to the lung; but may be found in the other organs of the body, almost without exception. When its form is circumscribed, it forms knots scattered through the lungs, and rarely attacks any large portion of these organs. The portions of the lung affected are often whitish in colour, and variable in size—sometimes as large as a hazel-nut. When on the surface of the lung, they are often accompanied by great thickening of the serous membrane, just as is seen in syphilitic testicle and in syphilitic cirrhosis. They frequently leave scars after them, resembling those seen in the liver of syphilis.

Gummy tumours of the lungs do not in any way differ from those seen in other organs. They are, when in the crude state, solid, homogeneous, compact, dry on section, yellowish in colour, and with a cheesy centre; of volume varying from that of a grain of hemp and a hazel nut. They are usually seen only in small numbers on the lung, (in this point differing purely from tubercles) and are usually only found in one lung, and in any of the lobes indifferently. In this they differ from tubercle, which so universally shows a preference for the upper lobes. These gummy tumours conduct themselves in the lungs as elsewhere; they commence to soften in their interior, and become transformed into a yellowish fluid, which causes an ulcerative process around them just as in other regions. The process may cause the perforation of the bronchial tubes, and produce cavities, the contents of which are expectorated. The walls of the cavities produced by the elimination of growing tumours are covered by a cheesy, white matter, and exteriorly they are surrounded by a hard fabric mass. Such cavities may, in rare circumstances, reach the size of a small orange: in general, they are not larger than a hazel nut. These cavities are generally associated with the form in interstitial pneumonia previously described.

It is often very difficult to make any distinction between gummy tumours and tubercles: and it is only by means of some concomitant circumstances, that this diagnosis can sometimes be made out. In the first place, tuberculosis ordinarily attacks both lungs; and prefers the apices, which, as before said, is not the case with gummy tumour. Gummy tumours are generally few in number, and their size is greater than that of tubercle, as a general rule. They are yellowish in colour, and semi-transparent. Gummy tumours are harder than tubercles. The microscope does not give any precise information as to diagnosis. Thus Cornil—one of the best authorities on tubercle—speaks of the two as differing only in shade, not in opposition. Tubercle and gummy tumours are composed, in fact, of the same elements. It is said that the nuclei of new formation are less numerous in the gummy mass than in the tubercle; that the gummy tumour is composed of large granular bodies, whilst in tubercle only we find only atrophied nuclei very finely granular. These are differences too slightly accentuated to be of much value.

The symptoms of pulmonary syphilis are various. The disease commences, for the most part, silently. Slight bronchial breathing, or weakening of the respiratory murmur, with slight cough, may be all that indicate the commencement of the disease. Afterwards we may notice dyspnœa, cough, yellowish expectoration, and hæmoptysis. The patients fall off in strength, and lose their appetite. They have night sweats and hectic, with verperal exacerbations: lastly, emaciation, marasmus, and death—exactly as in ordinary or tubercular phthisis pulmonalis. As in ordinary phthisis, in the third stage there are heard the *râles* of cavities, gurgling, cavernous breathing, and bronchophony or pectoriloquy. The progress of the disease is not, as a rule, so rapid as that of *tubercular* or *ordinary* consumption.

It appears that many, very many, cases of *latent* syphilitic phthisis must occur; since pathological anatomists are continually describing appearances in the lungs of persons who have died of other diseases due to former syphilitic disease. Such lesions of the lungs are not contested, but admitted by all to exist. In other cases of syphilitic phthisis, the health of the patient does not seem greatly to be affected by the lung disease. Such cases have been dilated upon by the illustrious Dr. Alfred Fournier and by Bazin, the great writer on skin diseases of the Hôpital Saint Louis, of Paris. The latter author speaks of "intense pulmonary lesions with perfect health" as one of the characteristics of cases of syphilitic disease of the lungs. Such effects of the products of syphilis in the lungs are doubtless found in nature; but they are the exception, for syphilitic phthisis is ordinarily accompanied by the same *cortège* of symptoms which are so well known as the accompaniments of that dreaded disease—pulmonary consumption.

The prognosis of syphilitic consumption is, even when treatment is left out of account, by no means so bad as that of tuberculosis of the lungs. It is, for instance, possible that a lesion which remains localised, and only affects the general health but slightly, may spontaneously be repaired; and autopsies show this to be frequently the case. When, however, the local lesion is accompanied by a loss of nutrition and other symptoms (such as affections of the liver and other viscera accompanying the lung disease), phthisis syphilitica may prove a most fatal disease. Of course, if the nature of the disease be discovered in time, and before the cavities in the lungs have become very large, the prognosis is greatly to be influenced by the happy effects of treatment.

If we read over the histories of syphilitic phthisis, which are scattered through medical authors, we shall find either that the disease has been considered as ordinary phthisis during its whole course, or that it has for a certain time been mistaken for ordinary consumption. In short, pulmonary syphilitic lesions are too often unrecognised. Hence the great importance of marking accurately the points of diagnosis of the disease; otherwise the patient will be allowed to die of a disease which is quite curable. In rare cases pulmonary syphilitic disease appears without any other symptoms of syphilis being present. At other times it is accompanied by exostosis, laryngitis, perforation of the soft or hard palate, or by some tertiary skin disease. In the latter case (the one cited by Dr. McSwiney is an example of this type) the attentive practitioner may at once ask himself whether, when there is extensive syphilitic disease of other organs, the lung disease, too, may not be syphilitic? The case is quite different where no other syphilitic symptom is present, and it is in such cases that the practitioner is almost inevitably led into considering the disease as one of simple tuberculosis.

One of the rules, then, in most cases of pulmonary phthisis in adults is that we should always keep in mind the *possibility* that the disease may be syphilitic. By doing this we shall occasionally be enabled to verify our supposition by finding some hitherto unnoticed syphilitic symptom, such as an exostosis, or, at any rate, the superficial scars of a past syphilitic skin eruption of the tertiary period. Having our attention once aroused to the possible existence of the disease of the lungs being specific, it then becomes useful to remember that syphilitic deposits in the lung are usually circumscribed, that they affect *any* part of the lung, and not exclusively the apex, as is almost invariably the case with tubercle. Syphilitic deposits are almost as common in the lower and middle lobes as in the superior lobes. Such an occurrence, then, should at once awaken our suspicions.

Tuberculosis of the lungs usually produces very rapidly indeed great disturbance in the nutrition of the whole body, languor of digestion, pallor, emaciation, and the facies of consumption. This is not the case in syphilitic consumption, which never proceeds so rapidly as tuberculosis in its effects on the general health of the patient. It is only in a slow and tardy manner that it undermines the strength and produces its fatal results. We fail to discover in pulmonary syphilis, as a necessary element, the constitution of tuberculosis, neither do we necessarily notice the narrow diameter of the upper part of the thorax or the salient cheek-bones, nor the incurvation of the finger nails, which are so habitually seen in ordinary tuberculosis. Besides which, tuberculosis is very often, indeed, hereditary, and this, of course, is not necessarily the case in syphilitic phthisis.

In a certain number of cases, the diagnosis remains uncertain, because syphilitic phthisis has no pathognomonic symptom, and tubercular phthisis exhibits all degrees of rapidity and severity. And, again, since there is no reason why a syphilitic person should not become tubercular, we have constantly to bear in mind that a person with syphilitic symptoms, and affected with pulmonary consumption *may* be affected with tuberculosis. Yet, whenever we are in the slightest doubt it clearly is the duty of the practitioner to treat the case as if it might be one of the more curable form, and not abandon it to expectation and hygienic remedies alone. If we have to do with tubercular phthisis, the prognosis, as all practitioners of experience know too well, is gloomy in the extreme; and, thus, we risk nothing in cautiously using the remedies which are known to be curative in syphilis. And there can be no doubt that patients, who have been abandoned without hope by practitioners, who did not try this method of treatment, have occasionally been restored to excellent health by special treatment of the disease.

The treatment of pulmonary phthisis is that of syphilis in its tertiary stage. Iodide of potassium, and, perhaps, mercury. The iodide of potassium should be prescribed in doses of ten or twenty grains, twice, thrice, or even six times daily. As to mercury, if administered at all, it may as well be rubbed in, in drachm doses, in the axilla, in order to avoid the evil effects of that remedy on the digestive organs. As to local treatment, it may be useful occasionally to prescribe mustard poultices, blistering, fluid painted over the infra-clavicular regions, or tincture of iodine, as revulsions. Cod-liver oil and iron are also indicated. If the disease be in its early period, such treatment should very soon produce a cure. Just as in tertiary sore throat, the use of iodide of potassium produces so often quite marvellous effects, so does this drug occasionally act in cases of syphilitic phthisis. Even in cases where large cavities exist, and cachexia accompanies the cavernous breathing and gurgling, we may hope occasionally to achieve a cure, remembering, in the words of Ricord, that "L'impossible est parfois possible dans la Vérole."

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CASE OF POST-PARTUM HÆMORRHAGE,

OCCURRING

EIGHT DAYS AFTER CONFINEMENT; INJECTION OF LIQUOR FERRI PERCHLORIDI; COMPLETE RECOVERY.

By Hugh Alexander Davis, M.D.,
Medical Officer to Newport Dispensary and Workhouse, co. Mayo.

On the evening of the 25th May last, I received a visiting ticket to attend a poor woman, living a mile from my residence, who was reported to be in a dying state from bleeding. On learning a few particulars, I got some brandy, tinct. opii, a syringe, and liq. ferri perchloridi, and immediately went to the house of my patient, whom I found in a very low state—almost pulseless, cold, and sighing heavily; the bed under her was perfectly saturated with blood, she having been bleeding for several hours. I opened the window, raised her hips, and lowered her head, and administered to her a tablespoonful of brandy id conjunction with 20 minims of tincture of opium, and applied cloths wrung out of cold water over uterus and vulvæ. The flooding went on unchecked by the application of cold, the woman rallied slightly from the effects of the brandy, and not wishing to apply too much cold externally, I injected cold water into the vagina, and watched the result. The flooding slightly diminished, but after ten minutes came on as heavy as ever. The woman being on the brink of the grave, I administered brandy at intervals, and not seeing much improvement in the condition of my patient, and her life fast ebbing away, I injected alum water into the uterus by means of a syphon-enema syringe fitted with a long vagina pipe, which reached the fundus of the uterus easily, the injection had the effect of temporarily arresting the flow, but in a quarter of an hour the flooding returned as bad as ever. I tried every method recognised as having effect in such cases, but all in vain; then seeing that my patient would succumb to the complaint, I instantly mixed a solution of liq. ferri perchloridi in the proportion of one part to four parts of water, and re-inserted the pipe of the syringe (after carefully expelling the air) into the cervix and up to the fundus of the uterus and slowly injected the solution. The effect *was magical,* a little blood coagulated by the presence of the iron came away, but the flooding was totally arrested to my great delight. I placed a warm napkin to the vulvæ, and carefully administered brandy, at intervals; not a single drop of blood appeared after the styptic injection, the woman rallied a good deal, a return of the temperature of the body showed returning strength, and towards morning she slept very fairly; she continued to grow better day by day, and made a complete recovery; not a single bad symptom having arisen. She was confined on May 17th, and had a perfectly natural labour, the placenta coming away ten minutes after the birth of child. On the 25th of May she walked to town, an Irish mile, almost up a continuous hill, and when she went home early in the evening the flooding commenced, her delicate state of health afterwards was removed by good nourishment and preparations of iron and tonics and in a few months after she was as strong as ever she felt before.

The following points may be observed :—

1. The date at which the hæmorrhage took place as being very unusual.

2. The perfect restoration to health of the patient, considering her low state at the time of injection, and the nature of the injection.

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CASES IN PRACTICE.

Reported by John W. Martin, M.D.,
The Grange, Dronfield, near Sheffield,
Late Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw, Ireland.

Case XIX.—*Death occurring seventeen hours after seizure.—Symptoms: Pain in the Right Side; Frontal Headache; Free Vomiting of a White Phlegmy Matter, which was unstained with bile or blood; and Dyspnœa.—History of the Deceased having received a Kicking from another boy about an hour preceding the onset of the attack; also, that he had always been a strong healthy lad, never having had a day's illness.—Post-Mortem Examination.—Inquest.*

The following case is possessed of many features of interest, from a medical and medico-legal point of view, which I think deserving of notice :—On the 28th of November, about 3 p.m., Joseph Ward asked me to visit his son, æt. 9, residing at Totley, near Sheffield, some four miles distant from Dronfield. Having an urgent call in another direction, I promised to do so as soon as possible. On arrival at his house, about 5.15 p.m., I was informed that he had been dead since 2 o'clock. I found him lying in the same position in which he had died, presenting the appearances of one who had been laid out after death, the arms lying close by his side, and the lower extremities extended. The eyelids were closed, and the mouth shut. The body was still warm. The fingers were clenched into the palms of the hands. There was *very strongly-marked muscular rigidity throughout the body.* The lower portion of the abdomen, the front and back of the thighs, the back, and portions of the upper extremities were already much discoloured by venous capillary congestion. Those present stated that he had always been a strong healthy lad, never having had a day's illness in his life, or taken a shilling's worth of medicine. He had been ill since 9 p.m. the preceding evening. First complained of frontal headache, pain in the right side, nausea, and free vomiting of a white phlegmy matter, which was unstained by bile or blood. Great dyspnœa, so much so, that his mother applied a large mustard poultice over the chest. They were positive that he had eaten nothing which could have disagreed with him. They did not then inform me of a fact, which I subsequently learned, that he had taken the best half of a powder, obtained from a quack in the neighbourhood; but as the other half was given to his youngest brother with benefit, it is evident that it had no connection with the fatal result of the case. They then informed me that he had received a kick in the right side—the seat of pain—the previous evening, about an hour previous to his seizure with the symptoms of which he complained. I examined the side and surface of the body generally most carefully, but could detect no mark of violence. Thinking that possibly there might be rupture of the liver or other internal injury, I told his parents that it was a case for an inquest, that I could not possibly certify the cause of death, until a *post-mortem* examination had been made, and a careful investigation of all the facts of the case had been gone into.

In compliance with an order from the coroner, assisted by Dr. Bolton, of Dronfield, we made a most careful examination of the body, to determine the possibility of death having been caused by the kick said to have been received by the deceased, with the following result:—

Post-mortem.—The body well developed; cadaveric rigidity well marked; no sign of decomposition, or external mark of violence; surface discolouration of body already described more intense. On exposing the thoracic cavity, found all the organs *in situ*; the left pleura perfectly healthy; the right pleura *strongly adherent throughout the anterior and posterior surfaces of the upper lobes of that lung, also between the lobes;* these adhesions were with great difficulty broken down, and were evidently of old-standing, showing the previous existence of an extensive attack of pleuritis. Both lungs, on section, were greatly congested, but otherwise healthy. On removing the calvarium, found intense venous congestion of the membranes of the brain. In the superior longitudinal and lateral sinuses found *firm fibrinous clots free from all discolouration of blood.* The substance of the brain appeared quite healthy. The lateral ventricles were filled with an abnormal quantity of fluid. Pericardium perfectly healthy; the heart normal in size; both ventricles filled with large clots of the same description as were found in the veins of the head. These clots were evidently formed some time previous to death. The valves of the heart were perfect, and free from all appearance of disease. There was no fracture of the ribs, or other fracture. There were no marks of injury in the internal surface of the cavity of the abdomen, nor above the right hip, or elsewhere. The liver was healthy and unruptured; the kidneys healthy; no abnormal appearance in the coats of the stomach, or in the condition of the intestines. The abnormal conditions present may briefly be summed up as consisting of—

1st. Old-standing adhesions in the right pleura.

2nd. Intense congestion of the membranes of the brain.

3rd. Presence of fluid in the blood ventricles of the brain.

4th. Presence of fibrinous clots, as described, in the sinuses of the brain and in both ventricles of the heart.

In view of these facts, I felt fully justified in pronouncing that the boy's death had occurred from "natural causes," and not from the effects of any violence he may have received. I attributed death to congestion of the membranes of the brain, due to the condition of the blood, which showed a marked tendency to the production of fibrinous clots. This tendency was in all probability due to the existence of the rheumatic dyscrasia, an opinion, to which, I think, the pre-existing attack of pleuritis, which passed unnoticed by the boy's parents, lends considerable support.

Amongst the questions that arose at the inquest were the following :—

1st. Could the deceased have received a kick sufficiently severe to cause death without any mark of violence being left?

2nd. Could a kick received in the hip so injure the spine as to induce cerebral congestion and death?

3rd. Was there any connection between the supposed violence and the presence of the clots described?

In reply to the first, I said it was possible in the yielding portions of the body, but in the present instance, the evidence given by a companion of the deceased, declared that the boy had been kicked just over the trochantes major of right femur, and that he had seen the mark left, which was very black.

With regard to the second question, I thought it most unlikely; but being pressed by the coroner for a positive answer, I declined to affirm the point one way or another, on the ground that I had not sufficient experience to enable me to arrive at a decisive conclusion.

As for the third point, I thought I might very safely affirm that there was no possible connection.

With regard to the case itself, I present the facts to speak for themselves; but I regard the presence of such large, firm, undiscoloured clots in both chambers of the heart, and in the cerebral sinuses, without any apparent accompanying disease of the internal coats of the vessels, taken in connection with the existence of old-standing and extensive pleuritic adhesions, as a fact of no little clinical interest.

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Transactions of Societies

CLINICAL SOCIETY OF LONDON.

ADJOURNED DEBATE ON THE TREATMENT OF LEUCOCYTHÆMIA AND LYMPHADENOMA BY PHOSPHORUS.

Dr. **Greenhow** said that the cases which had been cited showed that phosphorus was of no use in leucocythæmia. He looked upon that point as settled, and confined his remarks to certain features of the disease, such as pigmentation of the skin, and the pyrexial attacks which occasionally occurred.

Dr. **Broadbent** laid before the Society the whole of his experience on the subject. His first case, which had been already reported in the *Practitioner*, recovered, but after the boy had remained well for sometime, he was carried off by an acute attack of pneumonia. His second case was under treatment for a few days only, the patient being alarmed at the attention given to him, and leaving the hospital. His third case was marked by enlargement of the spleen and liver, intermittent hæmaturia, and the characteristic appearance of anæmia. Phosphorus seemed to cause pain in the stomach, diarrhœa, and inflammation of the spleen. The man refused to remain in the hospital, and was rather worse than better for the treatment pursued. Dr. Broadbent had also tried phosphorus in lymphadenoma. In one case in which symmetrical enlargement of the glands of the neck, with anæmia and dyspnœa, continued to increase for some months, in spite of the usual remedies; phosphorus effected complete recovery. The second case was a hopeless one, as the patient was reduced to a skeleton, and all her glands were enormously enlarged. In the third case, which was chronic, there was enlargement of the glands of the neck, axilla, and groins. The beneficial effect of the phosphorus was very remarkable, but as the patient had pushed the remedy too far, she had an attack of sickness and diarrhœa, and became weak and otherwise ill. The glands, however, still greatly diminished, and Dr. Broadbent hoped still to bring the patient before the Society. He also referred to two other cases in which, however, no phosphorus had been given, and in one of which the patient soon died of pernicious anæmia only. He would also class with these cases those of intermittent hæmaturia, as well as those of Addison's disease. With regard to the latter the symptoms were very similar, the changes of temperature, the vomitings, the great debility, being much the same, while the pigmentation of the skin was often excessive, not only in that disease, but also in splenic leucocythæmia, and in essential anæmia. The disease did not essentially consist in any accumulation of the white corpuscles in the spleen and marrow of the bones, but there was, perhaps, previous to this some failure in the relationship subsisting between the blood and the tissues or glands. On these grounds he had been led to use phosphorus. Like arsenic, phosphorus produces a marked granular degeneration of all the structures of the body, but it was generally allowed to be a valuable remedy when used in appropriate cases. There was both a pathological and therapeutical analogy between these two drugs. In many cases of skin disease phosphorus was often better than arsenic, as was recently shown in the case of a girl suffering from inveterate psoriasis. He did not think that this drug was a specific but had done much good in the diseases above-mentioned. It must also be used cautiously, as it was capable of doing much harm. With regard to the mode of administering it, he relied upon the capsules only, as the pills generally emerged from the rectum unaltered, and as phosphorus rapidly oxidised, it could do no good unless it could be absorbed from the stomach in an unoxidised form.

Dr. **Wilson Fox** said he was almost as responsible as Dr. Broadbent was for the treatment of leucocythæmia by phosphorus. He regretted that the subsequent progress of the case which he had published in the *Lancet* had not been favourable. The man came under treatment in November, 1874, and left the hospital in May, 1875, cured, with the exception of having an enlarged spleen. In the spring of this year, however, he was again admitted into the hospital for acute pneumonia, and had died in Devonshire from a bursting of the spleen. Now, said Dr. Fox, one of two things must have happened during the early period of this case—either he must have made a wrong diagnosis in saying it was a case of leucocythæmia, which could scarcely be the fact considering the number of white corpuscles found in the blood, the great loss in the patient's original weight, the pyrexial attacks, the enlargement of the spleen, and his almost hopeless state—or it was one of spontaneous cure of the disease just as the phosphorus (which was either useful, useless, or injurious) was given on the recommendation of Dr. Broadbent. The cure was evidently only temporary, but it was nevertheless distinct while it lasted, and under its use the patient regained strength, colour, appetite, and the normal condition of the blood. Was it, then, worth while making any further trial of phosphorus in leukæmia? Or must they look upon that disease as incurable? One case had been mentioned in Virchow's work, and four in Mosler's work, in which recovery had taken place, and with regard to Dr. Gowers's case, he (Dr. Fox) had had a patient who suffered from enlarged spleen, multiple increase of the lymphatic glands, albuminuria, lardaceous kidney, and some mischief in the lung. At all events, there was plenty of evidence to show that phosphorus would not, in moderate doses, cause fatty kidneys. There was, however, much confusion about the characters and distinctions of these diseases. Virchow had at first recognised two kinds of leukæmia, splenic and lymphatic, and some thought that Hodgkin's disease was occasionally associated with increase of white corpuscles. But Dr. Fox thought that this disease of enlarged lymphatics without such alteration formed a distinct clinical group, and that the distinction between it and leukæmia had better be maintained.

Mr. **Callender** thought that the treatment of leucocythæmia by transfusion was worthy of attention, especially if Dr. Roussel's ingenious method of performing the operation was adopted.

Dr. **Moxon** questioned whether the existence of twenty to thirty white corpuscles in the field on the occasion when the microscopic power used was about ¼ inch objective, was evidence of Dr. Fox's diagnosis of leukæmia being correct. It was generally held that a proportion of one white to twenty red was required to constitute leukæmia, and a well-marked case would have 2,000 rather than 20 white corpuscles in the field. In cancer there was often a large increase of white corpuscles, and this fact he had used as a means of diagnosing between idiopathic anæmia and gastric cancer. The case to which he referred (one of anæmia), and which had been treated with phosphorus, was no exception to the rule of invariable ill-success which had marked the use of this drug in the many cases (nearly 30) in which he had tried it. The presence of twenty to thirty white corpuscles was no evidence of leukæmia; and as Dr. Fox's case, which seemed an extremely doubtful one, was the only one distinctly benefited by the phosphorus, the evidence adduced in favour of that remedy was very feeble. As for Dr. Broadbent's cases, they were quite a satire upon his hopeful advocacy of the drug; so much so, that he had fallen back upon a less mournful list of cases of lymphadenoma, which was an entirely distinct disease. Even with regard to the apparent greater success attending the use of phosphorus in that disease, Dr. Moxon drew attention to the great spontaneous variation which often takes place in the size of the glands, and which variations often raise delusive expectations of cure, and occurs under the use of several different drugs. He had seen a very bad case of lymphadenoma, in which the great enlargement of the glands almost entirely disappeared under the use of bromide of potassium. He did not, therefore, think there was much to be said in favour of phosphorus. He had recently brought forward two cases of true leukæmia, in which the phosphorus treatment had been unsuccessful, and he had in that paper endeavoured to show that no such thing as lymphatic leukæmia existed. He had searched through the record of cases, and the results were embodied in the Society's *Transactions*.

In reply to Sir W. Jenner, Dr. **Moxon** said that he did not mean to say that all his cases treated by phosphorus had died suddenly, but that they were not benefited by it.

Dr. **Bastian** said that the relationship of splenic leukæmia to glandular enlargements was obscure and questionable. He thought with Dr. Broadbent that leucocythæmia was not a disease *per se*, but a something superadded in the course of other diseases, especially of the spleen, more than of the other glands.

Dr. W. S. **Donkin** thought this was the most puzzling discussion to which he had ever listened. A number of different terms were used to describe the same condition, while leucocythæmia was used to describe the condition of the blood in this affection. We could apparently do little good, either with phosphorus or any other remedy. The diseases anterior to that of the blood appeared to him to deserve more attention.

Sir W. **Jenner** hoped that more facts would have been contributed to the meeting. He thought that Dr. Broadbent's observations on the value of phosphorus in psoriasis were important, as showing that the drug had a real and important action on nutrition.

Dr. **Gowers**, in reply, said, Dr. Dyce Duckworth had written to him to say that he had prescribed phosphorus for leukæmia and chronic nervous diseases, without meeting with albuminuria, and in leukæmia without any benefit. Albuminuria was usually present in non-fatal cases of acute phosphorus-poisoning, and one case, in which the late Dr. Anstie prescribed this drug in medicinal doses, was attended with albuminuria. Moreover, the degeneration in the new growths in glands and the liver should be at least partly ascribed to the phosphorus, if the latter caused the degeneration of the kidney. The effect of this remedy in diminishing the proportion of the white to the red corpuscles of the blood was, in his case, very remarkable; and he had reason to believe that the glands are the chief source of the excess of white corpuscles, and yet the leucocythæmia was lymphatic. He had given the phosphorus in combination with common resin, the compound being powdered and made into pills with tragacanth.

Sir W. **Jenner** concluded the discussion by saying that in his opinion, phosphorus might be of use in lymphadenoma, but it was apparently useless in splenic leucocythæmia.

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SURGICAL SOCIETY OF IRELAND.

The second meeting of the session was held on Friday, December 8th, 1876. In the absence of the President, the chair was occupied by Dr. **Robert McDonnell**, the Vice-President.

Mr. **Swanzy** read a communication on

SOME CASES OF AMPLYOPIA,

which, with the discussion thereon, will appear in our next.

Mr. **Tyrrell** then read a paper on

EXCISION OF THE ELBOW-JOINT.

which will be found at page 517.

Mr. H. G. **Croly** said that every practical surgeon would agree that the single long incision was the best incision by which to remove the joint; and it removed the very grave objection to the transverse incision, which when they set up passive motion was easily torn open. With regard to the ulnar nerve question, he might mention that as far back as 1858, when he was resident surgeon of the hospital with which he was still connected, he saw Mr. Tufnell excise a man's elbow-joint for compound fracture, and it then struck him (Mr. Croly) as rather curious that the ulnar nerve was not seen at all during the operation, and the case was not one of a diseased joint. The case made a good recovery, and ever since he (Mr. Croly) had taught his pupils, and also adopted the rule himself, not to look out for the ulnar nerve. He thought in operating that the principle should be not to look for the ulnar nerve at all, but to clear all the tissues over the condyle, and not take the slightest notice of the nerve. In connection with this operation, he thought they were more disposed to take away too little bone, instead of too much, and when they took away a good deal of bone they had much better results. Hearing that this paper was to be read, he had brought down a man on whom he had operated some years ago, and whom the members could see. It was an interesting fact that they had every motion of the joint perfect. This man could throw a sack over his shoulder, wheel a barrow, and in fact do everything with the arm that had been operated upon, that he could do with the perfect one. With regard to the mode of putting up the arm, he might observe that he had now in hospital a little boy, who was recovering from the operation. He had removed a great deal of his humerus, and the boy was treated in a sling. Last winter, when he (Mr. Croly) was in London, in going round some of the wards of St. George's Hospital with Mr. Pollock, he saw a case of resection, and in reply to a question he put, that gentleman informed him that lately he had put up such cases with a sling, and he was still satisfied that this, as compared with putting up in splints or similar apparatus, was better in these cases. He thought that everything that Mr. Tyrrell had stated in his paper agreed with his (Mr. Croly's) experience.

Mr. B. W. **Richardson** said it had been his lot to see the ulnar nerve in one case at the Adelaide Hospital, about a year ago. It was a case of Dr. Barton's, in which the nerve was turned over the condyle.

Mr. **Tyrrell** had but little to say in reply, as there was no necessity, on account of no questions being asked. He thought that, although simplicity was the order of the day in excision of the elbow, as a matter of comfort to the patient, to keep the arm perfectly dressed by means of the straight splint, and so the limb could be disturbed without giving the patient any trouble. Even presuming that it had anything to say to the after consequences, as a matter of comfort to the patient, he thought what he had stated was the best. He was glad to find that Mr. Croly agreed with him as to the non-seeing of the ulnar nerve. The very fact of hooking up the nerve on the condyle might cause so much irritation, as eventually to destroy the function of the nerve. He thought, in conclusion, that the operation was an admirable one, and that it should be practised without hesitation.

EPITHELIOMA.

Mr. **Richardson** exhibited some stained sections of epithelioma under the microscope. He said that during last summer he removed an epithelioma from the lower lip of a gentleman, in one of the pay-wards of the Adelaide Hospital. At the time that he performed the operation, he had not leisure for making sections of it, but during one of the recent cold days he had cut several exceedingly thin ones with the freezing microtome. These were so good, he brought a couple to the meeting. They were under the microscopes on the table. One was a section through the ulcerated portion of the cancer, and showed very large projecting cancerous papillæ. The other was a section through a deeper part of the diseased structure, which showed a well-marked alveolar stroma, having the alveoli crammed with epithelial cells. The sections were stained with picro-carmine, and mounted in glycerine containing a trace of carbolic acid.

The **Vice-President** inquired what did Mr. Richardson preserve the specimen in previous to the section cutting?

Mr. **Richardson** replied that he preserved it in a modified Muller's fluid, made with bichromate of ammonia instead of bichromate of potash, as he found that the former did not delay carmine staining like the latter.

The **Vice-President** said he had examined the specimens, and could recommend them to the members of the Society as being extremely beautiful. Mr. Richardson would agree with him that the method of making sections by freezing had thrown a flood of light upon the subject of microscopic anatomy. The sections made by the freezing process were infinitely superior to those already made for the examination of the tissues. He had inquired what fluid Mr. Richardson had preserved the specimen in because it was, he thought, of great consequence that any surgeons in Dublin who wished to have tumours examined by competent persons, should take every trouble to have them preserved in proper fluid at the time, so that they might be preserved in good order for those persons who were specialists in the difficult subject of pathological anatomy. He was in the habit of using Muller's fluid, and they also had in the hospital with which he was connected, wide-mouthed bottles which they used; and small portions of the tumour that might be removed, were put, hanging by a thread, in a bottle of that kind, for the quantity of fluid must be large in proportion to the thing that was to be preserved, and thus it would keep for a long time. Then they could be submitted to microscopic examination by the person to whom the surgeon wished to send the tumour. Muller's bromide of potash was a cheap salt, was always readily at hand, and gave good results. He, therefore, would recommend its use.

Mr. **Richardson** mentioned that he used Rutherford's freezing microtome which he had had modified by doubling the size of the box, which rendered the freezing process more rapid.

The Society then adjourned.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 20, 1876.

THE CLINICAL SOCIETY ON THE PHOSPHORUS TREATMENT OF LEUCOCYTHÆMIA.

There are few who have been in the habit of attending the meetings of our medical societies who will deny that the discussions which take place on these occasions are sometimes open to criticism. Remarks which are wholly irrelevant to the subject under discussion, inferences drawn from insufficient data, "false facts," and still more "false theories," these are among the little failings from which few scientific meetings are exempt. Nevertheless, it is equally certain that the papers read at our medical societies, as well as the discussions which follow, are of great practical value, and take no small part in the advancement of both the science and practice of medicine. Cases are brought forward which throw a new light upon the pathology, the diagnosis, or the therapeutics of some disease. The hasty conclusions, or the sanguine expectations of one member are corrected or abated by the experience of another, and, what is more to our present purpose, some new remedy all powerful perhaps for good or for evil, is relegated to its proper place in the armamentaria of our Pharmacopœia.

No better illustration of the truth of these remarks could be afforded than by the discussion which has recently monopolised two meetings of the Clinical Society on the value of phosphorus in the treatment of leucocythæmia. Phosphorus is one of those drugs of which great expectations have been formed, and in respect of which the disappointment has been almost as great as the expectations. Phosphorus is one important constituent of the body, especially of the bones, the brain, and the nervous system. As a medicine it has been long known to exert some influence over the nervous system, to act as a sudorific, and to have a specific action over some inveterate diseases of the skin. It has been used as an aphrodisiac. It has been used in a few chronic affections of the nervous system. Burgess long ago recommended it in lupus and psoriasis. It has given fresh hopes to the phthisical; and recently, two preparations of it have been for the first time introduced into the British Pharmacopœia. Then, again, phosphorus in poisonous doses had long been known to cause fatty degeneration of the tissues, especially of the glands, and it was therefore not unreasonable to think it might be of service in a disease in which the glands were prominently affected. Chemically, too, it was in some respects allied to arsenic. It was supposed to have, like arsenic, some influence over the nutritive processes, and likewise had, as we have just said, been found of some value in the treatment of inveterate diseases of the skin. The antecedents, therefore, of this drug were in its favour, and we were not surprised that the meeting of the society was numerously attended when it was announced that two or three papers were to be read upon its therapeutic value in a class of diseases in which it had never been employed.

The evidence, however, which was adduced in favour of phosphorus as a remedy for leucocythæmia was, to say the least, far from satisfactory. In a case of lymphatic leucocythæmia, under the care of Dr. Gowers, the administration of phosphorus appeared to diminish very much the number of white corpuscles in the blood, and to reduce the enlargement of the glands, although it did not check the progress of the disease. Before the commencement of the phosphorus treatment, 104 white corpuscles were counted in the field, the proportion of the red being as one to four; while at the expiration of six weeks only twenty-four white corpuscles could be counted, the enlargement of the glands having at the same time very sensibly diminished. Again, in a case of Hodgkin's disease, accompanied by leukæmia, Dr. Goodhart administered phosphorus, with the apparent effect of greatly improving the condition of the blood, but without diminishing the glandular enlargement. At first, an examination of the blood showed sixty white corpuscles to 100 red, while a month or five weeks after the commencement of the phosphorus the relative quantity of white and red corpuscles was reduced almost to the normal standard. The next witness in favour of the phosphorus treatment of these diseases was Dr. Broadbent, who was the first to treat leucocythæmia by that drug; but his evidence only went to show that in two cases of lymphadenoma the phosphorus appeared to have a marked effect in reducing the size of the glands, and in improving the general health. Dr. Broadbent's good opinion of the drug was somewhat supported by that of Dr. Wilson Fox, who had treated a case of leucocythæmia with partial success. The cure in his case was only temporary, but it was, he said, none the less distinct while it lasted.

Such is all the evidence that could be adduced at these two meetings in favour of the treatment of leucocythæmia and its allied diseases by phosphorus, and considering how meagre and feeble this evidence is, it is rather surprising that it should have been brought before the notice of the Society at all.

On the other hand, the facts that were arranged against the employment of this drug in the leucocythæmic class of disorder were quite overwhelming. In not one of the cases brought forward had the patient recovered. In the case of Hodgkin's disease, treated by Dr. Greenfield, the number of white corpuscles of the blood and the glandular enlargement materially increased under the use of the phosphorus, which, indeed, had no effect upon the progress of the disease. In Dr. Goodhart's case, which was still under treatment, the phosphorus had done little good, and, up to a recent date, the pallor and the condition of the blood remained unaltered. Sir Wm. Jenner's three cases were still more decisive of the question, inasmuch as in these cases the drug neither retarded the fatal progress of the disease nor improved the condition of the blood. Still more remarkable was the ill-success of the phosphorus in the hands of the very physicians who had had most faith in its therapeutic value. And we think that Dr. Moxon was quite justified in saying that Dr. Broadbent's cases formed a very sad catalogue—quite a satire on his hopeful advocacy of the drug. In his first case of leucocythæmia the patient remained apparently well for some time, but subsequently died from a disorder, the nature of which was not very clear. His second patient took to flight, having, perhaps, some instinctive aversion to the phosphorus treatment. In his third case, the phosphorus did actual mischief, irritating the spleen and stomach, and causing diarrhœa. The patient refused to remain in the hospital, and was "worse on going out than on admission." His cases of lymphadenoma were not quite so bad, as in some of them temporary diminution of the tumours had followed the use of the phosphorus. But then Dr. Moxon very properly drew the attention of the Society to a possible fallacy which might go far to vitiate the inference that had been drawn with regard to the supposed beneficial effect of this drug in lymphadenoma. This was the fact that a very remarkable and spontaneous variation in the size of the glandular tumours was a frequent clinical feature of that disease, this variation occurring under the use of very different drugs. Even in Dr. Fox's case, the true nature of which was rather doubtful, but which was the only one distinctly benefited by the phosphorus; the evidence in favour of this remedy was, as Dr Moxon said, very feeble, the case, too, having "ended miserably in a burst spleen at last." Lastly, we have the adverse experience of Dr. Moxon and of Dr. Dyce Duckworth. The latter gentleman stated in his letter to Dr. Gowers that he had given phosphorus in leukæmia without any benefit; while, as we have already seen, Dr. Moxon was more sceptical on the subject than any other member present. He had prescribed this remedy in nearly thirty cases, and the treatment had been attended with "invariable ill-success."

We may, therefore, consider that the question as to whether phosphorus is of any use in leucocythæmia is pretty well settled, agreeing with Sir Wm. Jenner, that it is apparently useless in that disease, although it may be of some use in lymphadenoma.

We may, however, remark that the class of disorders which we are now considering are at present, as respects therapeutical research, as favourable for successful empirical, as they are unfavourable for successful rational, treatment. We cannot expect to find a rational method of treatment for diseases, the pathology of which is remarkably obscure; and, unfortunately, neither the papers read nor the subsequent discussion threw any more light upon the nature of the disease than they did upon its treatment. The discussion elicited a remarkable difference of opinion with regard to the relationship of splenic leukæmia to glandular and lymphatic disorders. Whilst the majority of the members agreed in viewing lymphadenoma and splenic leukæmia as distinct diseases, Dr. Broadbent would class not only them, but also Addison's disease, intermittent hæmaturia, and essential anæmia under the same category. It follows, therefore, that, until the pathology of these disorders is better understood, their treatment must be in a great measure empirical. But, inasmuch as they for the present belong to the incurable class of diseases, there is ample scope for therapeutical investigation. Where a disease frequently terminates in recovery, the value of a remedy is not so easily tested. Where, on the other hand, it is invariably fatal, and that too within a comparatively short period, it is more easy to correctly estimate the value of a drug, in prolonging life or actually curing the disease. Perhaps, therefore, the therapeutics of these affections may yet be in advance of their pathology; and, at all events, we need not despair of one day finding a remedy or plan of treatment which shall be far more successful, and far less open to criticism, than that to which our attention has been recently drawn.

PROGRESS OF THE SMALL-POX.

Since we last drew attention to the subject the prevailing epidemic of small-pox has been steadily on the increase, and it looks as though we are to be visited with as sore a plague as that which occurred in 1871. That plague took about seven months to run its full course, while the one by which we are now visited has already lasted ten months without showing any signs of abatement. While only two months ago a couple of hospitals were sufficient to meet the requirements of the epidemic, there are now four open for the accommodation of small-pox patients, namely, the regular Small-pox Hospital, and those of Hampstead, Homerton, and Stockwell. And while, moreover, two months ago there were only 178 patients in the hospitals, there are now over 700. The recent mortality from the disease is equally significant. During the week ending on the 16th inst., 75 deaths were registered, a number which exceeded any previous weekly return since the decline of the epidemic in 1871-2, and which showed an increase of 25 upon the number recorded during the previous week. We must also bear in mind that the mortality is also increasing among private families, and that the epidemic is spreading more rapidly among the middle and upper classes of society. Quite recently the death of a young lady, the wife of a curate, took place from small-pox, contracted while visiting the poor in her husband's parish. In fact, the plague appears to be increasing faster than hospital accommodation can be found for the infected; and, what is more to be regretted, the prejudices and selfishness of local authorities, or of the people themselves continue to throw obstacles in the way of providing this accommodation, and of properly isolating the patients affected. Thus, in the beginning of the present month the Local Government Board, in order to meet the pressure put upon them by the rapid increase of the epidemic, decided upon appropriating for the use of the district the workhouse school of the Westminster Union. At first the guardians of that union, acceded to the proposal, but, afterwards in deference to an influential deputation of residents, who vehemently protested against such a movement, they refused to give up the school, "unless they were legally compelled to carry out the order of the Government Board." Of course, this was out of the question, for while they were going to law, the unfortunate patients would be dying of small-pox. Notwithstanding, however, these and similar obstacles in the way, much has recently been done towards providing more asylums. Thus, at Fulham, the Local Government Board are erecting six additional pavilions, so that when these are completed, there will be then in all, capable of providing for 280 patients. Eleven more houses have also been contracted for at Deptford, which will supply accommodation for 320 patients.

Now, although the last returns show that as yet the present epidemic is not so severe as that which occurred in 1871, there is no knowing the extent to which it may reach, and it is at all events severe enough to show that, in spite of the warning given to us by the last visitation of this plague, vaccination must have been most woefully neglected. That this is the case we unfortunately have too many proofs. And what is more to be regretted, not only the public, but even we and the officers of the law are to some extent responsible for this neglect. A person, we are informed, was recently punished at the Petty Sessions for "irregularities in filling up vaccination forms extending back so far as 1874, and in the course of the defence, it was shown that those irregularities were sometimes of a most gross and shameful nature. The great exposure, however, to the epidemic through the neglect or the imperfect performance of vaccination, arises from the apathy, indifference, or ignorance of the community. We say ignorance advisedly, for many are under the idea that if they have been vaccinated in their infancy, or if they have been vaccinated a few years after, or if they were vaccinated a few years ago, and it "did not take," or if they can only show on their arms one good mark of the vaccine pustule. they are perfectly secure.

If, therefore, the force of the present outbreak is to be stemmed, and if we are in future to prevent the occurrence of such epidemics it is evident that the people and the profession must more heartily and persistently cooperate in enforcing the thoroughly and repeated performance of vaccination. Fortunately, the lay press assists us much in drawing the attention of the public to the necessity and advantages of this operation, and probably the education of the masses will do more. But we can only rely upon such assistance when these visitations are actually upon us. It is during the periods of almost complete immunity from them, that we, our sanitary authorities, and the public, are responsible for their future occurrence, or for their severity when they do happen, and it is during these periods that we and the local authorities need be especially vigilant that the operation of vaccination be everywhere properly performed.

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SIXTY-TWO deaths from typhoid occurred in Paris last week, against 105 and 86 in the two weeks preceding.

Notes on Current Topics.

Transfusion at the London Hospital.

EVERY one will admire the courage and humanity which Mr. James Adams recently showed in allowing himself to be bled for the transfusion of blood into a patient he was himself attending. The boy under Mr. Adams's care was suffering from hip disease in an advanced stage, with evidence of amyloid degeneration in the viscera, and œdema of the affected limb. It was thought advisable to perform amputation at the hip-joint. Although the boy lost no blood during the operation, he was very prostrate and anæmic, and the pulse became extremely weak and small. As Dr. Roussel happened to be present, demonstrating the action of his new apparatus for transfusion, it was resolved to take advantage of the opportunity thus presented, and to perform transfusion at once. Accordingly, and without completing the operation, Mr. Adams supplied six ounces of blood from his own arm, after which, with his arm bandaged, he proceeded to finish the operation. The boy was, for a time, much improved by the transfusion, but unfortunately died two days after. The generosity and kindness of Mr. Adams were the more remarkable considering the cool manner and the readiness with which he submitted to be bled, and considering, moreover, that the boy was not at the time dying from loss of blood, and that therefore the incentive was not so strong as it might have been.

Accidents in the Hunting Field.

THE hunting field has during the past week furnished rather more than an average number of severe accidents, both to man and horse. The Hon. R. E. Plunkett, member for West Gloucestershire, sustained a concussion of the brain, from which it is doubtful at present whether he will recover. Mr. Moore, of Heddington, whilst out with the Duke of Beaufort's hounds, staked a valuable horse, and sustained serious injuries. Mr. Wadworth, of Devizes, was thrown and had his arm broken. A fine hunter which the Marquis of Worcester was riding slipped and dislocated his shoulder. Colonel Arthur was severely injured about the head; and Major Trench, while out with the Heythrop hounds, was thrown and fractured his right arm. Major Tremen received injuries so severe that Sir James Paget was hastily summoned to his assistance. Mr. Gilroy's (of Craigie) horse took fright, and pitched him off with so much violence amongst the trees that his face was sadly disfigured, and some bones broken, by coming in contact with the trunks of some of them. Mr. J. H. Gascoigne, while out with the Meynell hounds, was thrown while jumping and dislocated his shoulder, and received other injuries of an alarming character. Mr. George Brown, of Tedbury Park, was thrown with considerable violence, and sustained a lacerated scalp wound several inches in length. Numerous minor accidents are recorded, all of which tend to show how eagerly country gentlemen and those who can afford to indulge in the expensive luxury of horseflesh and the chase will do so, in spite of its attendant risks to life and limb.

A letter from a sporting gentleman, in the last number of *The Sporting Magazine*, gives some idea of the cruelty of the huntsmen of a former generation, and which may be food for reflection for the vivisectionists. It appears that the Nimrods of the period were much given to badger hunting, and on one occasion an unfortunate animal furnished the gentlemen of the hunt with sport for several days. On the first day he was turned out, and received ten minutes "law" before huntsmen and hounds pursued him, and he then gave them a three miles' run before he was caught and brought back in a bag. On the second day his "law" was increased to half-an-hour, and a man mounted on a fleet horse was sent after him to flog him on; but he ran so fast that his pursuer could only get an occasional cut at him, although furnished with a very long whip, and at the end of "*a glorious run of twenty-five miles*" he was once more taken alive and brought back. A third day's torture came, with a three-quarter's-of-an-hour's "law," and produced a run of eighteen miles, after which the badger was once more bagged; and but for the poor brute having been carelessly starved to death, or, in the words of the writer, "came to a premature death," this kind of amusement would have been kept up until Councillor Jenkins, one of the huntsmen, should have been duly furnished with his hams, "for," says the writer, "it was the custom of that part of the country to cure the posteriors of badgers and eat them for hams."

The Army Medical and Pharmaceutical Services in Russia and Turkey.

THE possible outbreak of war between Russia and Turkey may give interest to a few particulars respecting the military pharmaceutical services, which the *Pharmaceutical Journal* quotes in its last issue :—

> "In Russia the mobilisation of the army, by which the number of troops under arms has been considerably increased, naturally required also a corresponding strengthening of the medical *personnel*. It is estimated by the military authorities that in case of war, besides the ordinary number on the peace establishment, there will be required 1,140 additional medical men, 324 pharmacists, and 60 veterinarians. The *Pharmaceutische Zeitung* says that in order to obtain this increased number in the event of an outbreak of war, a plan has been drawn up and sanctioned by the military medical department. In this it is provided that the time of discharging the students from the Medico-Chirurgical School shall be hastened, that all persons serving in the military medical reserve shall be called into active service, and that their places shall be supplied by others in the civil service, or in independent practice, and that medical men living in districts where military operations are being carried on should be induced to join the service.
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> "The pay of physicians on active service is to range from 994 to 2,291 roubles, or from about £156 to £350 sterling. The pay of pharmacists on active service ranges from 994 to 1,411 roubles, or £156 to £220. The independent and retired practitioners entering the military medical service temporarily are to be paid from 150 to 250 roubles, or £23 10s. to £39 monthly. Pharmaceutists of this class are to be paid from £23 10s. to £30 monthly.
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> "Concerning the Turkish apothecaries, Professor Landerer writes that those specially available in the military service are trained in a school at Constantinople. In this pharmaceutical school the French language is used by the professors, though few among their auditory are conversant with it. Their pupils are Turkish apprentices, who at some time have had the fortune to serve with some of the French and Italian immigrant pharmacists who are scattered by hundreds over the kingdom, from whom they have acquired such an amount of knowledge as a respectable German apprentice would pick up in six months. In the school they are taught botany, pharmaceutical chemistry (with practical examples, limited, however, to the preparation of plasters, ointments, and similar preparations), and the elements of physics. These pupils are remunerated by the Government, and after a theoretical pupilage of twelve to eighteen months, they are drafted into the military service."

The Royal Institution Arrangements.

IT is announced that the probable arrangements for the Friday evening meetings of the Royal Institution before Easter will include lectures by Professor Tyndall, Professor Huxley, Professor Osborne Reynolds, Mr. Francis Galton, Professor F. Guthrie, Mr. J. F. Moulton, Sir John Lubbock, Mr. F. J. Bramwell, and Professor Gladstone. The Christmas lectures, adapted to a juvenile auditory, are to be delivered by Professor Gladstone, the subject being "The Chemistry of Fire."

Outbreak of Fever on Board H.M.S. "Valiant."

On Saturday week last, at Foynes, co. Limerick, eleven sailors suffering from fever were removed in a tender from Her Majesty's ship *Valiant*, lying at Foynes, to St. John's Fever Hospital, Limerick. It was rumoured that the disease was of a malignant type, and considerable alarm was created. At the request of the mayor, Dr. Gelston, the visiting physician of the hospital, Dr. Barry, consulting sanitary officer, and Mr. Corbett attended at the office of Mr. Connolly, law adviser of the corporation. The Mayor said the captain of the *Valiant* should have communicated with him before he sent the men. He wished Dr. Gelston would telegraph to the commander to have no more of the sailors sent to Limerick. He approved of the action of the railway people having refused to send the men by rail. Dr. Gelston assured him that the fever from which the men suffered was of the mildest form, that six of them were convalescent, three convalescing, and only too ill. The Executive Sanitary Officer telegraphed to the L.G.B. for instructions, and they stated in reply that men becoming sick in vessels lying at Tarbert should be sent to the Glyn Workhouse.

The Quack's Charter.

WE referred last week to the judgment of Mr. Knox, the London magistrate, who decided in favour of a quack named Hamilton who had been prosecuted by the Defence Association. It will be instructive to place before our readers the entire judgment, inasmuch as it establishes a principle of supreme importance to illegitimate practitioners, and, therefore, indirectly to the profession. It will be recollected that "Dr." John Hamilton, of 404 Oxford Street, was recently summoned before Mr. Knox by Dr. Carpenter, on behalf of the East London Medical Defence Association, for pretending to be and using the name and title of doctor of medicine.

On the previous hearing Mr. Besley, for the defendant, stated that his client had undergone the proper examinations, and had obtained a diploma from the Metropolitan College of New York. The diploma of that college was displayed in the window of his house, and he contended that as long as Dr. Hamilton stated what he was there could be no intention to deceive the public. At the time the defendant received his diploma he was qualified to register, but, registration not being imperative, he failed to register, and could not do so now.

Mr. Knox said, that according to his judgment, a good deal of misconception appeared to exist as to the Medical Act of 1858. The meaning of that Act for present purposes was, not only that a man should not wilfully and falsely pretend to be what he was not—that was not sufficient; a man must not pretend to have a right to any of the titles and qualifications recited in the 40th section of the Act. He must not pretend to be or take or use the name or title of a physician, doctor of medicine, and so on. Neither must he use any name, title, addition, or description implying that he was registered under the Act, or that he was recognised by law as a physician, surgeon, licentiate in medicine, and so forth. Such pretence apart, any private person might, without peril from the Act, prescribe for and treat any person who might be so unwise as to trust his health and life to such untrained minds and unskilful hands. So far of laymen; but with regard to *bonâ fide* medical men, a surgeon need not be registered. The penalty for non-registration was that a man could not recover his fees and could not hold certain offices. But he must not pretend to be registered if he was not on the Register. So with regard to the title of physician, doctor, and so on. It would be found in the reported case of *Andrews* v. *Stysop* that Baron Martin—the other judges agreeing with him—laid it down as law that a man must not pretend to be on equal footing with any regularly bred and registered physician in England. The offence here was the assumption of the title of M.D., without mention of the University of Philadelphia, from which the degree proceeded. The words of the 34th section were very express. The words "duly or legally qualified medical practitioner," or any words importing a person "recognised by law"—mark the term, for it was used again in the 40th section, the penal one—when used in any Act of Parliament, should be taken to mean a person registered under the Medical Act. By the use of this simple test two-thirds of the section were got rid of, for no one surely would argue that a man who wrote M.D. of Berlin, St. Petersburgh, &c., after his name assumed to be registered under the Medical Act of 1858. It was only the first part of the 40th section which would give one a moment's pause. Persons must not pretend to be a physician, surgeon, general practitioner, or apothecary if they were not such, or use any name or title implying that they were registered. Surely that must apply to British medical titles? The whole scope and meaning of the 55 sections of the Act were the protection of the medical profession here, and, therefore, the protection of the British public, by distinguishing qualified from unqualified practitioners, and by a carefully devised system of guarantees, conceived on British forms only. That being so, from the preamble to the schedule only British arrangements are discussed. It was hard to think that when a man held himself out as a graduate of a foreign University, and trumpeted the fact forth to the world, he could in reason be said to offend against the 40th section. That brought Mr. Knox to the second point. If there was nothing illegal so far as this was concerned in the use of a foreign medical title, what right had the magistrate to inquire whether it was a genuine one, or whether it had been obtained by the merest trickery and imposture? It might be worn by a man who was an ornament to his noble profession, or by the most pitiful quack whose name was entitled to registration only in the annals of the criminal courts. Such a one might escape free under the Act, but he might be reached by the law of manslaughter or false pretences. That was one of the cases in which he might say he had strained such facilities as he possessed to see his way to a conviction, but he could not. The defendant had called himself a New York doctor, and nothing else. The summons, he regretted to say, must be dismissed.

Opium in the Treatment of Rigid Os Uteri.

It often happens that when new remedies come into vogue some of our older and most reputed agents are apt to be neglected. Opium in the treatment of tedious labours, depending upon a rigid or contracted state of the os uteri, is not so frequently resorted to now as it formerly was, chloral or chloroform being often used in its place. We are, therefore, glad to see that in the *Virginia Medical Monthly* for November, Dr. Z. Collins McElroy, calling the attention of the profession to the subject by a clinical illustration of his views and practice. In reference to his case he asks—Why is this woman's os uteri in this state of rigidity or constant tension? Is it a pathological condition, to be changed by lancet, hip-baths, chloroform, &c.? "Undoubtedly the os in this case had the physiological function of contraction to retain the contents of the womb, in all respects analogous to that of the sphincter of the bowel and bladder, whose physiological design is contraction. A rigid os uteri, therefore, is a natural process out of time, rather than a pathological one." . . . . . . "It is simply a misapplication of a natural force intended to accomplish an important end—delivery." To restrain this misapplication of force, and obtain a co-operation of all available force for the completion of labour, the profession has had recourse to various measures, but the one remedy which will most certainly effect this purpose is opium, and it is upon this agent that Dr. McElroy relies in the management of such cases.

Apropos of this subject, and of the remark we just made about our partiality for new remedies, Dr. Agnew has, in the same journal, a paper on the use of gelseminium for dilation of the cervix uteri in the non-puerperal state. He says he has found it successful in two or three cases where even very small instruments could not be introduced, and it appears from a note to this paper that Dr. R. S. Payne, U.S., had nearly two years ago found it to be of value in two cases of rigid os uteri and sphincter perinei. Whether, however, this opinion will be endorsed by the experience of other practitioners has still to be proved.

Quinine in the Treatment of Fissures of the Nipple.

Obstetric practitioners are much more in the habit of using quinine after child-birth than they were formerly, but we scarcely expected to hear that this agent would be found useful in the treatment of an affection which has always been regarded as more amenable to local than to constitutional remedies. Dr. Le Diberder, however, chief physician to the Lorient Hospital, is of opinion that the frequent failure of local treatment arises from the fact that this affection is only a manifestation of general disorder of the system. He says that the appearance of the fissures is soon followed by a general febrile state, of an intermittent nature, and during which the local affection is very likely to pass into engorgement of the breast, and even abscess. Accordingly, he thinks quinine will prove to be of the greatest service in those cases; and during a long experience of it he has always found that a cure was effected in from three to five days. He generally prescribed a dose of six grains early in the morning, and a similar dose about eleven o'clock a.m. Local treatment was considered of secondary importance, being confined chiefly to poultices and some simple wash or salve.

Ergot as a Preventive of After-pains.

In the same paper from which we have made the above note (*Annales de Gynécologie*, Sept. 1876), Dr. Le Diberder makes some observations on the use of ergot in the prevention of after-pains. He gives half a drachm in divided doses, directly after the expulsion of the placenta, with the object of bringing about a firm and persistent contraction of the uterus, in place of the alternate contractions and relaxations to which after-pains are due.

This treatment is by no means original, as we have known it to be adopted by several practitioners, especially those who practise it in the country. We doubt, however, its propriety or its success in all cases. In reference to this subject, we think it is not generally known that Sir Charles Locock was of opinion that these pains are in a great measure owing to the retention of coagula in the uterus and cervix uteri. He was therefore for many years in the habit of making firm pressure on the uterus directly after delivery, so as to promote their expulsion, and even of drawing them from the os and cervix uteri, when their expulsion was delayed. He used to say that in no instance where this practice was adopted, had after-pains occurred.

Abortion-Mongering in Melbourne.

If we are to judge from an article in a recent number of the *Melbourne Medical Record* the morality of the inhabitants of that town is rather at a discount. "Dr. Youl," observes the editor of that journal, "said truly in summing up in the case of Florence Derry, who died from acute peritonitis, consequently on a miscarriage, that abortion was procured daily. His practice as a doctor was limited, compared to others, but women had come to him, applying to have abortion procured upon them. He could not understand how medical men, supposed to be respectable, descended to such practices, but he was well aware they did. They might be actuated sometimes by pity, but no doubt it was more frequently money.

"The doctor's experience is that of every medical man in Melbourne. Scarcely a day passes that they are not applied to. From the needle- or servant girl who tenders her half-guinea fee for 'something to bring on her courses,' to the victim of more genteeler pretensions, who insinuates in a confidential manner, 'If you put me all right, doctor, my friend will pay you anything you like to charge.' Not long since an American captain was surprised that a medical man should refuse to take one hundred guineas to procure abortion, and yet that man, and it must be said to his credit, was hourly expecting the bailiffs to be put into his house for rent."

We are glad to see that, at any rate, the immorality above referred to is not in any way shared by the profession in Melbourne. To have the offer of one hundred guineas just at the time when the bailiffs are about entering your house, is certainly no small temptation.

The mortality at Alexandria is exceedingly high just now, averaging 54 deaths per 1,000 of the population, about double the rate at present existing in any of our Indian cities.

Illegal Practitioners and the East London Medical Defence Association.

Due acknowledgment and thanks are due from the profession to the East London Medical Association, for the crusade it is undertaking against the unqualified and irregular practitioners of London. In the comments which we made in our last issue, on the judgment recently delivered by Mr. Knox in the case of the notorious "Dr." Hamilton, we drew attention to the mischief which would result if that judgment is allowed to go unchallenged. We are, therefore, glad to hear that the above Association has appealed against Mr. Knox's ruling, and that the question as to whether the mere possession of some American diploma is to entitle any one to practise, will be soon settled in the Court of Exchequer. A great deal will depend upon this forthcoming decision, for were it to be in favour of these so-called American doctors, the more densely populated districts of the metropolis would soon be inundated with a class of practitioners which would entirely frustrate the objects of the Medical Act of 1858, and would do incalculable mischief as regards the interests of society and the dignity of the profession.

From the following account, however, of another prosecution under the Medical Act, it would seem that Mr. Knox has seen reason to modify the opinion he gave on the last occasion. The "Dr." Bell referred to, was we believe, a quack of the worst type, and was exposed in the well-known book on "Quacks and Quackery."

It appears that Henry Thos. Lewis, of 102 Wardour St., was summoned before Mr. Knox, by Dr. Robert Carpenter, on behalf of the East London Medical Defence Association, for unlawfully and falsely pretending to be and taking and using the title of doctor in medicine, contrary to the 40th section of the 21 and 22 Vic., c. 90, known as the Medical Act.—Mr. Pridham prosecuted; Mr. Henry Kisch, barrister, appeared for defendant.—Mr. Knox, after hearing the evidence, remarked that in the present case the defendant had assumed to be Dr. Bell, a person who, by the mouth of his own witnesses, was proved to be long since deceased. The detective went into the shop; he asked for Dr. Bell. The defendant said he was Dr. Bell, and handed to the detective a card as his, with the title inscribed on it. He then remarked on the detective's sickly appearance, and offered to provide him with a bottle of medicine for 6s. which would do him good. Now, merely the assumption of the title of doctor, with nothing more, may mean one of several things; but when a man holds himself out as a doctor in a doctor's shop, and offers to prescribe for you, surely it is not a violent inference to draw that he holds himself out as a doctor of medicine and not doctor of law, of music, and so forth. Then as to the words "artfully and falsely," in the statute. Surely, as in this case the defendant assumed to represent a dead man, there could be no great doubt as to this point. He held himself out as Dr. Bell, and practised medicine. This is a clear case of a violation of the Act of Parliament.—The full penalty of £20 must be paid, and £1 3s. costs.

Remarkable Longevity.

Dr. Ornstein, of Athens, reports in *Virchow's Archiv* (says the *Boston Journal of Chemistry*) the death in Smyrna of George Stravarides, at the age of 132 years. Although this Methuselah had always lived an irregular life, and had consumed an average of more than 100 drachms of brandy daily, he retained the full possession of all his five senses—as also a complete set of teeth—up to the moment of his death. He also continued to the last to attend to the duties of his avocation—a baker. This man was born in 1743, in the reign of Mohammed I., and lived during the reigns of nine Sultans!

SEVENTY-FIVE deaths from small-pox occurred in London last week, against 85 and 78 in the two previous weeks,

MR. SYDNEY GIBBONS has recently delivered a lecture before the Australian Health Society at Melbourne, on "Kissing and its Consequences," his object being to show that many forms of disease, especially those presumed to depend upon fungoid bodies for their reproduction, are communicated by this means. We urge the attention of the promoters of the new city of Hygeiopolis to this item.

AN Act to restrict the use and sale of poisons in the province of New South Wales, came into force on September 1. In accordance with the 9th section, the Governor, with the advice of the Executive Council, has for the purposes of the Act appointed a Board of Pharmacy, consisting of the President of the New South Wales Medical Board, the medical adviser to the government, and the Council of the Pharmaceutical Society of New South Wales.

THE Society of Public Analysts, says the *Chemist and Druggist*, seems to be in serious trouble. The president (Dr. Redwood), vice-president (Mr. Wanklyn), and treasurer (Dr. Stevenson) have all resigned their offices, generally accompanying their resignation with some observation not complimentary to the faithful few who remain.

While the star of the Public Analysts' Society seems to be declining, a new association with more ambitious aims is in process of formation. A number of eminent chemists are aiming to organise a "guild," membership of which is really to signify chemical ability. Several meetings have been held, and at present a sub-committee is considering the constitution of the proposed organisation.

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MEMORIAL TO THE LATE DR. BEATTY OF DUBLIN.

THE ceremony of handing over the memorial of the late Dr. Beatty, which has been erected in St. Patrick's Cathedral, took place on Friday last, the Right Hon. the Lord Mayor Sir G. B. Owens, M.D., attending to give over charge of the tablet to the Church Representative Body.

Amongst those who were present were —

The Presidents of the Colleges of Physicians and Surgeons; Mr. Porter, Surgeon to the Queen in Ireland; Mr. Stokes, Dr. Tufnell, Dr. Guinness Beatty, Dr. Robert Beatty, Dr. Macnamara, &c.

The tablet, which is of black polished marble, with a scroll in the centre, is placed in the northern wall of the Cathedral, and over the whole, in white marble, is the crest of the deceased, with the motto, "Non vi sed arte." The scroll bears this inscription :—"This tablet is erected by his professional friends to the memory of Thomas Edward Beatty, M.D., President of the Royal College of Surgeons in Ireland, 1850, and President of the King and Queen's College of Physicians, 1864; who died on the 3rd of May, 1872, in the 73rd year of his age. Of noble nature, generous, kind, and just, he lived and died beloved by all who knew him."

Dr. Tufnell said—That as honorary secretary, the duty devolves upon him of requesting the Lord Mayor to unveil the tablet. The committee had selected this mural site for the memorial because they found it to be appropriate. They placed the tablet in close proximity to the statue of Henry Richard Dawson, the revered Dean of this Cathedral, whose existence was passed in relieving the destitute of this district; and near to that of John M'Neill Boyd, who sacrificed himself in endeavouring to save the life of others. These men were both of noble nature, and such was Thomas Edward Beatty.

Sir George B. Owens, M.D., Lord Mayor—Dr. Tufnell, let me assure you and the members of my profession whom I see around me, of the great pleasure I feel in having the honour and privilege of unveiling this tablet to the memory of the late much respected and lamented Dr. Thomas Beatty, who filled the high offices of President both of the Colleges of Physicians and Surgeons—an honour, I believe, unknown to any other member of that profession which he adorned. I, as Chief Magistrate of this city, where he spent his useful life, feel happy to do all honour to his memory. The committee, I consider, have chosen a most appropriate site for this tablet beneath the shadow of this magnificent old cathedral, where the beautiful and pealing anthems he so much loved are daily sung, and where the passing youth will henceforth look upon it, and perhaps feel a laudable wish to follow his noble example. I now commit it to the safe keeping of the dean and chapter of this cathedral, knowing well that they will guard and preserve it as a lasting memorial of a good man and a distinguished physician. Dr. Tufnell, I consider, is entitled to the best thanks of the profession for his great zeal and energy as hon. secretary of the committee in carrying out so successfully the object they had at heart.

The Dean of St. Patrick's (on the part of the representative body) took charge of the tablet. and after a vote of thanks to the Lord Mayor, the proceeding terminated.

Literature.

HANDBOOK OF RURAL SANITARY SCIENCE. (a)

THE preface explains that the first half of the book, written by Mr. Gardner, is the essay which gained a prize offered by Dr. Lory Marsh for the best paper "On the powers possessed, but not exercised by the Local Government Board, and to the effect of diversity of opinion existing amongst its advisers. As to any new powers they would suggest as desirable to invest the Board with. As to the applicability of the standards of pollution—of effluent waters recommended by the Rivers Pollution Commissioners, and the subject of the non-pollution of rivers."

This quotation will give some idea of the contents of the book.

Mr. Gardner's essay is compact and practical: after a few statistics are given on the percentage of preventable diseases, &c., and the "horrible examples" have been held up, we go into practical matters. Dwelling-houses and their construction, sewers and closets (the writer gives the merits of dry and water closets very fairly). In the chapter on Pollution of Rivers and Disposal of Sewage, we have an extract from the Commissioners' Reports, very uncomplimentary to mankind. We find that human beings constitute nearly one-third of the live stock of this country, and they consume the produce of twenty-three millions of acres, "cattle, sheep, and pigs fed on them, and imported food as well, to the extent of two-fifths of the estimated quantity of our home-grown wheat, and probably one-twentieth or more in excess of our home-grown meat. Now what does this gormandizing animal do for his country?—for his native soil (literally, we mean)—"he is virtually useless," says the report. The sheep is far more valuable, "the best live stock known to English agriculture." Seriously, this is an important matter—the time-honoured cesspool, so common in the country (*happily*, so rare in the town), is the means of returning to his potato garden, in another form, the elementary bodies which the labourer had taken from it in the crops. This is done more safely and healthily, if more expensively, by the Moule system.

(a) Handbook of Rural Sanitary Science. By C. F. Gardner, William Berry, L.R.C.P. Ed., M.R.C.S.E., C. N. Cresswell, Barrister-at-Law, and Thomas Hennell, Assist. Inst. C.E. Edited by Lory Marsh, M.D. London: Smith, Elder, and Co. 1876.

In the chapter on water supply, it is stated that "75 per cent. of village wells are more or less contaminated with sewage." This we believe to be an excessive percentage. And is it possible that drinking water at Leyland could contain 27 *per cent. of animal* contamination? ("24,360 parts in 100,000"). Surely none would consciously imbibe such mud as this!

On the whole, the standards fixed by the River Pollution Commissioners are received by the scientific as fair, but scarcely stringent enough.

Dr. Berry, of Wigan, contributes a chapter which much resembles a condensation of the essay, which occupied the first five chapters. It contains many interesting data on the subject of water supply, the average amount consumed per head of population in the larger towns being twenty-three gallons, while the amount *supplied*, or available for each person, varies extremely. Mr. Gardner tells us the ancient Romans were allowed 340 gallons ahead in the day; the New Yorkers may have 300 gallons; the London waterworks supply thirty-three gallons.

Chapter VII. is by C. N. Cresswell, Esq., barrister-at-law, and is chiefly concerned with legislative matter.

Mr. Hennell's (the last) chapter is very good: it shows the necessity for a Central Board, which exercises its "powers for obtaining information and record rather than the accomplishment of sanitary work." It grants facilities to local authorities for carrying out work. The paper also clearly sets forth the modes of operation of the various authorities in sanitary matters, and concludes with these remarks:—"The value of compulsory power in the hands of a central government is likely to be greater, in its indirect effect of imposing on the country generally the importance of sanitary work, than in any direct results which will be obtained by its exercise in the few instances in which it is brought into action."

The editor adds some final notes on the present insufficiency of health legislation, and some extracts from the essays of Dr. Ward (on sewage and the like), and of Mr. Tyson (on atmospheric impurity). It is a readable and useful book—not an exhaustive treatise—especially adapted for the *sanitating laity*—landlords, guardians, and other benevolent individuals.

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COMPENDIUM OF HISTOLOGY (*a*).

Professor Frey is well known in histological literature as an original observer, but especially as a compiler. Not the least valuable part of his systematic work on histology is the copious and accurate list of references at the end of each chapter. An unceasing study of the contemporary literature in this department of science is utilised in the work he has lately published as a compendium of the present state of our knowledge regarding it. Such works have an undeniable utility; but at the same time there are inherent defects attending them which it is hardly possible to avoid, and our author at least has not always succeeded in doing so. The reader of a compendium is in search of systematic doctrine and statements of facts, and is not inclined to receive patiently discussions on doubtful matters, which would indeed be worse than useless in preparing for an examination. To such students this book must prove welcome. It is not too long, is generally clear, and is decided enough to be simple and concise on many points which are still in a very unsettled state.

As most of the familiar woodcuts in Professor Frey's previous books are again made to do duty in this, with one or two new ones added, the work is copiously illustrated.

It may be noted that Waldeger's views regarding the cells of connective tissue are adopted as established facts and that the existence of stomata in capillary bloodvessels is taught as being equally beyond doubt—points which suffice to indicate the dogmatic style in which the book is written.

Those who wish to have a theoretical acquaintance with the essential points in histology will find the book useful. On the other hand, with those who are desirous of obtaining real and practical knowledge, it cannot take the place of other standard works which are now easily accessible.

The translator sometimes tries our patience. When he can do so much better, why give us sentences like these?—"Concerning the Pacinian capsules, we have abundant and no-longer-to-be-doubted material;" "I have seen them in the calf (Krause's terminal bulbs), but have not had a sufficiency of human autopsies."

"The nerves," he tells us, "after previous curved excursions or looped windings, enter the tactile bodies manifoldly." Again: "As with the subsequently-to-be-mentioned brain, &c." Dr. Cutter can write good English when he likes, and is, therefore the less to be excused for engrafting lumbering German phraseology on a flexible English stem with which it is incompatible.

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HANDBOOK OF THERAPEUTICS.

It is unnecessary to say much about this new edition of Professor Ringer's well-known Handbook. It has earned for itself such a position, and is so widely known, that any review of it is almost needless. A brief chapter has been added on the Gelseminium Sempervirens. But it gives rather the physiological action of the agent than says much about its use in practice. It seems most useful in neuralgia. It is rather disappointing to find little or nothing about the utility of jaborandi, an agent of much promise. Neither again is anything said about salicylic acid in the treatment of rheumatic fever. It is impossible to regard these omissions as oversights; they must be the result of design. It is clear that Professor Ringer does not regard the action of these agents as sufficiently cleared up to permit of his putting them into his handbook. Several chapters have been elaborated, as that on belladonna, for instance. The utility of belladonna in checking the sweats of phthisis, especially the night sweats of the early stages, is beyond all belief by those who have not tried it. Where the doses mentioned by Professor Ringer fail, larger doses are indicated, and may be given without fear, as in these cases there is a certain toleration of the drug. In other forms of sweating it is equally valuable. Professor Ringer evidently has his heart in his subject.

His Grace the Duke of Marlborough, Lord-Lieutenant of Ireland, has made the following appointments to the Viceregal Court and Household:—

Physician-in-Ordinary—W. Hatchell, M.D., F.R.C.S.I.

Surgeon-in-Ordinary—Philip Crampton Smyly, M.D., F.R.C.S.I.

Surgeon to Household—James Stannus Hughes, M.D., F.R.C.S.I.

Surgeon-Dentist-in-Ordinary—Robert H. Moore, Esq., F.R.C.S.I.

(*a*) "Compendium of Histology." Twenty-four Lectures by Heinrich Frey, Professor. Translated from the German, by permission of the author, by George R. Cutter, M.D. London: Smith, Elder, and Co. 1876.

LECTURES ON ORTHOPÆDIC SURGERY. (*a*)

The first point to which our attention is attracted on opening this book is the large size of the type and the wide blanks and margins. Such a criticism may appear unworthy of a reviewer; but having noticed the fact, he is apt to conclude that the author had only a certain amount to say, but that he was anxious for his words to appear in as grand and impressive a form as possible. When a so-called specialist brings out a second edition of his work, his readers have a right to expect that it will be something more than a reprint with a "few alterations." Possibly, Mr. Brodhurst may have no more information to impart, or else he would hardly have said in the *preface to the second edition*, "the volume retains the same form as before."

Essential paralysis of infants is treated on in the first chapter, where it is spoken of as giving rise to deformities, yet all that the author has to tell of the treatment of these disorders—or, in other words, of the paralysis itself—is comprehended in nine short lines of large print (p. 16).

The chapter (xviii.) on lateral curvature of the spine is well written and full, yet we find nothing in it which we should not get in Holme's "System of Surgery." Moreover, in that work we should find a complete account of angular curvature, while Mr. Brodhurst, having undertaken the subject, dismisses it in the last short chapter. We maintain that if caries of the spine belongs to orthopædic surgery, it should be treated in such a work as that now before us most thoroughly. If a surgeon invested in Mr. Brodhurst's book with a view to a better knowledge of the treatment of caries of the spine, with the newest views, he would be sadly disappointed.

Although the "contents" of these lectures are shown to be divided into three parts and twenty chapters, still the author does not consider the volume to be worthy of an index.

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A MANUAL OF GENERAL PATHOLOGY. (*b*)

The bare fact of this important work having been through five editions since 1862, shows in what esteem it is held in Germany, and the American translators of the sixth edition must be congratulated on the result of their endeavours to render into English what they rightly consider to be "a thorough *resumé* of the elements of medicine." Throughout the book references to authors have been carefully noted, whilst the metric measures and centigrade thermometric scale have been retained. It seems impossible to do justice to the 700 closely-printed pages in a short review—indeed, we shall have to satisfy ourselves with merely drawing attention to what we take to be its chief features.

The book commences with the epigrammatic statement that it is impossible to give a short and clear definition of disease. The first part of the work (29 pages) is taken up with "general nosology," and the following hundred pages are occupied with "general etiology," in which the predisposing and exciting causes of disease are passed in review, such as age, sex, atmospheric influences, soil, climate, and occupation. In this part also is included a comprehensive account of the vegetable and animal parasites, and we read that Dr. Wagner considers porrigo tonsurans to be of a nervous, not parasitic, nature. The second part concludes with the consideration of contagions and epidemics. The third part is devoted to general pathological anatomy and physiology, and the fourth to the pathology of the blood.

In the account of pyæmia we read that the disease is started by the absorption from without of substances which are mechanically or chemically noxious. What is called "embolic pyæmia" causes the majority of fatal cases after severe operations in hospitals, and the large mortality in lying-in-hospitals, in proportion to that in private practice. When treating of fevers the attention of the physician is directed to the condition of the arterial pulse. Nor is such a direction out of place, for students of the present day seem to be taught less of this great index to the physical condition than was formerly the case. Indeed, except with a certain few teachers, a *quick* and a *frequent* pulse are the same thing. Thermometers and sphygmographs ought not to take the place of the physician's hand or finger; they should be merely supplemental aids to diagnosis.

A careful account is given of the variations in the amount of the various excreta in fever, together with the opinions of numerous authorities as to the effects of refrigeration, as well as of the essential phenomena of the disease. Many pages of small print are devoted to the discussion of the various fever theories; but as regards the subject of hæmophilia, the author tells us nothing new. He seems to infer, however, that a disproportion between the amount of blood and the capacity of the blood-vessels may in certain cases account for the morbid symptoms.

The short account given of syphiloma is very clear, notwithstanding that it is the digest of the views of upwards of a dozen authors whose names are given in the bibliography. The connective tissues are said to be the starting point of deposits, which are generally composed of cells, nuclei, and new formations of connective tissues. The membranes affected are rendered incapable of performing their function on account of the deposit pressing on nerves, capillaries, and ganglion cells. "In canals (p. 436) there results, besides a contraction which exists, an influence which varies with the locality." In this way the advent of syphilitic pneumonia is explained, for in cavities containing air the new growth eventually produces complete evacuation of the air, and the part becomes solid.

There can be no doubt that the translation of Wagner's "Pathology" is a great addition to our standard works in this department of medical literature, but we are bound to state that we have rarely come across so ill-written a book, even in a translation from the German. True, Dr. Seguin confesses in his preface that "elegance of style has not been aimed at," and that for "awkward sentences in the English" allowance must be made. But sentences eight or ten lines in length are something more than awkward, especially when they occur at short intervals in heavy reading. Occasionally, we find fourteen lines without a full stop (pp. 484, 592). To a German reader this may be of little moment, but when such peculiarities are retained in an English translation, it can only be at the sacrifice of clearness.

Correspondence.

THE LEGALITY OF FOREIGN DIPLOMAS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your last number I read with no little interest and attention your remarks on the judgment of Mr. Knox in the unsuccessful prosecution of John Hamilton, M.D. (Metropolitan College, New York), by the East London Medical Defence Association; and while I feel that nothing is freer to give than advice, nothing easier than criticism, I must at the same time declare my opinion that the prosecution was in its "make up" and conduct singularly incomplete.

Your report, *inter alia*, states that medicine was proved to have been purchased at defendant's shop. Now if this was so, why was he not prosecuted under the Apothecaries' Act of 1815? This Act, it must be remembered, still exists, and has full force against "Dr." Hamilton and his kind, for the Act of 1858 neither gives, nor was meant to give, these irregular practitioners any protection.

Before the invention of breech-loaders a sportsman who, when game was abundant, would go out shooting with a

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(*a*) "Lectures on Orthopædic Surgery. By B. E. Brodhurst, F.R.C.S. Second edition. London: J. and A. Churchill.

(*b*) "A Manual of General Pathology." By Ernst Wagner, M.D., Professor of Pathology in the University of Leipzig. Translated from the Sixth German Edition, by Drs. Van Duyn and Seguin. London: Sampson, Low, and Co.

single-barrelled fowling-piece, if a double-barrelled one *could* be *obtained*, would not be accounted very wise. And similarly must the prosecutors in this case be accounted for not making theirs a double-barrelled prosecution when they had the power.

However it may be in the metropolis, here in the north at any rate the Apothecaries' Act "runs," and is also much respected *at times*. It is barely four years since a deputy-judge, sitting in the Durham County Court, astonished me by his "judgment," in which he informed me that under the Apothecaries' Act I was liable to a *heavy penalty* for every bottle of medicine which I supplied to my patients upon my own prescription. I took early steps to nullify this famous decision. But as a proof that the Act is still in force against the "irregular" faculty, it is only a week to-day since Judge Meynell, in Sunderland County Court, mulcted Mr. John Coull in the sum of £20 and costs for practising as an apothecary.

The legal or judicial, like the medical, mind, is sometimes subject to variations, and consequently is not beyond enlightenment; and with this view I respectfully recommend Mr. Meynell's judgment to the consideration of his metropolitan brethren.

I am, Sir, respectfully yours,

J. C. Flanagan, L.R.C.P. Edin.

Houghton-le-Spring, Durham.

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RUPTURE OF THE UTERUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the Medical Press and Circular of the 15th inst. I noticed a case of rupture of the uterus reported by Dr. Metge, of Inch-Gorey, but the particulars are so scanty, that to a tyro like myself it is scarcely worth reading. I do not wish to say anything against the treatment of the case, as no two cases are alike, and no one can say what is best to be done except the attendant.

To begin with, he states the funis presented, and it was pulseless. He gave her a dose of ergot, and as she was cold and the skin moist, he ordered whiskey-punch, and in less than an hour alarming symptoms set in—viz., hiccough. Now, Dr. Metge never mentions how long the patient had been in labour, nor the amount of dilatation of the os uteri, nor the state of the soft parts, nor does he mention where the fœtal head was, but the *post-mortem* shows the head impacted in the pelvis. Now, I would like to know what amount of impaction existed, and at what part of the pelvis, whether brim, cavity, or outlet. To my mind, it seems that the patient was in a state of exhaustion when first seen, hence we have the cold and moist skin, and then follows the hiccough, another symptom of exhaustion; but, although the patient may have been weak, still it was not so with the uterus, for we all know the tonic spasm produced by ergot continues in an uninterrupted role, and then the head being impacted, or any other complication occurring, the uterus ruptures, and the scene usually closes.

I shall feel obliged if Dr. Metge will kindly answer the following questions, and give all the details possible, through the medium of your columns:—

1st. State of patient as to presentation, &c.

2nd. What proportion of ergot, and what dose?

3rd. Does he attribute the rupture of the uterus to the action of ergot?

4th. Supposing such a case to occur again—that is, exhausted patient, head impacted, &c., would he not be inclined to temporise, omit ergot, give stimulants, send for forceps and deliver?

Hoping you will excuse this rambling letter,

I remain, faithfully yours,

J. M. Elliott, L.R.C.P. & S. Ed.

Rathfriland, Nov. 18, 1876.

INFLAMMATION, &c.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Should you think the following worthy of notice, you will perhaps grant them a place in your truly valuable paper. The ideas and opinions, good or bad, right or wrong, all emanate from Your most obedient,

Alex. Lane, M.D., R.N.

Douglas, Isle of Man.

1. Inflammation is simply increased arterial action, let the case and cause be what they may.
2. The word "Fever," as applying to a substantive disease is a "misnomer," the disease for which it stands might just as well be called "cephalalgia." It is simply a symptom of increased arterial action, particularly in the digestive organs, too often ending in some species of enteritis.
3. Intermittent fever does not exist as a specific disease; the disease is truly ague produced by a specific poison, has one paroxysm and three stages, the cold, hot, and sweating.
4. Gout, one paroxysm of increased arterial action caused by an excess of chalky or earthy matter in the blood. As soon as this foreign matter has been deposited round the joint or joints, the increased arterial action ceases, the pain ceases, and the cure proceeds gradually.
5. In about 1845 I found that the acetic acid of the acetate of lead had a greater affinity for the active principle of opium than lead, and consequently the latter in combination have been set free and the compound useless, thus deceiving both patient and medical attendant for a long period. I proved that opium was no protection, that the lead by itself was not poisonous, and I gave it by itself in doses of ten grains.
6. You cannot cure gout because you cannot arrest the increased arterial action of the arteries of the toe, which is kept up until all earthy matter has been deposited.

On looking calmly over the whole matter, it appears to me that increased arterial action is the active principle of almost all diseases, let the causes be what they may; but what can one think when a physician gravely states in print that fever or heat of skin is the cause and not the result of ileo-coloritis; how a hot skin, the result of incraased arterial action, could produce "enteritis," the actual result of increased arterial action itself, I cannot possibly imagine; it is, therefore, the insidious action of this you have to contend against under a large variety of shades; but chronic affections have nothing in common with this, such as dyspepsia in all its shapes and varieties, depending chiefly upon debility, and following each other in almost ridiculous varieties; because debility of the blood depends upon debility of the stomach, and this depends upon poverty of food; but debility of this organ may be said to be the chief couse of general debility, you can look at them and trace them to their source as you have thousands of examples in patients.

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Obituary.

FIFTY YEARS AN IRISH POOR-LAW MEDICAL OFFICER.

DEATH OF DR. WILKIN.

Died at his residence, Lisbellard, County Fermanagh, on Friday, the 15th inst., after a comparatively short illness, Dr. James Wilkin, in the 85th year of his age. A brief outline of his long and useful career may be of some interest. When a very young man he was attached to the army in the Peninsular War, and saw active service; and at the peace of Waterloo he returned to his native country, where he has constantly resided ever since, spending his time and talents usefully and honourably. In 1827 he was appointed medical officer of the Churchill Dispensary, under the patronage of the Marquis of Ely, and for a period of over twenty-three years discharged the duties of that office with credit and ability. And when the Medical Charities Act came into operation he was appointed medical officer of the Ely Dispensary in the Enniskillen Union, and the Churchill Dispensary in the Ballyshannon Union, where he laboured for over twenty years, with the utmost satisfaction to all concerned.

In 1872, being then over eighty years of age, he tendered his resignation to the committee of management of the Ely Dispensary, and by that body reluctantly accepted, and resolutions were unanimously adopted requesting the Board of Guardians to recommend to the Commissioners that the highest rate of retiring allowance be given him—expressing their regret at losing the services of a laborious, efficient, and obliging officer. He next tendered his resignation to the Churchill Dispensary Committee, who adopted similar resolutions. Shortly afterwards the committees and friends presented him with an address suitable to the occasion, warmly worded and accompanied with a valuable piece of plate bearing an appropriate inscription.

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Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Licentiates of the above college on December 22nd :—

Ballard, Philip, Bromyard.
Bull, James Weston, Guy's Hospital, S.E.
Clapp, Robert, Teignmouth.
Ellis, Philip Mackay, St. George's Hospital, S.W.
Eve, Frederick Samuel, St. Bartholomew's Hospital, E.C.
Ferguson, John, Ardwick, Manchester.
Green, Alfred Withers, Guy's Hospital, S.E.
Gross, Charles, Guy's Hospital, S.E.
Harris, Arthur Byam, Wotton-under-Edge.
Jones, Valentine Llewellyn Watson, Dowlais.
Masani, Hormasji Dadabhoy, 3 Bulstrode Street, W.
Moone, John, 63 Queen's Crescent, N.W.
Perry, Francis Frederick, University Hospital, W.C.
Robinson, Ernest Laurie, St. George's Hospital, S.W.
Robinson, George Winsor, St. Thomas's Hospital, S.E.
Wallis, Kenneth Serjeant, Edmonton.

The followinng candidates having passed in medicine and midwifery, will receive the college licence on obtaining a qualification in surgery recognised by this college :—

Dingle, William Alfred, Millbrook, Southampton.
Gomes, Dominic Anthony, 85 Hereford Road, W.

Title of a Sanatory Establishment to be opened by the Secretary of the Irish Society for Abolition of Vivisection—Swifte's Hospital.

South London School of Chemistry and Pharmacy.—The Annual Festival Dinner of past and present students of this popular school was given on Friday evening last in the large hall of the Horns, Kennington, Dr. Muter in the chair, with Mr. Baxter vice-chairman. The hall was filled with an enthusiastic and appreciative audience, many members of which having come from all parts of the kingdom to do honour to their much respected teacher and host, Dr. Muter was also supported by members of the medical profession, and by representatives of the medical and pharmaceutical press. Altogether a very pleasant evening was spent, every one wishihg that continuance of success it has met with in the past.

An Irish Surgeon in Bulgaria.—The Bulgarian correspondent of the *Times* writes as follows regarding a young Dublin surgeon :—"Hospitals, of course, are of but little utility unless the services of medical men can be secured in connection with them. Native doctors could not be persuaded to leave Philippopolis to undertake the arduous duties which would have been imposed upon them ; Greeks and Armenians did not sufficiently sympathise with the Bulgarians to tender their services ; and Turks, had they volunteered, would probably have felt as uncomfortable in the circumstances as the patients upon whom they attended. Fortune, however, favoured Lady Strangford, for at Bazardjik she met with a young Irish doctor, Dr. Stoker, who enlisted in the service of Lady Strangford. I cannot speak too highly of the active and energetic manner in which this young doctor discharges the duties entrusted to him. He rides here and there through all the weathers, and over the abominable roads of the country, visiting the different hospitals, supplying medicines, and bringing into the sick wards a bright and smiling face, which wins at once the confidence of the patients."

NOTES FROM OUR EXCHANGES.

Edited by John W. Martin, M.D., Dronfield.

Late Assistant Surgeon Mayfield Factory Dispensary, Portlaw, Ireland.

(*Archives of Clinical Surgery*, Sept., 1876.)

The successful application of the galvano-puncture to the treatment of ununited fracture is reported (p. 117) by J. E. Brown, M.D., House Surgeon, Brooklyn City Hospital, Brooklyn N.Y., as having occurred in the clinique of Dr. Minor :—

C. W., male, æt. 31, always healthy, sustained a compound fracture of the tibia and fibula at their middle third, left leg, by the fall of a bale of jute weighing two hundred pounds.

At the end of three months the external wound had healed ; the fractured bones, however, were only united by ligamentous tissue. All other means failing, galvano-puncture was resorted to. The needles were inserted between the fragments twice a week, and the current allowed to pass through them for about five minutes at each time. The treatment was continued for two months, when ossification was complete. Patient was discharged with a sound leg.

A case of the same nature, the humerus being the bone affected, is also reported by Dr. Brown as having occurred in the clinique of Dr. Speir, successfully treated by resection, the ends of the bones being wired together, the wound closed, and immobility of the limb secured by means of a Richardson's splint. At the end of six weeks, firm union had taken place, the wires were removed, and the wound allowed to heal.

C. A. Palmer, M.D., House Surgeon at the Mercy Hospital, Chicago, Ill., reports (page 117) a successful case of ovariotomy, as having occurred under Dr. W. H. Byford's care. Tumour was of three years' growth. Assigned cause, an attack of Syrian fever, from which the patient had suffered some years previously. The abdominal incision was about five inches in length, made in the median line. There were a few adhesions, easily broken down with the hands. The cyst was of the unilocular variety, weighing with its purulent contents, nine and three-quarter pounds. Partial evacuation of its contents was practised with the trocar. The pedicle was tied with a double ligature. No mention is made of the nature of the ligature or its subsequent treatment, whether secured outside or dropped back into the cavity of the abdomen. A roll of cotton was placed over the closed wound, all being secured by a flannel roller. The patient did well, being discharged cured in twenty-three days.

An unsuccessful case of ovariotomy is reported from the Troy Hospital, Troy, N.Y., by Dr. C. C. Schuyler, Assistant Surgeon (p. 120). The patient was under the care of Dr. Le Roy McLean; she was æt. 23 years ; unmarried ; growth of tumour thirteen months. Right ovary affected. When admitted under Dr. McLean's care, she presented the appearance of a woman eight or nine months pregnant ; her general health was good and menstruation regular. After operation, the cyst was found unilocular ; there were no adhesions, and the pedicle is described as good ; this was transfixed, and held crosswise of the incision, by a large accupressure needle. Having been the subject of bronchial affection, a fact unknown before the operation, distressing cough and excessive secretion in the bronchial tubes set in five hours after the completion of the operation. This complication refused to yield to every form of treatment. Owing to it, a constant strain was evident upon the pedicle, which separated and fell back into the abdomen on the second day. The patient died on the seventh day of septicæmia.

Dr. Palmer reports a case under the care of Dr. Edmond Andrews, Mercy Hospital, Chicago, Ill. (p. 116), in which the operation of colotomy, was successfully performed March 15th, 1876, as a means of affording temporary relief to the troubles arising from cancerous infiltration of the tissues about the rectum and sigmoid flexure. Some months later the tissues about the artificial anus became infiltrated with cancerous matter ; on August 5th the whole of the cavity of the pelvis was filled with the tumour the lower extremities were œdematous. Dissolution was imminent.

R. W. Taylor, M.D., Physician to the Charity and

Bellevue Hospitals, publishes an interesting communication upon the transmission of syphilis. His remarks are based upon a series of clinical studies, two of which he makes special note of. In both, as far as prolonged and careful observation could make out, the mother was *completely* free from every trace of syphilitic taint. The facts all went to establish the transmissibility of syphilitic disease from the father to child, through a healthy mother, without affecting the latter. Dr. Taylor's observations extended over a period of several years in the case of each individual.

He also found that mercury, given to the father, has the power *pro. tem.* of destroying the activity of the disease, and that where a proper course of treatment has been submitted to, a syphilised parent will procreate a healthy child. These are facts of great importance, and are deserving, from a practical point of view, of the most careful consideration.

THE SIGNIFICANCE OF AN UNRUPTURED HYMEN IN PREGNANT WOMEN.

Professor Gustav Braun, of Vienna, in the *Wiener Med. Wochenschrift* (*Med. and Surg. Reporter*, August 19th, page 152), arrives at the following conclusions in connection with this subject:—

1st. An unruptured condition of the hymen cannot alone be regarded as a sign of virginity.

2nd. The hymen may possess so much elasticity that a not very voluminous organ may penetrate the aperture without leaving any trace of its presence in the vagina, so that the individual may be regarded as a virgin in the anatomical, but not in the gynæcological sense.

3rd. Various cases show that for impregnation to be produced it is not requisite that penetration of the vagina should take place, the deposition of semen within the vulva being sufficient.

4th. The accumulated blood seems to be more favourably discharged by spontaneous openings than by operative procedure.

5th. An "*error loci*" may occur, the urethra taking the place of the vagina as a channel for copulation.

6th. An imperforate hymen cannot be regarded as a preventive of delivery.

These conclusions are based upon a series of clinical observations which place them beyond dispute.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

MR ROSSETER.—The *Veterinary Journal* has just completed its third volume. The publishers are Messrs. Baillière, Tindall, and Cox, and the subscription per annum is 18s. We are informed by the publishers that one or two of the early numbers are out of print.

G. B. C.—The question of copyright was settled at the end of last month in favour of the plaintiffs. We do not remember at which court; the parties concerned would probably give you the information you seek more fully.

FEES FOR THE EXAMINATION OF LUNATICS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly inform me in your next issue of the MEDICAL PRESS on the following:—

I was called on the 16th to visit a supposed lunatic and received £1 1s. from his relatives. On the 18th, I attended with two magistrates to examine and certify. Was I entitled to claim from them also an order for my fee on the board of guardians?

I am, dear Sir,
Your obedient servant,
E S.

[We doubt that the magistrates could legally order payment of a fee in such case. By Sec. 10 of 30th and 31st Vic., cap. 118, the justices are directed to "call to their assistance a medical officer in the case of a person *discovered and apprehended* under circumstances denoting a derangement of mind and a purpose of committing a crime." By Sec. 14 of 38th and 39th Vic., cap. 67, it is made "lawful for any two justices causing any person to be examined by any medical officer as *therein mentioned*," to order a fee. We rather think that the words "discovered and apprehended" confines the justices to cases in which the police, not the relatives, are the acting parties. In any case, the justices have a complete discretion, and may or may not order a fee as they see fit, even although the examination and certifying be done at the instance of the police. We have, however, been able to discover nothing in either the Medical Charities' Act or the Lunacy Acts, or the Dispensary regulations to compel the medical officer to attend the magistrates for such duty, and, so far as we can form an opinion, we believe that the medical officer need not attend unless his fee is guaranteed.—ED. M. P. & C]

MEDICUS, referring to the articles that have appeared from time to time on the subject of adulteration, wishes our opinion upon "thick" and "thin" cocoas. If he will refer to the analytical reports published in our columns some time since, he will find that *all cocoas which thicken in the cup are adulterated with starch*. There is no exception to this rule, as it is as impossible to make a thick fluid with pure cocoa powder as with tea or coffee. The best cocoa contains about 50 per cent. of natural cocoa oil or butter, and this has been found to be far too large a proportion for ordinary digestions. Dr. Muter says: "The only objection which can and does exist to its use in a state of purity is the excessive proportion of fat, which renders it too rich for most digestions, and gives, unfortunately, a colourable excuse for its adulteration." . . . In the best and highest priced cocoas and essences this excess of fat is removed for the purpose of rendering the article more easy of assimilation Our correspondent can now judge for himself which is the better to take, "thick" or "thin" cocoas."

OBSTETRICAL SOCIETY OF LONDON.—On Wednesday next, at 8 p.m., the Annual Meeting of this Society will be held. Election of officers and council will be the principal business, after which the President will deliver an address. Cases of "Trismus Nascentium and Pyæmia in Children" will be brought forward by Drs. Napier, Roper, and Edis.

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APPOINTMENTS.

BINGHAM, Mr. S., Medical Superintendent to the Hampstead Hospital.

BOWKETT, W. D., M.R.C.S.E., Resident Medical Officer to the Leeds Fever Hospital.

CALLAN, Dr., Medical Officer, Public Vaccinator, &c., for the Castlebellingham Dispensary District of the Ardee Union, co. Douth.

CAMPBELL, D., M.D., Medical Officer of Health for the Calne Rural Sanitary District.

DE BRENT, M. J., M.R.C.S.E., Medical Officer for the Aveley District of the Orsett Union, Essex

GIBB, D, L.R.C.P.Ed., Medical Officer of Health, Medical Attendant to the Police, and Medical Officer to the Fever Hospital, Airdrie, Lanark.

GRANGER, F. M., L.R.C.P.L., M.R.C.S.E., House Surgeon to the General Infirmary, Chester.

GWYNNE, G., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Templemartin, co. Cork.

HART, N., M.B., House Physician to St. Bartholomew's Hospital.

HEALY, Mr. G. H., Assistant House Surgeon to the West Sussex, East Hants, and Chichester Infirmary.

HEATH, C., F.R.C.S, Consulting Surgeon to the Dental Hospital of London.

JAQUET, J. L., M.R.C.S., House Surgeon to the Westminster Hospital.

JENKINS, J., M.R.C.S.E., Medical Officer for the West-ru District of the Bridgend and Cowbridge Union, Glamorganshire.

LAWTON, H. A., L.R.C.P.L., M.R.C.S.E., Medical Officer and Public Vaccinator for the Third District of the Poole Union.

PERCY, G., M.R.C.S.E, L.K.Q.C.P.I., Medical Officer and Public Vaccinator for No. 3A District of the Hailsham Union, Sussex.

ROBERTS, J. L., M.D., Medical Officer of Health to the Rutnin Urban Sanitary Authority.

SMITH, R., M.A., M.B., C M., an Assistant Resident Medical Officer to the Leeds Public Dispensary.

THOMAS, W. R., M.D., late Lecturer on Practical Physiology, has been appointed Joint Lecturer on the Principles and Practice of Medicine at the Sheffield Medical School.

VENN, A., M.D., M.R.C.P., Obstetric Physician to the Metropolitan Free Hospital.

WARNOCK, H. T., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Ballintra Dispensary District of the Ballyshannon Union, co. Donegal.

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Deaths

CARTWRIGHT.—On Dec. 6, at Albrighton, Cornelius Cartwright, Surgeon, aged 71.

CRESSWELL.—On Dec. 18, at South Norwood, Alfred Cresswell, L.R.C.P.Ed., aged 39.

CUMBERLAND.—On Dec. 17, at Crediton, Devon, Robert B. Cumberland, Retired Surgeon of Her Majesty's Bengal Service, aged 71,

NEW.—On Dec. [illegible], at York Place, Marylebone, Oswald New, M.R.C.S.E., of Evesham, aged 60.

PRENTICE.—On Dec. 15, at Lowestoft, John Prentice, M.R.C.S.E, aged 61.

THOMPSON.—On Dec. 16, at Bray, Christopher Thompson, M.D., aged 61.

WEBB.—On Dec. 15, at Ironbridge, Salop, Matthew Webb, M.R.C.S.E., aged 63.

WEIR.—On Dec. 13, at Willowbank Crescent, Glasgow, William Weir, M.D., aged 82.

WILKIN.—On Dec. 15, at Blaney House, Enniskillen, James Wilkin, Surgeon, formerly Assistant-Surgeon in the Army.